Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6012884	B. WING		05/2	3/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/2	0/2024
PLONKA TERRACE 184 MAPLE AVENUE GALESBURG, IL 61401						
(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
Z 000	COMMENTS		Z 000			
	Annual Licensure					
Z9999	FINDINGS		Z9999			
	Statement of Licens 350.625 f)	sure Violations 1 of 2:				
		etermination of Need uest for Resident Criminal rmation				
	f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.illinois.gov/idoc/Pages/default.aspx to determine if the individual is listed as a registered sex offender.					
	These Regulations	are not met as evidenced by:				
	failed to provide evi Department of Corr	view and interview, the facility idence of the required Illinois rections sex registrant search, g all 14 individuals residing at 14).				
	Findings include:					
	R13 as individuals Range for Individual R3, R7, R8, and R1 within the Moderate Intellectual Disabilit and R14 as individual Severe Range for I	ated, identifies R2, R4, and who function within the Mild als with Intellectual Disabilities; I2 as individuals who function at Range for Individuals with ites; R1, R6, R9, R10, R11, uals who function within the individuals with Intellectual as an individual who functions				

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

(X6) DATE

TITLE

05/28/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6012884	B. WING		05/2	3/2024
NAME OF PROVIDER OR SUPPLIER STREET ADD		DDRESS, CITY, STATE, ZIP CODE				
PI ONKA TERRACE		LE AVENUE URG, IL 61401				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
Z9999	Continued From page 1		Z9999			
	withing the Profound range for individuals with Intellectual Disabilities.					
	Facility unable to provide evidence of registry background checks with the Illinois Department of Corrections for R2, R3, R7, R13, and R14.					
	Interview on 5/21/24 at 11:20 am with E1 (Administrator). E1 was asked if registry background checks with the Illinois Sex Offender Registration and the Illinois Department of Corrections/IDOC had been completed for (R2, R3, R7, R13, and R14.). E1 stated 'I do not have those, No'.					
	Statement of Licens 350.670 c)	(C) sure Violations 2 of 2:				
	Section 350.670 Personnel Policies					
	that requires a State contact the Illinois I Professional Regula individual's license	ring 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				
	These Regulations	are not met as evidenced by:				
	failed to provide evi Department of Fina Regulation verificati	view and interview, the facility dence of the required Illinois ncial and Professional ion, potentially impacting all 14 at the facility, (R1 - R14).				
	Findings include:					

Illinois Department of Public Health

Staff list, undated, identifies E4 (Registered

STATE FORM 5W0811 If continuation sheet 2 of 3

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				B) DATE SURVEY COMPLETED	
IL6012884		IL6012884	B. WING		05/23/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE			
PLONKA	TERRACE		LE AVENUE				
0(1) ID	CLIMMA DV CTA		JRG, IL 6140		DNI .	()(5)	
(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 SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	LD BE COMPLÉTE		
Z9999	Continued From page 2		Z9999				
	Nurse Trainer/RN-T) as an RN (Registered Nurse) and employee of (facility).						
	Nurse Trainer/RN-T) as an RN (Registered						

6899

Illinois Department of Public Health STATE FORM

5WO811 If continuation sheet 3 of 3