(X6) DATE

Illinois Department of Public Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6012413	B. WING		08/0	9/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 00/0	0/2024
			NCISCAN DI			
FRANCIS	FRANCISCAN VILLAGE LEMO					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Health Surv	еу				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations :				
	ONE OF TWO					
	330.715a) 330.715b)					
	Section 330.715 Re History Record Info	equest for Resident Criminal rmation				
	of a resident, reque background check production Informat older seeking admiss background check pursuant to the Hoss Background checks resident's name, da	oursuant to the Uniform ion Act for all persons 18 or ssion to the facility, unless a was initiated by a hospital spital Licensing Act. Is shall be based on the stee of birth, and other ed by the Department of State				
	name on the Illinois website at www.isp. Department of Corr page at www.idoc.s	check for the individual's Sex Offender Registration state.il.us and the Illinois ections sex registrant search tate.il.us to determine if the s a registered sex offender.				
	This regulation was	NOT MET as evidenced by:				
	failed to perform co	and record review, the facility mplete criminal history for newly admitted residents				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 08/21/24

TITLE

STATE FORM 6899 OQFT11 If continuation sheet 1 of 9

Illinois Department of Public Health

	IT OF DEFICIENCIES		(V2) MI II TIDI	E CONSTRUCTION	(V2) DATE	CLID\/EV
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		(X3) DATE COMP	LETED
			A. BUILDING:			
			D WING			
		IL6012413	B. WING		08/0	9/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
1270 FR		1270 FRA	NCISCAN D	RIVE		
FRANCE	SCAN VILLAGE	LEMONT,	IL 60439			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DAIL
	_			· · · · · · · · · · · · · · · · · · ·		
S9999	Continued From pa	ge 1	S9999			
	for 8 residents (R68	3, R49, R30, R60, R42, R45,				
		ed for criminal history				
	background check i	n a sample of 10.				
	Findings include:					
	On 9/7/24 at 1:12 D	M a review of the facility's				
		•				
	Criminal history background check was conducted with V11 (Director of Admissions) and					
	the finding were:	(Birector of Admissions) and				
	g					
	1. R68 was admitte	d on 6/7/24 and the CHIRP				
		ormation response process)				
		4. V11 said that the facility				
		IRP until after the resident is				
		here is a fee, and she was not				
	aware that it had to admission.	be done within 24 hours of				
		d on 12/15/22 and the CHIRP				
	was done on 10/30/					
		d on 6/22/23 and the CHIRP				
	was done on 6/29/2					
	4. R60 was admitte	d on 6/15/24 and the CHIRP				
	was done on 6/17/2					
	-	d on 4/24/24 and the CHIRP				
	was done on 5/5/24					
		d on 6/27/22 and the CHIRP				
		22, the Illinois Sex Offender on 6/29/22 and there was no				
		t of Corrections) done. V11				
		ow why it wasn't done.				
		d on 7/30/21 and the CHRIP				
		, Illinois Sex Offender				
		e but was uploaded on				
	8/14/21.	•				
	8. R51 was admitte	d on 1/2/21 and the CHIRP				
		1, the Illinois Sex Offender				
		e but was uploaded on				
	1/14/21 \/11 said s	he did not remember why				

Illinois Department of Public Health

these were done late.

STATE FORM 6899 OQFT11 If continuation sheet 2 of 9

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6012413	B. WING		08/0	9/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FRANCISCAN VII I AGE			NCISCAN DI IL 60439	RIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	(No violation)					
	300.610a) 300.1010h) 300.1210a) 300.1210b)					
	a) The facility procedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory conformed and other policies shall comport the written policies the facility and shall by this committee, and dated minutes. Section 300.1010 In the facility physician of any acchange in a resider health, safety or we but not limited to, the manifest decubitus.	dvisory physician or the ommittee, and representatives in services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed				
	plan of care for the	tain and record the physician's care or treatment of such hange in condition at the time				

Illinois Department of Public Health

STATE FORM 6899 OQFT11 If continuation sheet 3 of 9

Illinois Department of Public Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6012413	B. WING		08/0	9/2024
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00.0	0.2021
FRANCISCAN VILLAGE LEMONT,			NCISCAN DI IL 60439	RIVE		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 3	S9999			
	of notification					
	Section 300.1210 Nursing and Person	General Requirements for nal Care				
	facility, with the parthe resident's guard applicable, must decomprehensive car includes measurab meet the resident's and psychosocial name resident's comprehensive the resident to practicable level of provide for discharg restrictive setting by needs. The assess the active participative resident's guardian applicable. (Section b)	nsive Resident Care Plan. A ticipation of the resident and dian or representative, as evelop and implement a re plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which of attain or maintain the highest independent functioning, and ge planning to the least assed on the resident's care sment shall be developed with tion of the resident and the or representative, as in 3-202.2a of the Act).				
	practicable physica well-being of the re each resident's cor plan. Adequate and care and personal of	o attain or maintain the highest I, mental, and psychological sident, in accordance with apprehensive resident care I properly supervised nursing care shall be provided to each total nursing and personal esident.				
	These requirement by:	s were not met as evidenced				
	review, the facility f weights/reweights a	ion, interview, and record ailed to obtain monthly and recognize significant sident. This failure resulted in				

Illinois Department of Public Health

STATE FORM 6899 OQFT11 If continuation sheet 4 of 9

Illinois Department of Public Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		IL6012413	B. WING		08/0	09/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
FRANCIS	SCAN VILLAGE		NCISCAN DF IL 60439	RIVE		
	OLIMA ANDVOTA				TION	0.1-1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	sustained a 12.47%	ot being recognized until R82 weight loss in 90 days. This it (R82) reviewed for weight 34 residents.				
	The findings include	e:				
	like the facility food. and "I don't eat muc look good." R82 sai chopped up. R82 sa when she was adm time they weighed h said she does not re	AM, R82 said she does not R82 said the food is bland the because the food doesn't id she doesn't like her meat aid she weighed 150 pounds itted a year ago and the last her she was 120 pounds. R82 eceive any supplements. No seen in R82's room.				
	of 8/19/23. R82's Peshows order dated an order dated 10/2 mechanical soft tex and does not show weight change note had poor appetite a therapy to see R82 Since 5/13/24, R82 by V21 (Clinical Nutspeech therapy. R8 Summary' shows he 8/21/23 was 152 pois documented as 1 R82's weight was dthis weight was stru Nutrition Manager/Ereweight requested June. R82's weight month of July 2024 documented again	hows an initial admission date OS (Physician Order Sheet) 12/22/23 for monthly weights, 24/23 for general diet ture, thin liquid consistency, a hospice order. V2's (DON's) written on 5/13/24 states R82 and weight loss and speech for possible upgrade of diet. did not have any notes written trition Manager/Dietician) or 12's 'Weights and Vitals er initial admission weight on bunds. R82's weight on 5/9/24 43.6 pounds. On 6/17/24 ocumented as 133 pounds, 1ck out by V21 (Clinical Dietician) with a note showing. R82 was not reweighed in was not documented in the 1. R82's weight was not until 8/6/24 as 120.8 pounds. ain struck out by V21 with a				

Illinois Department of Public Health

STATE FORM 6899 OQFT11 If continuation sheet 5 of 9

Illinois Department of Public Health

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6012413	B. WING		08/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EDANCIS	CAN VII I AGE	1270 FRA	NCISCAN DI	RIVE		
FRANCISCAN VII I AGF			IL 60439			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	PM, R82 did not har documented since & surveyor requested R82 be weighed. Or (DON/Director of No surveyor that R82 wwas 125.7 pounds. (DON) said she not Manager/Dietician) pounds and he was weight loss. The we 143.6 pounds to 12:12.47% weight loss. As of 8/8/24 at 11:3 pounds verbalized to not been document 8/8/24 at 1:16 PM, Manager/Dietician) is that every resider monthly by the 5th or resident's monthly w 5 pounds more or left will strike it out a said he requests a relist of all residents w V2 (DON) and V4 (verified that he emaneded to be weigh 6/21/24, 7/8/24, 7/1 said if the resident's by the 5th of the morpriority. V21 said according to the cracks". V21 said speech therapy. On	veight. As of 8/7/24 at 2:30 ve an accepted weight 5/9/24. At 2:30PM on 8/7/24, from V1 (Administrator) that n 8/7/24 at 4:28 PM V2 ursing) verbally notified vas just weighed and the result On 8/7/24 at 4:28PM, V2 iffied V21 (Clinical Nutrition of R82's weight of 125.7 aware it was a significant eight change from 5/9/24 of 5.7 pounds on 8/7/24 is a	\$9999			

Illinois Department of Public Health

STATE FORM 6899 OQFT11 If continuation sheet 6 of 9

Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1270 FRANCISCAN VILLAGE 1270 FRANCISCAN DRIVE LEMONT, IL 60439	STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
SUMMARY STATEMENT OF DEFICIENCIES LEMONT, IL 6043 D PREPRIX TAG CROMPETE CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE COM			IL6012413	B. WING		08/0	9/2024
CAN DELAGE LEMONT, IL 60439 PROVIDERS PLAN OF CORRECTION CACHE PREFERENCE OF A PULL PREFERENCE OF A PU	NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET			STATE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OFFICIENCY) S9999 Continued From page 6 Sp999 Feweighed after V21 requested reweights. V2 said she will take responsibility for R82's weight not being recorded on 877/24 when it was taken because she was handed the written weight. V2 said she did not communicate to V21 on 877/24 that R82 was reweighed or what her weight was, contradicting what she had told surveyor on 877/24. V2 said speech therapy has never seen R82. V2 said she could not remember if she had ever talked to R82's nurse about obtaining an order for speech therapy after she wrote her weight change note in May of 2024. On 8/8/24 at 8:38 AM V2 said they used to have a restorative aide that was responsible for obtaining resident weights/keweights, but the aide had been gone for 2-3 months so they had put V4 (Wound Care Nurse) in charge of obtaining resident reweights, V2 said she wished V21 had been more vocal and communicated to her verbally that reweights were needed instead of sending email. V2 said R82's reweights fell through the cracks because her weights were struck out so she did not trigger as weight loss. On 8/8/24 at 12:21 PM, V4 (Wound Care Nurse) said V21 may have notified her that R82 needed a weight/reweight. V4 said when she receives the email from V21 she notifies the nursing staff to obtain the weight and she tries to make sure the staff "get it done." V4 said, "but I am not going to lie, I don't always catch a weight trees to going to lie, I don't always catch a weight trees to going to lie, I don't always catch a weight trees to make sure the staff "get it done." V4 said, "but I am not going to lie, I don't always catch a weight trees to make sure the staff "get it done." V4 said, "but I am not going to lie, I don't always catch a weight the second of the staff "get it done." V4 said, "but I am not	EDANCIS	1270 FR			RIVE		
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 6 reweighed after V21 requested reweights. V2 said she will take responsibility for R82's weight not being recorded on 877/24 when it was taken because she was handed the written weight. V2 said she did not communicate to V21 on 877/24 that R82 was reweighed or what her weight was, contradicting what she had told surveyor on 877/24, V2 said speech therapy has never seen R82. V2 said she could not remember if she had ever talked to R82's nurse about obtaining an order for speech therapy after she wrote her weight change note in May of 2024. On 8/8/24 at 8:38 AM V2 said they used to have a restorative aide that was responsible for obtaining resident weights/reweights, but the aide had been gone for 2-3 months so they had put V4 (Wound Care Nurse) in charge of obtaining resident reweights. V2 said she wished V21 had been more vocal and communicated to her verbally that reweights were needed instead of sending email. V2 said R82's reweights fell through the cracks because her weights were struck out so she did not trigger as weight loss. On 8/8/24 at 12:21 PM, V4 (Wound Care Nurse) said V21 may have notified her that R82 needed a weight/reweight. V4 said when she receives the email from V21 she notifies the nursing staff to obtain the weight and she tries to make sure the staff "get it done". V4 said, "but I am not going to lie, I don't always catch a weight that is missed." On 8/8/24 at 2.41 PM, V24 (RM/Registered Nurse) said all residents require a monthly weight, she was not aware that her resident, R82, had not had a weight accepted since 5/9/24, and	FRANCISCAN VILLAGE LEMONT			IL 60439			
reweighed after V21 requested reweights. V2 said she will take responsibility for R82's weight not being recorded on 87/24 when it was taken because she was handed the written weight. V2 said she did not communicate to V21 on 87/24 that R82 was reweighed or what her weight was, contradicting what she had told surveyor on 87/24. V2 said speech therapy has never seen R82. V2 said speech therapy has never seen R82. V2 said speech therapy has never seen R82. V3 said speech therapy has never seen R82. V3 said speech therapy after she wrote her weight change note in May of 2024. On 8/8/24 at 8:38 AM V2 said they used to have a restorative aide that was responsible for obtaining resident weights/reweights, but the aide had been gone for 2-3 months so they had put V4 (Wound Care Nurse) in charge of obtaining resident reweights. V2 said she wished V21 had been more vocal and communicated to her verbally that reweights were needed instead of sending email. V2 said R82's reweights fell through the cracks because her weights were struck out so she did not trigger as weight loss. On 8/8/24 at 12:21 PM, V4 (Wound Care Nurse) said V21 may have notified her that R82 needed a weight/reweight. V4 said when she receives the email from V21 she notifies the nursing staff to obtain the weight and she tries to make sure the staff "get it done". V4 said, "but I am not going to lie, I don't always catch a weight that is missed." On 8/8/24 at 12:41 PM, V4 (RN/Registered Nurse) said all residents require a monthly weight, she was not aware that her resident, R82, had not had a weight accepted since 5/9/24, and	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
notifying the nursing staff when a weight is needed. V24 said monitoring resident weights is important because they need to pay attention if a	S9999	reweighed after V2's said she will take re not being recorded because she was he said she did not conthat R82 was reweiged contradicting what is 8/7/24. V2 said sperior R82. V2 said she contended to R82's order for speech the weight change note 8:38 AM V2 said the aide that was responsed weights/reweights, 2-3 months so they Nurse) in charge of V2 said she wished and communicated were needed instead were needed instead were needed instead weight loss. On 8/8/24 at 12:21 said V21 may have a weight/reweight. Verail from V21 she obtain the weight as staff "get it done". Verail from V21 she obtain the weight as staf	I requested reweights. V2 esponsibility for R82's weight on 8/7/24 when it was taken anded the written weight. V2 mmunicate to V21 on 8/7/24 ghed or what her weight was, she had told surveyor on each therapy has never seen ould not remember if she had a nurse about obtaining an erapy after she wrote her in May of 2024. On 8/8/24 at ey used to have a restorative onsible for obtaining resident but the aide had been gone for had put V4 (Wound Care fobtaining resident reweights. I V21 had been more vocal to her verbally that reweights ad of sending email. V2 said I through the cracks because truck out so she did not trigger PM, V4 (Wound Care Nurse) notified her that R82 needed V4 said when she receives the enotifies the nursing staff to a she tries to make sure the /4 said, "but I am not going to each a weight that is missed." PM, V24 (RN/Registered dents require a monthly that accepted since 5/9/24, and urse) is responsible for g staff when a weight is nonitoring resident weights is	S9999			

Illinois Department of Public Health

STATE FORM 6899 OQFT11 If continuation sheet 7 of 9

Illinois Department of Public Health

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6012413	B. WING		08/0	9/2024
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		1270 FRA	NCISCAN DI	RIVE		
FRANCISCAN VII I AGF			IL 60439			
(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 SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
a w (() n m th th w V n ad to R ri a re m T d d a fo n a w th th C b v p m u o co	with the resident. On CNA/Certified Nursiand to be weighed nonitoring resident ney want to make seeir weights, and if want to make sure to want t	hing else medically is going on n 8/8/24 at 2:47 PM, V25 se Assistant) said all residents once a month. V25 said weights is important because sure residents are maintaining they are losing weight, they the resident is eating enough. It is them when a reweight is the has fed R82 in the past ries, sometimes R82 eats ries she says she doesn't want ted 8/22/23 shows she is at tional status related to rventions include honor erences and monitor weight titled, "Weight Management", "Community nursing and perate to prevent, monitor, ridesirable weight loss or gain reight Measurements: The easure resident's weight on onthly thereafter Monthly completed and documented in cal record between the 1st and onth as assigned. The weight is the dietician will notify the not Changes are defined as	\$9999			

Illinois Department of Public Health

STATE FORM 6899 OQFT11 If continuation sheet 8 of 9

PRINTED: 10/21/2024

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING _ IL6012413 08/09/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1270 FRANCISCAN DRIVE

FRANCISCAN VILLAGE		RANCISCAN DR T, IL 60439	RIVE	
(X4) ID SUMMARY STATEMENT OF DEFICE PREFIX (EACH DEFICIENCY MUST BE PRECE REGULATORY OR LSC IDENTIFYING IN	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999 Continued From page 8		S9999		
stimulants, or medications as app	ropriate."			
(D)				
(B)				

Illinois Department of Public Health

STATE FORM 6899 OQFT11 If continuation sheet 9 of 9