

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004964</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>JOLIET TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2230 MCDONOUGH JOLIET, IL 60436</b>
---	---

(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 Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.625 c)1) 300.625 c)2)  Section 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.  This requirement was 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  
06/27/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004964</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>JOLIET TERRACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2230 MCDONOUGH JOLIET, IL 60436</b>
---	---

(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 obtain finger printing for identified offenders within 72 hours of CHIRP (Criminal History Information Response Process) results.</p> <p>Findings include:</p> <p>R51 admitted to the facility on 2/27/24. CHIRP did not have a visible date. R89 admitted to the facility on 2/23/24. CHIRP dated 3/26/24. R245 admitted to the facility on 6/6/24. CHIRP dated 6/6/24.</p> <p>On 6/13/24 10:43 AM, during conference call with V1, Administrator, V3 PSRD (Psych Rehab Services Director) stated she is responsible for obtaining resident finger printing and submission of documentation to the Identified Offenders program once finger printing is completed.</p> <p>R51's consent for finger printing was signed and finger printing was done on 5/1/24. R89's consent for finger printing was signed and finger printing was done on 4/10/24. R245's consent for finger printing was signed and finger printing was done on 6/11/24.</p> <p>(C)</p>	S9999		