Illinois D	epartment of Public	Health			FORM APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6012934	B. WING		10/25/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
TAYLOR	/ILLE TERRACE		T MARKET ST			
			VILLE, IL 625			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
Z 000	COMMENTS		Z 000			
	Annual Licensure S 350.625e	Survey				
Z9999	FINDINGS		Z9999			
	Statement of Licen 350.625e	sure Violations:				
		etermination of Need Juest for Resident Criminal Irmation				
	2-201.5(a) of the Au shall, within 24 hou resident, request a check pursuant to t Information Act for to the facility. Back on the resident's na identifiers as requir	e screening required by Section ct and this Section, a facility rs after admission of a criminal history background the Uniform Conviction all persons seeking admission ground checks shall be based ame, date of birth, and other red by the Department of State 201.5(b) of the Act)				
	These requirement by:	s were not met as evidence				
	failed to conduct a check within 24 hor ten individuals (R1, reviewed for Crimir	eview and interview, the facility criminal history background urs after admission for ten of R3-5, R9-14) who were nal History screenings g all 14 individuals (R1-R14) ity.				
	Findings include:					
	Resident roster pro	wided on 10/21/2024 includes				
	tment of Public Health / DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE	(X6) DATE 10/31/24	

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PRINTED: 11/21/2024 FORM APPROVED

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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		
		IL6012934	B. WING		10/2	25/2024	
ME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
AYLOR\	/ILLE TERRACE		T MARKET ST VILLE, IL 6256				
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC			
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
Z9999	Continued From pa	ge 1	Z9999				
	R1-14 as residents	residing in the facility.					
	Reviewed the facilit background checks	ty's criminal history s for R1, R3-R5, R9-R14.					
		e to provide R1, R3-R5, history background check.					
		Process policy dated cludes, "a background check to admittance."					
	confirmed, R1, R3- criminal history bac						
	(C)						

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