

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001333	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALIFORNIA TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure	S 000		
S9999	Final Observations Statement of Licensure Violations 300.615e) 300.615j) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act). j) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending These requirements were NOT met as evidenced by:	S9999		

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

TITLE

(X6) DATE
03/29/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001333	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALIFORNIA TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>Based on interview and record review, the facility failed to conduct resident criminal history background checks via Criminal History Information Response Process (CHIRP) within 24 hours after admission for 10 residents (R33, R58, R104, R237, R551, R552, R553, R554, R555 and R556). This failure has the potential to affect all the residents residing in the facility.</p> <p>Findings include:</p> <p>R33 is a 66 year old with diagnosis including but not limited to: Altered Mental Status, delusion disorders, major depressive disorder and cannabis abuse.</p> <p>R58 is 60 year old with diagnosis including but not limited to: Schizophrenia, bipolar disorder, alcohol abuse, depression and suicidal Ideations.</p> <p>R104 is 65 year old with diagnosis including but not limited to: Unspecified Psychosis, major depressive disorder, Primary insomnia, chronic pain and Long term use of anticoagulants.</p> <p>R237 is 61 year old with diagnosis including but not limited to: Schizophrenia, major depressive disorder, other psychoactive substance abuse and abnormal posture.</p> <p>R551 is 58 year old with diagnosis including but not limited to: Schizoaffective disorder, other psychoactive substance abuse, quadriplegia and history of malignant neoplasm of breast.</p> <p>R552 is 55 year old with diagnosis including but not limited to: Intentional poisoning by opium, self-harm, hypertension, osteomyelitis and traumatic amputation of one right lesser toe.</p> <p>R553 is 50 year old with diagnosis including but not limited to: Schizophrenia, other psychoactive substance abuse, other osteomyelitis and type two diabetes.</p> <p>R554 is a 61 year old with diagnosis including but</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001333	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALIFORNIA TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>not limited to: Other psychoactive substance abuse, major depressive disorder, type two diabetes mellitus and hyperlipidemia. R555 is a 62 year old with diagnosis including but not limited to: Schizophrenia, bipolar disorder, major depressive disorder, suicidal ideations and homelessness. R556 is a 73 year old with diagnosis including but not limited to: Other psychoactive substance abuse, major depressive disorder, insomnia and hypertension.</p> <p>On 03/12/2024 during investigation, surveyor reviewed files of the above-mentioned residents and discovered that these residents were not submitted via CHIRP until days after submission to the facility.</p> <p>On 03/12/2024 at 11:00 AM, V35 (Business office manager) said, "V6 (Human Resources) runs the CHIRPS on the offenders according to the date of admission. They are submitted within 24 hours of admission and if there is a HIT (a criminal background), then we run finger prints."</p> <p>On 03/12/2024 at 11:14 AM V6 said, "The only thing that I do is the CHIRP and V1 (Administrator) does the fingerprinting. The CHIRP is supposed to be done within 24 hours of the resident's admission, but I'm not sure what happened with these CHIRPs."</p> <p>Surveyor inquired about the date on the top of the CHIRP documentation.</p> <p>On 03/12/2024 at 11:14 AM V6 said, "The date on the top of these documents are the dates that the background check was requested by me (V6)."</p> <p>On 03/13/2024 at 10:30 AM, V1 (Administrator)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001333	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALIFORNIA TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>said, "I was not aware that the background checks were not complete within 24 hours. I will look into that because it could be a safety concern."</p> <p>Surveyor inquired about the purpose of screening residents within 24 hours of admission to the facility?</p> <p>03/13/2024 at 1:05 PM, V2 (DON) said, "To ensure the safety of the environment and our residents. If a criminal background screening is not conducted within 24 of a resident's admission to the facility, harm can potentially be done to a resident."</p> <p>R33's Admission record documents an original admission date of 01/23/2024. R33's CHIRP was dated and submitted on 01/25/2024.</p> <p>R58's Admission record documents an original admission date of 01/23/2024. R58's CHIRP was dated and submitted on 01/25/2024.</p> <p>R104's Admission record documents an original admission date of 09/01/2023. R104's CHIRP was dated and submitted on 01/24/2024.</p> <p>R237's Admission record documents an original admission date of 12/12/2023. R237's CHIRP was dated and submitted on 12/14/2023.</p> <p>R551's Admission record documents an original admission date of 03/08/2024. R551's CHIRP was dated and submitted on 03/11/2024.</p> <p>R552's Admission record documents an original admission date of 03/05/2024. R552's CHIRP was dated and submitted on 03/11/2024.</p> <p>R553's Admission record documents an original admission date of 03/06/2024. R553's CHIRP was dated and submitted on 03/11/2024.</p> <p>R554's Admission record documents an original admission date of 12/20/2023. R554's CHIRP was dated and submitted on 12/22/2024.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001333	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CALIFORNIA TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>R555's Admission record documents an original admission date of 03/08/2024. R555's CHIRP was dated and submitted on 03/11/2024.</p> <p>R556's Admission record documents an original admission date of 03/01/2024. R556's CHIRP was dated and submitted on 03/04/2024.</p> <p>Facility policy titled Abuse Prevention Program documents, this facility shall check and review the criminal history background for any resident seeking admission to the facility in order to identify previous criminal convictions. This facility will request a Criminal History Background check within 24 hours after admission of a new resident.</p> <p>Facility policy titled Admissions of Identified Offender documents, Facility must review screenings and all supporting documents to determine if the placement (of a resident) is appropriate.</p> <p>(C)</p>	S9999		