| Illinois D | epartment of Public | Health | | | FURM | APPROVE | |
|--------------------------|--|--|----------------------------|---|-----------|--------------------------|--|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED | |
| | | IL6012041 | B. WING | | 06/ |)4/2024 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| LINCOLM | I TERRACE | | RTH KICKAP(1, IL 62656 | DO 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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE | |
| Z 000 | COMMENTS | | Z 000 | | | | |
| | | RE SURVEY - 350.625 e); i c) 2); 350.670 c); 350.681; | | | | | |
| Z9999 | FINDINGS | | Z9999 | | | | |
| | Statement of Licens | sure Violations: | | | | | |
| | 1 of 5 | | | | | | |
| | 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 et 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 | | | | | |
| | 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 us 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 | | | | | |
| • | tment of Public Health / DIRECTOR'S OR PROVID | ER/SUPPLIER REPRESENTATIVE'S SIG | GNATURE | TITLE | | (X6) DATE 06/14/24 | |

| STATEMEN | Pepartment of Public IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
|--------------------------|--|---|----------------------------|--|---------------------------------|-------------------------|
| | | IL6012041 | B. WING | | 06/ | 04/2024 |
| NAME OF F | AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | |
| | N TERRACE | | RTH KICKAPC I, IL 62656 | DO 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 T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| Z9999 | Illinois Sex Offende Illinois Department search, potentially i residing at the facili Findings include: Inspection of Care identifies R7 and R within the Mild Ran Intellectual Disabilit function within the I Individuals with Inte R9 as individuals w Range for Individuals w Sex Offender Regist Department of Corr and R8. Illinois Sex Offende Department of Corr and R8) had been of | hours after admission, the re Registration search, and the of Corrections sex registrant mpacting all nine individuals ty, (R1 - R9). Information Sheet, undated, 8 as individuals who function ge for Individuals with ies; R4 as an individual who Moderate Range for ellectual Disabilities; R6 and ho function within the Severe als with Intellectual Disabilities; d R5 as an individual who e Profound range for ellectual Disabilities. rovide evidence of the required hours after admission for R5, bund checks with the Illinois stration and the Illinois rections for R2, R5, R6, R7 4 at 9:55 AM with E1 was asked if the required hours after admission for ackground checks with the registration and the Illinois rections for (R2, R5, R6, R7 completed. E1 stated she had he had, and no further | | DEFICIENC | Υ) | |
| nois Denar | (C) |) | | | | |

| | epartment of Public IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|--|--|----------------------------|--|-----------------|--------------------|
| | | IL6012041 | B. WING | | 06/ | 04/2024 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | N TERRACE | | RTH KICKAPC N, IL 62656 | O STREET | | |
| (X4) ID | SUMMARY STA | | | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| Z9999 | Continued From pa | ge 2 | Z9999 | | | |
| | 2 of 5 | | | | | |
| | 350.635 c) 1)2) | | | | | |
| | Section 350.635 Ide | Section 350.635 Identified Offenders | | | | |
| | history background is an identified offer | s of a resident's criminal check reveal that the resident nder as defined in Section the facility shall do the | | | | |
| | State Police, in the the Department of State | y notify the Department of form and manner required by State Police, in collaboration It of Public Health, that the fied offender. | | | | |
| | fingerprint-based cr be requested on the The inquiry shall be sex, race, date of b other identifiers req State Police. The in through the files of Police and the Fede locate any criminal may exist regarding Bureau of Investiga Department of State inquiry under this su | ours, arrange for a iminal history record inquiry to e identified offender resident. based on the subject's name irth, fingerprint images, and uired by the Department of iquiry shall be processed the Department of State eral Bureau of Investigation to history record information that to the subject. The Federal tion shall furnish to the e Police, pursuant to an ubsection (c)(2), any criminal mation contained in its files. | , | | | |
| | failed to provide evi Department of State | view and interview, the facility dence of the required e Police notification and letion following a resident | | | | |

| STATEMEN | Pepartment of Public IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|--------------------------|---|---|----------------------------|--|--|
| | | IL6012041 | B. WING | | 06/04/2024 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | |
| LINCOL | N TERRACE | | RTH KICKAPC N, IL 62656 | DO 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 ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE COMPLET THE APPROPRIATE DATE |
| Z9999 | Continued From pa | ige 3 | Z9999 | | |
| | | an offender, potentially ndividuals residing at the | | | |
| | Findings include: | | | | |
| | identifies R7 and R within the Mild Ran Intellectual Disabilit function within the I Individuals with Inte R9 as individuals w Range for Individual and R1, R2, R3 and functions withing th | Information Sheet, undated, 8 as individuals who function ge for Individuals with ties; R4 as an individual who Moderate Range for ellectual Disabilities; R6 and tho function within the Severe als with Intellectual Disabilities; d R5 as an individual who e Profound range for ellectual Disabilities. | | | |
| | Department of Stat fingerprinting comp being identified as | provide evidence of required e Police notification and letion following a resident (R7) an offender on CHIRP formation Response Process) | | | |
| | (Administrator). E1 of State Police had identified offender. was before I was w within 72 hours a fin history record inqui again stated "I do n working here." E1 background information | 4 at 9:55 AM with E1 was asked if the Department been notified that (R7) is an E1 stated "I do not know that orking here." E1 was asked if ngerprint-based criminal ry was requested on (R7). E1 tot know that was before I was was then asked if any further ation is available for (R7). E1 ovided all that she had, and no is available." | | | |
| ois Depar | (C) tment of Public Health | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|---|--|----------------------------|--|----------------|-------------------------|
| | | IL6012041 | B. WING | | 06/04/2024 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | N TERRACE | | RTH KICKAPO N, IL 62656 | OO 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 DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| Z9999 | Continued From pa | ge 4 | Z9999 | | | |
| | 3 of 5 | | | | | |
| | 350.670 c) | | | | | |
| | Section 350.670 Pe | ersonnel Policies | | | | |
| | that requires a Stat 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 idence of the required Illinois incial and Professional ion, potentially impacting all iding at the facility, (R1 - R9). | | | | |
| | Findings include: | | | | | |
| | Nurse Trainer/RN-1 | dentifies E4 (Registered Γ) as an RNT (Registered employee of (facility). | | | | |
| | identifies R7 and R within the Mild Ram Intellectual Disabilit function within the I Individuals with Inte R9 as individuals w Range for Individual and R1, R2, R3 and functions withing th | Information Sheet, undated, 8 as individuals who function ge for Individuals with ies; R4 as an individual who Moderate Range for ellectual Disabilities; R6 and tho function within the Severe als with Intellectual Disabilities; d R5 as an individual who e Profound range for ellectual Disabilities. | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|----------------------------|---|-----------------------------------|-------------------------|
| | | IL6012041 | B. WING | | 06/ | 04/2024 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| | I TERRACE | | RTH KICKAPO N, IL 62656 | O 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 AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| Z9999 | Continued From pa | ge 5 | Z9999 | | | |
| | | Illinois Department of ssional Regulation for (E4). | | | | |
| | (Administrator). E1 employee of (facility then asked if verific Illinois Department | 4 at 9:55 AM with E1 was asked if E4 is a current /). E1 stated "Yes." E1 was ation of (E4's) license with the of Financial and Professional n completed and was in (E4's stated "No." | | | | |
| | (C) | | | | | |
| | 4 of 5 | | | | | |
| | 350.681 | | | | | |
| | Section 350.681 He Check | ealth Care Worker Background | 1 | | | |
| | Worker Background | ly with the Health Care d Check Act and the Health ground Check Code. | | | | |
| | failed to provide evi Department of Corr Human Services Of background checks | view and interview, the facility dence of the required Illinois ections and the Health and ffice of Inspector General search completion, potentially individuals residing at the | | | | |
| | Findings include: | | | | | |
| | Person/DSP), E8 (M Support Person/DS | dentifies E7 (Direct Support Maintenance), E9 (Direct P), and E10 (Direct Support aployees of (facility). | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|--|---|----------------------------|--|----------------------------------|--------------------------|
| | | IL6012041 | B. WING | | 06/ | 04/2024 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| lincoli | N TERRACE | | RTH KICKAPC N, IL 62656 | OO 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 ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLETI DATE |
| Z9999 | Continued From pa | ge 6 | Z9999 | | | |
| | required the Illinois background checks the Health and Hum Inspector General b and E10. Interview on 5/29/24 (Administrator). E4 Illinois Department and Human Service background checks E8, E9, and E10). | provide evidence of the Department of Corrections for E7, E8, E9, and E10, and han Services Office of background checks for E7, E9, 4 at 9:55 AM with E1 was asked if the required the of Corrections and the Health es Office of Inspector General had been completed on (E7, E4 stated she had "provided d no further information is | | | | |
| | (C) | | | | | |
| | 5 of 5 | | | | | |
| | 350.2020 d) | | | | | |
| | Section 350.2020 H | lousekeeping | | | | |
| | other potentially had | pounds, 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 a ntially impacting all nine at the facility, (R1 - R9). | | | | |
| | Findings include: | | | | | |
| | identifies R7 and R8 within the Mild Rang | Information Sheet, undated, 8 as individuals who function ge for Individuals with ies; R4 as an individual who | | | | |

| STATEMEN | Department of Public NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---|--|--|----------------------------|--|---------------------------------|-------------------------|--|
| | | | A. BUILDING | | | | |
| | | IL6012041 | B. WING | | 06/ | 04/2024 | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LINCOLN TERRACE 2324 NORTH KICKAPOO STREET | | | | | | | |
| | N TERRACE | | RTH KICKAPO N, IL 62656 | O 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 T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE | |
| Z9999 | Continued From pa | ge 7 | Z9999 | | | | |
| | Individuals with Inter R9 as individuals with Range for Individual and R1, R2, R3 and functions withing the individuals with Inter On 5/29/24 at 6:06 closet containing the soap), One case of One gallon of liquid (glass cleaner), The (laundry prespot tree of (glass and hard se Quarter gallon bottl Quart bottle of (tile unlocked. (R3, R5, On 5/29/24 at 6:19 (clinging bowl and p top of the half wall be computer/programm (R3, R5, R6, R7, R4 Interview on 5/30/24 (Regional Manager should be kept stor | AM the chemical storage e following: One gallon of (oil quart bottles of bowl cleaner, dish detergent, One gallon of ree - One quart bottles of eater), Two - Two Liter bottles surface cleaner), Two - es of (Cleaner/Sanitizer), One and grout cleaner) was R6, R7, and R8) present. AM, One quart bottle of borcelain tile cleaner) sitting or between ning room and living room. 8, and R9) present. 4 at 2:58 PM with E2). E2 was asked if chemicals ed in a locked cabinet or lonestly, I do not know." | | | | | |