STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		IL6011654	B. WING		08/05/2024	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE	00/0	13/2024
LAWREN	ICE PLACE	715 SOUT LINCOLN,		TON STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
Z 000	COMMENTS		Z 000			
		urvey - 350.625 e) f),  350.670 50.2700 d) 2),  350.3920 f)				
Z9999	FINDINGS		Z9999			
	Statement of Licens	sure Violations:				
	One of Five					
	350.625 e) 350.625 f)					
		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	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 ground checks shall be based ime, date of birth, and other ed by the Department of State 201.5(b) of the Act)				
	on the Illinois Sex C at www.isp.state.il.u of Corrections sex r www.illinois.gov/ido	check for the individual's name Offender Registration website is and the Illinois Department registrant search page at c/Pages/default.aspx to ividual is listed as a registered				
		view and interview, the facility dence of the required criminal				
•	tment of Public Health / DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE		(X6) DATE 08/15/24

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6011654	B. WING		08/	05/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
LAWREN	ICE PLACE		TH WASHING1 I, IL 62656	ION STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From pa	ge 1	Z9999			
	Offender Registration Department of Corr	check, the Illinois Sex on check and the Illinois rections sex registrant search, g all eight individuals residing R8).				
	Findings include:	Findings include:				
		vided on 7/29/24 identifies side at the facility (R1 - R8).				
	(R5) was admitted to (fa admitted to (fa admitted to (facility)	vided on 7/29/24 identifies to (facility) on 8/5/2008; (R6) cility) on 1/25/2022; (R7) was ) on 10/12/2009; (R8) was ) on 4/1/2017; and (R9) was ) on 6/1/2018.				
		ovide evidence of required kground checks for R5, R6,				
	registry background	ovide evidence of required d checks with the Illinois Sex on for R5, R6, R7 and R9.				
	registry background	ovide evidence of required d checks with the Illinois ections for R5, R6, R7, R8				
	(Administrator). E1 criminal history bac and R7) had been of find them'. E1 was was correct for (R9 check. E1 stated 'N	4 at 3:18 pm with E1 was asked if the required kground checks for (R5, R6 completed. E1 stated 'I cannot asked if the date of 6/4/2018 's) criminal history background ⁄es'. E1 was then asked if the d checks with the Illinois Sex				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			B. WING			
		IL6011654			08/	05/2024
	PROVIDER OR SUPPLIER		DDRESS, CITY, S <sup>-</sup> TH WASHING			
LAWREN	ICE PLACE		N, IL 62656			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 THE APPROPRIATE	(X5) COMPLETI DATE
Z9999	Continued From pa	ge 2	Z9999			
	of Corrections/IDO0 R6, R7, and R9). E from the previous a offender checks' an Department of Corr completed within 24 R6, R7, R8, and R9 of 6/19/2019 for (R1 11/9/2006 for (R6) v Registration and se	ections checks were not hours of admission for (R5, )). E1 confirmed search date 7 and R9) and search date of with the Illinois Sex Offender arch date of 5/29/2024 with ent of Corrections/IDOC for				
	Two of Five					
	350.670 c)					
	Section 350.670 Personnel Policies					
	that requires a State contact the Illinois I Professional Regula individual's license	ng any individual in a position e license, the facility shall Department of Financial and ation to verify that the is active. A copy of the placed in the individual's				
	failed to provide evi Department of Fina Regulation verificat	view and interview, the facility dence of the required Illinois ncial and Professional ion, potentially impacting all siding at the facility, (R1 - R8).				
	Findings include:					
	Staff list, undated, i	dentifies E5 (Registered				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		IL6011654	B. WING		08/	05/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
LAWREN	ICE PLACE		TH WASHINGT I, IL  62656	TON STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 3	Z9999			
	Nurse Trainer/RN-T of (facility).	) as an RN-T and employee				
		Resident roster provided on 7/29/24 identifies eight individuals reside at the facility (R1 - R8). Facility unable to provide evidence of the required prior to employment license verification Illinois Department of Financial and Professional Regulation for (E5).				
	prior to employment					
	(Regional Manager)	4 at 10:18 am with E2 ). E2 was asked if (E5) is a f (facility). E2 stated 'Yes'.				
	(Administrator). E1 (E5's) license with t of Financial and Pro	4 at 2:47 pm with E1 was asked if verification of he IDFPR (Illinois Department ofessional Regulation) had or to employment and in e. E1 stated 'No'.				
	(C)					
	Three of Five					
	350.2020 d)	350.2020 d)				
	Section 350.2020 Housekeeping					
	other potentially haz	bounds, insecticides, and all zardous compounds or agents cked cabinets or rooms.				
	failed to ensure the storage room, poter	on and interview the facility chemicals were locked in ntially impacting all eight at the facility, (R1 - R8).				

	NT OF DEFICIENCIES OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		IL6011654	B. WING		08/	05/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
			TH WASHING <sup>-</sup> N, IL 62656	TON STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC <sup></sup> CROSS-REFERENCED TO <sup></sup> DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From pa	ige 4	Z9999			
	Findings include:					
	Resident roster, un in facility.	Resident roster, undated, identifies R1-R8 reside in facility.				
	next to living room a one-gallon bottles o and drain maintena enzymes, bleach, o cleaner and laundry	am, unlocked closet located and dining room contains of (disinfectant cleaner, sewer ince liquid, liquid bacteria and cleaner odor eliminator, floor y detergent), one-quart bottles eaner, tile and grout cleaner,				
	south hallway next four cases of (hand care clothes), one-l (cleaner-sanitizer-d	leodorizer, glass cleaner, floor vashing detergent) and spray				
		pm, closet containing next to living room and dining				
		am, closet containing next to living room and dining				
		3 am, closet containing in south hallway next to south ed.				
	(Administrator). E1	4 at 2:34 PM with E1 was asked if chemicals ed in a locked cabinet or es'.				
	(B)					

STATEMEN	Pepartment of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6011654	B. WING		08/	05/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LAWREN			TH WASHING N, IL 62656	TON STREET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET
Z9999	Continued From pa	ge 5	Z9999			
	Four of Five					
	350.2700 d) 2)					
	Section 350.2700 G	General Building Requirements	5			
	d) Doors and Wind	lows				
	signal that will alert building. Any exteri during certain perio device for part-time	s shall be equipped with a the staff if a patient leaves the ior door that is supervised ds may have a disconnect use. If there is constant rvision of the door, a signal is	•			
	failed to ensure that with an alarm that v had entered or exite	on and interview the facility t all exit doors were equipped vould alert staff that someone ed the building, potentially ndividuals residing in the				
	Findings include:					
	Resident roster, une in facility.	dated, identifies R1-R8 reside				
	On 7/29/24 at 7:05 north exit door oper	am, no alarm sounded when ned.				
	On 7/30/24 at 10:44 north exit door oper	1 am, no alarm sounded when ned.				
	(Administrator). E1 should have alarms	4 at 2:39 pm with E1 was asked if all exit doors on them. E1 stated 'Yes'. E1 rveyor to North exit door, E1				

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		IL6011654	B. WING		08/	05/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LAWREN			ITH WASHING <sup>-</sup> N, IL 62656	TON STREET		
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
Z9999	Continued From pa	ge 6	Z9999			
		nd confirmed no alarm r was opened, and no alarm North exit door.				
	(B)					
	Five of Five					
	350.3920 f)					
		doors shall be free from any ocking, or holding device.(B)				
	failed to ensure an obstruction when a	on and interview the facility exit door was free from wheelchair was sitting in front potentially impacting all eight				
	Findings include:					
	Resident roster, un in facility.	dated, identifies R1-R8 reside				
		09 am a wheelchair is sitting ir t door on the South end of the ' bedrooms.	1			
	Support Person). E works. E8 stated '3 where (R5's) wheel use, E8 stated 'in th	t 8:06 am with E8 (DSP/Direct E8 was asked what shift (E8) rd shift'. E8 was then asked chair is stored when not in he hallway'. When asked if 'in in front of the exit door by tted 'Yes'.				
	(Administrator). E1	4 at 2:36 pm with E1 was asked if the south exit ed an emergency exit, E1				

Illinois D	Illinois Department of Public Health					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMPI	
		IL6011654	B. WING		08/0	5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LAWREN	LAWRENCE PLACE 715 SOUT LINCOLN,			GTON STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
Z9999	free from obstruction asked if a wheelcha	ge 7 asked if all exits should be on E1 stated 'Yes'. E1 was then air sitting in front of an exit ad free from obstruction, E1	Z9999			
llinois Depa	rtment of Public Health			1		