Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6010169	B. WING		03/0	6/2025
	PROVIDER OR SUPPLIER	301 MAPL	DRESS, CITY, S LE SUMMIT I ILLE, IL 620			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
Z 000	COMMENTS		Z 000			
	Annual Certification Fundamental Annual Licensure S Inspection of Care	•				
Z9999	Statement of Licensure Violations: 350.625e) 350.625f)		Z9999			
		etermination of Need uest for Resident Criminal rmation				
	Section 2-201.5(a) facility shall, within 2 resident, request a check pursuant to the Information Act for a to the facility. Back on the resident's na	e screening required by of the Act and this Section, a 24 hours after admission of a criminal history background he Uniform Conviction all persons seeking admission ground checks shall be based ame, date of birth, and other ed by the Department of State 201.5(b) of the Act)				
	name on the Illinois website at www.isp Department of Corr page at www.illinois	check for the individual's Sex Offender Registration .state.il.us and the Illinois rections sex registrant search s.gov/idoc/Pages/default.aspx ndividual is listed as a nder.				
	These requirements by:	s were not met as evidenced				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

04/06/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		IL6010169	B. WING		03/0	6/2025				
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE						
VAHLE TERRACE 301 MAPLE SUMMIT ROAD  JERSEYVILLE, IL 62052										
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE				
Z9999	Based on record refailed to perform a check within 24hours search on the sex of hours after admission the sample recently.  Findings include:  Resident roster, revan individual who refered to the sample recently.  Resident roster, revan individual who refered to the sample recently.  Resident roster, revan individual who refered to the sample recently.  R14's Individual Prodocuments an administry of the sample recently.  R14's Criminal History of the sample to process is dated, 1's Facility unable to process is dated, 1's F	view, and interview, the facility criminal history background as after admission and a offender registry within 24 on for one individual outside admitted to the facility (R14).  vised 02/23, identifies R14 as esides at the facility.  visite General Data/Face Sheet, ission date of 02/19/2025.  ry Information Response 1/15/2019.  voduce evidence of R14's r Registry search.  viole PM, E14 (Administrator) do not have an updated ormation Response Process	Z9999							

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XJ6C11 If continuation sheet 2 of 2