

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/13/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HILLSIDE VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6901 NORTH GALENA ROAD PEORIA, IL 61614</b>		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	Annual Licensure & Certification			
S9999	Final Observations	S9999		
	Statement of Licensure Violations			
	300.615e)			
	300.615f)			
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information			
	e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act [20 ILCS 2635] for all persons 18 or older 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. (Section 2-201.5(b) of the Act)			
	f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.			
	This REQUIREMENT was not met as evidenced by:			
	Based on record review and interview the facility failed to perform resident background checks within 24 hours of admission to the facility, and			

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

12/27/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/13/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HILLSIDE VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6901 NORTH GALENA ROAD PEORIA, IL 61614</b>		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>failed to check the Illinois State Police Sex Offender Registry to determine if the resident is a registered sex offender for four residents (R166, R167, R168, R266) of ten residents, in a total sample of ten residents reviewed for admission background checks.</p> <p>Findings include:</p> <p>The facility's Admissions, Transfers and Discharges policy, dated 11/19/24, document: "Criminal history records are requested within 24 hours of a resident's admission. Additionally, the facility will review the Illinois State Police Offend Registry."</p> <p>R167 and R266 were both admitted to the facility on 12/02/24. R167's and R266's admission background check is dated 12/10/24 and does not include an Illinois State Police Sex Offender Registry review for either resident.</p> <p>R166 and R168 were both admitted to the facility on 12/5/24. R166's and R168's facility admission background check is dated 12/10/24 and does not include an Illinois Police Sex Offender Registry review for either resident.</p> <p>On 12/12/24 at 12:02 pm, V8/Office Assistant stated resident criminal history background checks are run prior to or within 24 hours of their admission to the facility. V8 stated resident background checks should include the State of Illinois Sex Offender Registry within that time frame as well. V8 verified that background checks for R166, R167, R168 and R266 were not completed within 24 hours of admission to the facility and did not have the State of Illinois Sex Offender Registry reviews for any of the four residents.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>12/13/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HILLSIDE VILLAGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6901 NORTH GALENA ROAD PEORIA, IL 61614</b>		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 2  (C)	S9999			