Illinois Department of Public Health         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         ILL6010425				(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		B. WING	11/01/2024				
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
HELMA T	ERRACE		RGINIA AVENUE RIVER, IL 62095				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM			(X5) COMPLET DATE	
Z 000	COMMENTS		Z 000				
	Annual Licensure Su	rvey					
Z9999	FINDINGS		Z9999				
	Statement of Licensure Violations						
	350.510a) 350.625f) 955.165a)1)						
	Section 350.510 Adn	ninistrator					
	Home Administrators Act shall be employe The licensee shall re	censed under the Nursing Licensing and Disciplinary d full-time for each facility. port any change in Department within five days					
	Section 350.625 Det Screening and Requ History Record Inforr	est for Resident Criminal					
	on the Illinois Sex Of at www.isp.state.il.us of Corrections sex re www.illinois.gov/idoc	eck for the individual's name fender Registration website and the Illinois Department gistrant search page at /Pages/default.aspx to idual is listed as a registered					
	Section 955.165 Fin History Records Che	gerprint-Based Criminal ck					
	a) Educational entitie	es, other than secondary					
	nent of Public Health	SUPPLIER REPRESENTATIVE'S SIGNATUF		TITLE		(X6) DATE	
	DIVECTORS OF PROVIDER/	OUT LIENNEL RESENTATIVE S SIGNATUR	<u>.</u>	IIILE		11/09/24	

Illinois Department of Public Health         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         ILE010425			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING			C 11/01/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	, ZIP CODE		
THELMA 1	TERRACE		RGINIA AVENUE RIVER, IL 62095			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE COMPL D THE APPROPRIATE DAT	
Z9999	Continued From page 1 schools, and health care employers are required to check the Health Care Worker Registry before allowing a student to enter a training program or hiring an employee to determine: 1) Whether a fingerprint-based criminal history records check has previously been conducted, which is indicated by the identifier of "FEE_APP" or "CAAPP."		Z9999			
	Based on observatio interview, the facility 1. Ensure the facility 2. Provide evidence					
	3. Comply with the h	ealthcare worker registry act, iduals residing at the facility,				
	Resident Roster und	ated, received on 10-30-24, residents residing in the				
	was displayed at the On 10/29/24 at 10:00 Intellectual Disability	-				

Illinois Department of Public Health         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         IL6010425		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOWIDER.	A. BUILDING:			C 11/01/2024	
		B. WING		11			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
THELMA	TERRACE		RGINIA AVENUE RIVER, IL 62095				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE COMPL TO THE APPROPRIATE DAT		
Z9999	Continued From page	e 2	Z9999				
	form documents E1/C Administrator has a s notification to IDPH w On 10/31/24 at 3:30 I Administrator was as documentation from I Financial & Professio E1/Temporary Admin any other documenta Temporary Administrator On 11/1/24 at 1:30 PI Training confirmed E1 facility Administrator f IDPH notification was Facility could not prov Temporary Administrator	erm Care Form-Administrator QIDP/Temporary start date of 3/1/24 and the vas completed on 6/13/24. PM, E1/QIDP/Temporary ked if she had any Illinois Department of onal Regulation/IDFPR? istrator stated, "I do not have tion from IDFPR about the ator license. M, E2/Administrator in 9/Administrator was the from 12/17/21-3/1/24 and the as completed 6/13/24. vide evidence of an acting ator's license for					
	background checks w Corrections when rec and R10.	provide evidence of registry vith the Illinois Department of quested for R1, R5-R7, R9					
	Training (AIT) confirn provide documentation checks with the Illinoi	AM, E2/Administrator in ned the facility is unable to on of registry background is Department of Corrections for all residents residing at					
	registry employee rec 2-24-24. The registry background check wa	worker healthcare worker cord includes a start date of documents E10's as initiated on 2-22-24 within ever, there is no evidence a					

Illinois Department of Public Health STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		IL6010425	B. WING		11	/01/2024
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE		
HELMA	TERRACE		RGINIA AVENUE RIVER, IL 62095			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	E ACTION SHOULD BE COMPL D TO THE APPROPRIATE DAT	
Z9999	Continued From pag	e 3	Z9999			
	fingerprint-based criminal history background check was completed.					
	On 11-1-24 at 3:17 PM, E2 confirmed no further records are available to verify a background check was completed for E10. (C)					