STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014211	A. BUILDING: _____ B. WING _____	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEWIS TERRACE	1916 16TH STREET NORTH CHICAGO, IL 60064

(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
Z 000	COMMENTS Annual Licensure Survey	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 350.670d)1)2)3)4)5) 350.680a) 350.681 Section 350.670 Personnel Policies d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring. Information on the Health Care Worker Registry will include: 1) Whether the individual is active on the Registry; 2) Whether the individual has findings of abuse, neglect, or misappropriation of property; 3) The date of the individual ' s most recent criminal history records check; 4) Whether the individual has a conviction for a disqualifying offense pursuant to Section 25 of the Health Care Worker Background Check Act; and 5) Whether the individual has a waiver. Section 350.680 Direct Support Persons (DSP) a) A facility shall not employ an individual as a nursing assistant, habilitation aide, home health aide, a developmental disabilities aide, or a direct support person, or newly hired as an individual who may have access to a resident, a resident's living quarters, or a resident's personal, financial, or medical records, unless the facility has checked the Department's Health Care Worker	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014211	A. BUILDING: _____ B. WING _____	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEWIS TERRACE	1916 16TH STREET NORTH CHICAGO, IL 60064

(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
Z9999	Continued From page 1 Registry and the individual is listed on the Health Care Worker Registry as eligible to work for a health care employer. The facility shall not employ an individual as a nursing assistant, habilitation aide, a developmental disabilities aide, or a direct support person, if that individual is not on the registry unless the individual is enrolled in a training program under Section 3-206 (a)(5) of the Act and Section 350.683. (Section 3-206.01 of the Act) Section 350.681 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. These Regulations were not met as evidenced by: Based on interview and record review, the facility failed to verify with the Health Care Worker registry (HCWR) and 6 required internet website background checks that potential job candidates did not have a history of client abuse, neglect, or mistreatment and are eligible for hire prior to staff's start of employment. This failure potentially impacts 2 of 2 clients (R1, R2) in the sample and 2 clients (R3, R4) outside of the sample. Findings include: Review of Health Care Worker Registry checks (HCWR) provided by the facility identified two staff, E2 (House Manager) and E5 (Direct Support Professional), with no documented Health Care Worker Registry check and none of the six (6) mandated internet website checks	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014211	A. BUILDING: _____ B. WING _____	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEWIS TERRACE	1916 16TH STREET NORTH CHICAGO, IL 60064

(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
Z9999	Continued From page 2 completed prior to employment at the facility. The required website checks include: 1) Illinois Sex Offender Registry, 2) Department of Corrections' Sex Offender Search engine, 3) Department of Corrections' Inmate Search engine, 4) Department of Corrections Wanted Fugitives Search engine, 5) National Sex Offender Public Registry, and 6) Health and Human Services Office of Inspector General. On 2/11/2025 at 1:46 pm, E1 (Administrator) stated, "I haven't been able to locate them" when asked for documentation of Health Care Worker Registry check and six internet website checks for E2 and E5. (C)	Z9999		