			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6010474	B. WING		07/	07/22/2024	
NAME OF F	PROVIDER OR SUPPLIER	L	ADDRESS, CITY, S	TATE, ZIP CODE			
GLENWO	OOD TERRACE-SPRII	NGFIFI D	LENWOOD AVE GFIELD, IL 627				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
Z 000	COMMENTS		Z 000				
	ANNUAL LICENSU 350.625 f); 350.681	IRE SURVEY - 350.625 e); ; 350.3920 f)					
Z9999	FINDINGS		Z9999				
	Statement of Licensure Violations 1 of 3: 350.625e) 350.625f)						
		etermination of Need uest for Resident Criminal rmation					
	2-201.5(a) of the Ad shall, within 24 hou resident, request a check pursuant to t Information Act for to the facility. Back on the resident's na identifiers as requir	screening required by Section ct and this Section, a facility rs after admission of a criminal history background he Uniform Conviction all persons seeking admission cground checks shall be base ame, date of birth, and other ed by the Department of Stat 201.5(b) of the Act)	n d				
	on the Illinois Sex C at www.isp.state.il.u of Corrections sex I www.illinois.gov/ido	check for the individual's nam Offender Registration website us and the Illinois Departmen registrant search page at oc/Pages/default.aspx to ividual is listed as a registere	t				
	These Regulations	are not met as evidenced by	:				
	failed to provide evi history background	view and interview, the facilit idence of the required crimina check, the Illinois Sex on check and the Illinois					
•	tment of Public Health / DIRECTOR'S OR PROVIE	DER/SUPPLIER REPRESENTATIVE'S S	IGNATURE	TITLE		(X6) DATE 08/02/24	

		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6010474	IL6010474 B. WING		07/	07/22/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
BLENWO	OOD TERRACE-SPRII	NGFIFI D	ENWOOD AVE FIELD, IL 6270	-			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Z9999	Continued From pa	ge 1	Z9999				
	Department of Corrections sex registrant search, potentially impacting all 13 individuals residing at the facility, (R1 - R13).						
	Findings include:						
	Resident roster provided on 7/15/24 identifies 13 individuals reside at the facility (R1 - R13).						
		rovide evidence of required kground checks for R1 and					
	registry background Offender Registration	rovide evidence of required d checks with the Illinois Sex on and the Illinois Department R1, R2, R6, R7, and R11.					
	Trainer. E5 was asl history background been completed. E5 E5 was then asked checks with the Illin and the Illinois Dep had been complete R11). E1 stated "N aware of needing to meeting. The date I papers." E5 confirr registry background Offender Registration	4 at 3:18 pm with E5/Regional ked if the required criminal checks for (R1) and (R7) had 5 stated 'I do not have them'. if the registry background to sex Offender Registration artment of Corrections/IDOC d for (R1, R2, R6, R7, and o. I did them after I became o do them in a (company) I completed them is on the med search date on the d checks with the Illinois Sex on and the Illinois Department C for (R1, R2, R6, R7, and					
	Statement of Licens 350.681	(C) sure Violations 2 of 3:					
	Section 350.681 He	ealth Care Worker Background	b				

Illinois D	epartment of Public	Health				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		IL6010474	B. WING		07/2	2/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	OOD TERRACE-SPR	INGELEL D 2724 GLE		ENUE		
		SPRINGF	IELD, IL 627	704		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
Z9999	Continued From pa	age 2	Z9999			
	Check					
	Worker Backgrour	ply with the Health Care nd Check Act and the Health sground Check Code.				
	These Regulations	are not met as evidenced by:				
	failed to provide ev (Illinois Departmer Registrant, and ID background check	eview and interview, the facility vidence of the required IDOC at of Corrections) Sex OC Wanted Fugitives search completion, potentially dividuals residing at the facility,				
	Findings include:					
	Person/DSP), E8 (E9 (Direct Support	identifies E6 (Direct Support Direct Support Person/DSP), Person/DSP), E10 (Direct SP), and E11 (Maintenance) as lity).				
	required IDOC Sex	o provide evidence of the k Registrant and IDOC Wanted and checks completed for E6, E11.				
	Trainer. E5 was as Registrant and IDC background check (E8), (E9), (E10), a in the information I further information	24 at 3:44 pm with E5/Regional sked if the required IDOC Sex DC Wanted Fugitives s had been completed for (E6), and (E11). E5 stated 'Yes, it is gave you.' When asked if any was available for (E6), (E8), E11) required background 'No'.				
		(C)				
llinois Depa	rtment of Public Health					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	IL6010474		B. WING		07/22/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
GLENWO	OOD TERRACE-SPRI	NGEIELD	ENWOOD AVE				
		SPRING	FIELD, IL 6270				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLE THE APPROPRIATE DATE		
Z9999	Continued From page 3		Z9999				
	Statement of Licensure Violations 3 of 3: 350.3920f)						
	f) All required exit doors shall be free from any obstruction, chain locking, or holding device.						
	These Regulations are not met as evidenced by:						
	Based on observation, record review and interview the facility failed to ensure an exit door was free from obstruction when a Sit to stand transfer assist machine was sitting in front of an exit door, potentially impacting all 13 residents (R1 - R13).						
	Findings include:						
	Resident roster, un reside in facility.	dated, identifies R1-R13					
	6:02 pm a Sit to sta sitting in front of a \	06 pm, 3:42 pm, 5:03 pm and and transfer assist machine is West exit door on the South y residents' bedrooms.					
	transfer assist mac	am and 9:48 am a Sit to stand hine is sitting in front of a he South end of the facility by s.					
	(Administrator). E1 end of the facility by if the West exit doo facility by residents above it was an em	4 at 9:48 AM with E1 walked with surveyor to South y the West exit. E1 was asked r on the South end of the ' bedrooms with an exit sign tergency exit. E1 stated 'Yes' its and emergency exit doors					
	should be free from E1 was then asked	obstruction. E2 stated 'Yes'. if the Sit to stand transfer ng in front of the emergency					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED 07/22/2024	
		IL6010474	B. WING			
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
LENWO	OOD TERRACE-SPRI	NGEIELD 2724 GL	ENWOOD AVE	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
Z9999	Continued From pa	age 4	Z9999			
	exit would be considered free from obstruction. E1 stated 'No and I told them before that it cannot be there'.		t			
		(C)				