	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		· · · ·	E SURVEY PLETED	
			B. WING				
	ROVIDER OR SUPPLIER	IL6013213	DRESS, CITY, STATE,		12/13/2024		
			TH MCCORMICK I				
INCOLNV	VOOD PLACE	LINCOLN	VOOD, IL 60645				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE	
S 000	Initial Comments		S 000				
	Annual Certification	and Licensure Survey					
S9999	Final Observations		S9999				
	Statement of Licensure Violations 300.615e) 300.615f)						
	Section 300.615 Det Screening and Requ History Record Infor	est for Resident Criminal					
	2-201.5(a) of the Act shall, within 24 hours resident, request a c check pursuant to the Information Act for al admission to the faci check was initiated b Hospital Licensing A be based on the resi and other identifiers	screening required by Section and this Section, a facility s after admission of a riminal history background e Uniform Conviction Il persons 18 or older seeking lity, unless a background by a hospital pursuant to the ct. Background checks shall dent's name, date of birth, as required by the Police. (Section 2-201.5(b)					
	on the Illinois Sex Of at www.isp.state.il.us of Corrections sex re	neck for the individual's name fender Registration website s and the Illinois Department egistrant search page at to determine if the individual ed sex offender.					
	This requirement wa	s not met as evidenced by:					
		and record review, the facility ninal history background					
•	nent of Public Health DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE	,	TITLE		(X6) DATE	
lectronic	ally Signed					12/27/24	

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		IL6013213	B. WING		12	2/13/2024
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
	WOOD PLACE		RTH MCCORMICK NWOOD, IL 60645	BLVD.		
(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	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page	e 1	S9999			
	five residents (R32, F	rs of admission for five of R33, R82, R83, R132) history background check in				
	Findings include:					
	review, R32 was note 12/07/2024, Criminal	as done on 12/11/2024 and				
	V20 (Medical Record (Marketing/Admission Offender first then V2 (Administrative Assis History Information R Sex Offender Registr Department of Correc after. V20 stated that on a weekend, they of Monday after that we weekend. V20 also s on a weekend, V20 is	tant) will run the Criminal Response Process, Illinois				
	V19, V19 stated that Information Respons	36AM during interview with R32's Criminal History e Process was run on is Sex Offender Registry 4.				
	V1 (Administrator), V staff so when a reside	00PM during interview with 1 stated that V18 is on-call ent is admitted on a In all the background checks				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		IL6013213	B. WING		10/10/0001	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE	12	2/13/2024
			RTH MCCORMICK			
	NOOD PLACE	LINCOL	NWOOD, IL 60645			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page	e 2	S9999			
	background check sh within 24 hours of R3	M, V1 stated that R32's nould have been completed 32's admission.				
	12/12/2024 indicated 12/07/2024. Review of Information Respons 12/11/2024. Review of	er summary report printed on admission date of of R32's Criminal History e Process indicated date of of R32's Illinois Sex Offender ated search on 12/10/2024.				
	review, R33 was note	12:50PM during record ed with admission date of is Sex Offender Registry 4.				
	V20 (Medical Record (Marketing/Admission Offender first then V2 (Administrative Assiss History Information R Sex Offender Registr Department of Correc after. V20 stated that on a weekend, they of Monday after that we weekend. V20 also s on a weekend, V20 is Nursing Assistant on	tant) will run the Criminal Response Process, Illinois				
	V19, V19 stated that Registry Search was	36AM during interview with R33's Illinois Sex Offender done on 12/10/2024. 00PM during interview with				
		1 stated that V18 is on-call				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED	
			A. BUILDING:				
		IL6013213	B. WING		12	2/13/2024	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,				
	WOOD PLACE		ORTH MCCORMICK NWOOD, IL 60645	BLVD.			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From page	e 3	S9999				
	weekend, V18 can ru when they get admitt 12/12/2024 at 2:00Pl background check sh within 24 hours of R3 Review of R33's orde 12/12/2024 indicated 12/03/2024. Review Registry search indic 3. On 12/10/2024 at review, R82 was note 12/06/2024, Criminal Response Process w Illinois Sex Offender 12/10/2024. On 12/11/2024 at 100 V20 (Medical Record	In all the background checks ed in the facility. On M, V1 stated that R33's nould have been completed 33's admission. For summary report printed on a dmission date of of R33's Illinois Sex Offender ated search on 12/10/2024. 12:50PM during record ed with admission date of History Information /as done on 12/10/2024 and Registry Search on 35AM during interview with ls), V20 stated that V18 ns) run the National Sex					
	History Information R Sex Offender Registr Department of Corre- after. V20 stated that on a weekend, they of Monday after that we	ctions sex registrant search if the resident was admitted to the background checks bekend since they are off the					
	on a weekend, V20 is Nursing Assistant on it.	tated that when V20 works s working as Certified the floor so V20 cannot do :36AM during interview with					
	V19, V19 stated that Information Respons	R82's Criminal History e Process was run on is Sex Offender Registry					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		IL6013213	B. WING		12/13/2024	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	ZIP CODE	14	./13/2024
	WOOD PLACE		ORTH MCCORMICK	BLVD.		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
S9999	V1 (Administrator), V staff so when a reside weekend, V18 can ru when they get admitte 12/12/2024 at 2:00PM background check sh within 24 hours of R8 Review of R82's order 12/12/2024 indicated 12/06/2024. Review of Information Response 12/10/2024. Review of Registry search indic 4. On 12/10/2024 at 7 review, R83 was note 12/07/2024 and Crim Response Process w Illinois Sex Offender 12/10/2024. On 12/11/2024 at 10: V20 (Medical Record	00PM during interview with 1 stated that V18 is on-call ent is admitted on a in all the background checks ed in the facility. On M, V1 stated that R82's nould have been completed 12's admission. er summary report printed on admission date of of R82's Criminal History e Process indicated date of of R82's Illinois Sex Offender ated search on 12/10/2024. 12:50PM during record ed with admission date of inal History Information ras done on 12/10/2024 and Registry Search on 35AM during interview with s), V20 stated that V18	S9999			
	Offender first then V2 (Administrative Assist History Information R Sex Offender Registr Department of Correct	tant) will run the Criminal esponse Process, Illinois				
	on a weekend, they o Monday after that we weekend. V20 also s on a weekend, V20 is	to the background checks ekend since they are off the tated that when V20 works				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		IL6013213	B. WING			2/13/2024
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		14	2/13/2024
	ROVIDER OR SUFFLIER					
	WOOD PLACE		NWOOD, IL 60645	BLVD.		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page	e 5	S9999			
	Information Respons	R83's Criminal History e Process was run on vis Sex Offender Registry 4.				
	V1 (Administrator), V staff so when a reside	in all the background checks				
	12/12/2024 at 2:00PI	M, V1 stated that R83's nould have been completed				
	12/12/2024 indicated 12/07/2024. Review Information Respons	er summary report printed on l admission date of of R83's Criminal History e Process indicated date of of R83's Illinois Sex Offender				
	Registry search indic	ated search on 12/10/2024.				
	review, R132 was no	12:50PM during record ted with admission date of vis Sex Offender Registry 4.				
	V20 (Medical Record (Marketing/Admission Offender first then V2					
	History Information R Sex Offender Registr					
	after. V20 stated that	ctions sex registrant search t if the resident was admitted do the background checks				
	weekend. V20 also s	eekend since they are off the tated that when V20 works s working as Certified				
		the floor so V20 cannot do				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		IL6013213	B. WING		12/13/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	WOOD PLACE		ORTH MCCORMICK NWOOD, IL 60645	BLVD.		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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) THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pag	e 6	S9999			
	it.					
	V19, V19 stated that	36AM during interview with R132's Illinois Sex Offender done on 12/10/2024.				
	V1 (Administrator), V staff so when a resid					
	when they get admitt 12/12/2024 at 2:00P	In all the background checks red in the facility. On M, V1 stated that R132's nould have been completed				
	within 24 hours of R1					
	on 12/12/2024 indica 12/04/2024. Review	der summary report printed ited admission date of of R132's Illinois Sex arch indicated search on				
	• •	olicy entitled Abuse - 7 d last revised on 3/13/2023				
	Policy: The facility m policies and procedu components: screen	ust develop and implement res that include the seven ing, training, prevention,				
	reporting/response. Procedure:	gation, protection, and				
	environment for the r	e protections and a safe esident and other residents,				
	meet the needs of th	and qualified staff in order to e resident if behavioral				
		All prospective residents ed through the Sex Offender				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6013213	B. WING		12	2/13/2024
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
	WOOD PLACE		ORTH MCCORMICK	BLVD.		
			NWOOD, IL 60645			
(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	CTION SHOULD BE	(X5) COMPLETI DATE
S9999	Continued From page	e 7	S9999			
	(C)					