		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6012108		B. WING		06/14/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADI			DRESS, CITY, S	STATE, ZIP CODE	•	
MAPLE TERRACE 1510 NOR QUINCY, II			TH FOURTH IL 62301	I STREET		
(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 APPROF DEFICIENCY)	.D BE	(X5) COMPLETE DATE
Z 000	COMMENTS		Z 000			
		JRE SURVEY - 350.625 e); 0 c); 350.2020 d); 350.681				
Z9999	FINDINGS		Z9999			
	Statement of Licens	sure Violations:				
	One of Four 350.2020 d) Section 350.2020 Housekeeping					
	d) All cleaning compounds, insecticides, and all other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms.					
	interview the facility chemicals were loc	ion, record review and / failed to ensure the ked in storage room, g all 15 individuals residing at 15).				
	Findings include:					
	Resident roster, un reside in facility.	dated, identifies R1-R15				
	identifies R2, R4, R individuals who fun Individuals with Inte R5, R8, R9, R10, a function within the I	Information Sheet, undated, R6, R11, R12, R14, and R15 as ction within the Mild Range for ellectual Disabilities. R1, R3, nd R13 as individuals who Moderate Range for ellectual Disabilities; and R7 as				

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

(X6) DATE

TITLE

06/14/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6012108	B. WING		06/1	4/2024
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	TERRACE	1510 NOR QUINCY, I	TH FOURTH	STREET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		D BE	(X5) COMPLETE DATE
Z9999	an individual who for range for individual on 6/11/24 at 5:57 resident's bathroom a one-liter bottles on On 6/11/24 at 6:02 resident's bathroom contains a one-liter cleaner). Safety Data Sheet includes 'May be have irritation; May on the liter cleaner's includes 'May be have irritation; May on the liter cleaner's includes 'May be have irritation; May on the liter cleaner's includes 'May be have irritation; May on the liter cleaner's includes 'May be have irritation; May on the liter cleaner's includes 'All the	am, cabinet under sink in a with tub and shower contains f (multipurpose cleaner). am, cabinet under sink in a with tub and shower contains f (multipurpose cleaner). am, cabinet under sink in a with handicap shower bottles of (multipurpose for (multipurpose cleaner) armful if swallowed; May cause cause skin irritation'. at 2:43 PM with E2 (Qualified by Professional/QIDP). E2 was should be kept stored in a com. E2 stated 'Not ours. was then asked for the SDS by for (multipurpose cleaner). Sing on our wall in the laundry let it off of the wall'. SDS ho confirms SDS says 'May be do, May cause eye irritation; station'. E2 then with bottle of the ou are right. It says right here, wallowed, may cause eye	Z9999	DEFICIENCY)		
	350.625 e) 350.625 f)					

Illinois Department of Public Health STATE FORM

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PRINTED: 07/30/2024 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6012108	B. WING		06/14/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
MAPLE 1	TERRACE	1510 NOR QUINCY, I	TH FOURTH	STREET		
(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 APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
Z9999	e) In addition to the 2-201.5(a) of the Adshall, within 24 hour	etermination of Need uest for Resident Criminal rmation screening required by Section and this Section, a facility rs after admission of a	Z9999			
	resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons seeking admission to the facility. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police.					
	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.					
	failed to provide evi screening within 24 Illinois Sex Offende Illinois Department	view and interview, the facility dence of the required hours after admission, the r Registration search, and the of Corrections sex registrant mpacting all 15 individuals ty, (R1 - R15).				
	Findings include:					
	Inspection of Care Information Sheet, undated, identifies R2, R4, R6, R11, R12, R14, and R15 as individuals who function within the Mild Range for					

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1 Z00X11 If continuation sheet 3 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6012108	B. WING		06/1	4/2024
			DRESS, CITY, S	STATE, ZIP CODE	•	
MAPLE	TERRACE	1510 NOR QUINCY, I	TH FOURTH L 62301	I STREET		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Z9999	R5, R8, R9, R10, and function within the Mindividuals with Interest an individual who fur range for individuals facility unable to proscreening within 24 R8, R11 and R15; the with the Illinois Sex	ellectual Disabilities. R1, R3, and R13 as individuals who	Z9999			
	Interview on 6/11/24 (Qualified Intellectu Professional/QIDP) screening within 24 R8, R11 and R15), checks with the Illin and the Illinois Dep R7, R8, R11 and R stated 'I gave you e if any further backg available for (R2, R background checks	E2 was asked if the required hours after admission for (R2, the registry background ois Sex Offender Registration artment of Corrections for (R2, 15) had been completed. E2 verything I have'. When asked round information was 7, R8, R11 and R15) required				
	(C)					
	Three of Four					
	350.670 c)					
	Section 350.670 Pe	ersonnel Policies				
	c) Prior to employir	ng any individual in a position				

Illinois Department of Public Health

STATE FORM 6899 Z0OX11 If continuation sheet 4 of 7

AND DI AN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
IL6012108		B. WING		06/1	4/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADD		DRESS, CITY, S	STATE, ZIP CODE			
MAPLE 1	ΓERRACE	1510 NOR QUINCY, I	TH FOURTH	ISTREET		
(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 APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 4	Z9999			
	contact the Illinois I Professional Regula individual's license	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				
	Based on record review and interview, the facility failed to provide evidence of the required Illinois Department of Financial and Professional Regulation verification, potentially impacting all 15 individuals residing at the facility, (R1 - R15).					
	Findings include:					
	Staff list, undated, identifies E3 (Registered Nurse Trainer/RN-T) as an RNT (Registered Nurse Trainer) and employee of (facility).					
	identifies R2, R4, R individuals who fund Individuals with Inte R5, R8, R9, R10, an function within the M Individuals with Inte an individual who fu	Information Sheet, undated, 6, R11, R12, R14, and R15 as ction within the Mild Range for ellectual Disabilities. R1, R3, and R13 as individuals who Moderate Range for ellectual Disabilities; and R7 as unctions withing the Profound s with Intellectual Disabilities.				
	license verification l	rovide evidence of the required Illinois Department of ssional Regulation for (E3).				

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Interview on 6/11/24 at 5:00 PM with E2

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER	A (X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
IL6012108	B. WING	06/14/2024
	EET ADDRESS, CITY, STATE, ZIP CODE	
MAPI E TERRACE	0 NORTH FOURTH STREET NCY, IL 62301	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN O PREFIX (EACH CORRECTIVE AC TAG CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLÉTE DATE DATE
Continued From page 5 (Qualified Intellectual Disability Professional/QIDP). E2 was asked if the E3 current employee of (facility). E2 stated 'Yes' was then asked if verification of (E3's) licens with the IDFPR (Illinois Department of Financian and Professional Regulation) had been completed and in (E3's) personnel file. E1 still yave you everything I have'. When asked if further information was available for (E3's) license verification with the IDFPR E2 stated (C) Four of Four 350.681 Section 350.681 Health Care Worker Backgrond Check A facility shall comply with the Health Care Worker Background Check Act and the Heal Care Worker Background Check Code. Based on record review and interview, the fafailed to provide evidence of the required IDC (Illinois Department of Corrections) Sex Registrant, IDOC Inmate Search, IDOC War Fugitives and the Health and Human Service Office of Inspector General background check search completion, potentially impacting all 1 individuals residing at the facility, (R1 - R15). Findings include: Staff list, undated, identifies E4 (Direct Support Person/DSP), E5 (Direct Support Person/DSP)	z9999 s a E2 e sial ated any 'No'. ound th cility OC ted s kk 5	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6012108	B. WING		06/1	4/2024
MAPLE TERRACE 1510 NOR		ORESS, CITY, S TH FOURTH L 62301	STATE, ZIP CODE I 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
Z9999	Person/DSP) as em Facility is unable to required IDOC (Illing Corrections) Inmate Fugitives backgroung E5, E7, and E10; the IDOC Sex Registral pre-hire and Health of Inspector General Interview on 6/11/24 (Qualified Intellecture Professional/QIDP) IDOC (Illinois Depasearch and IDOC Vichecks had been country and (E10); the Illinous Sex Registrant backgroung to (E4). Health and Human General backgroung for (E4). E2 stated When asked if any	provide evidence of the ois Department of e Search and IDOC Wanted and checks completed for E4, e Illinois Sex Offender and int for E4 and E7; and the and Human Services Office al background checks for E4. If at 5:00 PM with E2 al Disability E2 was asked if the required rtment of Corrections) Inmate Vanted Fugitives background completed for (E4), (E5), (E7), is Sex Offender and IDOC kground checks had been and (E7); and the pre-hire and Services Office of Inspector d checks had been completed I gave you everything I have'. further information was E5), (E7), and (E10) required	Z9999			

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