PRINTED: 08/19/2024 FORM APPROVED

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				
		IL6014054	B. WING		07/05/2024				
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE					
LINDEN ESTATE 1000 LINDEN STREET MORTON, IL 61550									
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE				
Z 000	COMMENTS		Z 000						
	ANNUAL LICENSUR 350.625 f)	E SURVEY - 350.625 e);							
Z9999	999 FINDINGS		Z9999						
	Statement of Licensu	re Violations							
	350.625 e) 350.625 f)								
	Section 350.625 Determination of Need Screening and Request for Resident Criminal History Record Information								
	2-201.5(a) of the Act shall, within 24 hours resident, request a cricheck pursuant to the Information Act for all to the facility. Backgron the resident's name	iminal history background							
	on the Illinois Sex Off at www.isp.state.il.us of Corrections sex reg www.illinois.gov/idoc/	eck for the individual's name ender Registration website and the Illinois Department gistrant search page at Pages/default.aspx to dual is listed as a registered							
	failed to provide evide screening within 24 h Illinois Sex Offender F	ew and interview, the facility ence of the required ours after admission, the Registration search, and the Corrections sex registrant							

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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	
		IL6014054	B. WING		0:	7/05/2024	
NAME OF P	ROVIDER OR SUPPLIER	1000 LIN	ADDRESS, CITY, STATE NDEN STREET N, IL 61550	ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
Z9999	residing at the facility Findings include: Facility Roster, receiv R8, R9, and R16 as r Facility unable to prov screenings within 24 registry background of Offender Registration of Corrections for R1, Interview on 7/2/24 at (Administrator). E1 w screening within 24 h registry background of Offender Registration	pacting all 16 individuals, (R1 - R16). red 7/1/24, identify R1, R3, esidents residing in facility. ride evidence of the required hours after admission of checks with the Illinois Sex and the Illinois Department R3, R8, R9, and R16. t 3:18 PM with E1 as asked if the required ours after admission of checks with the Illinois Sex and the Illinois Department , R3, R8, R9, and R16) had	Z9999				

Illinois Department of Public Health

STATE FORM 6899 TRFD11 If continuation sheet 2 of 2