

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER FRANKFORT TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORTH SMITH FRANKFORT, IL 60423		
(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 Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.625a) 300.625b) 300.625c)1)2) 300.625d) 300.625e) 300.625f)1)2) Section 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending. c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

05/23/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER FRANKFORT TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORTH SMITH FRANKFORT, IL 60423		
(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>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>d) The facility shall comply with all applicable provisions contained in the Uniform Conviction Information Act.</p> <p>e) All name-based and fingerprint-based criminal history record inquiries shall be submitted to the Department of State Police electronically in the form and manner prescribed by the Department of State Police. The Department of State Police may charge the facility a fee for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Services Fund. The fee shall not exceed the actual cost of processing the inquiry. (Section 2-201.5(c) of the Act)</p> <p>f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements:</p> <p>1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER FRANKFORT TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORTH SMITH FRANKFORT, IL 60423		
(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 2</p> <p>sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense who are residents of the facility. If a resident of a licensed facility is an identified offender, any federal, State, or local law enforcement officer or county probation officer shall be permitted reasonable access to the individual resident to verify compliance with the requirements of the Sex Offender Registration Act, to verify compliance with the requirements of Public Act 94-163 and Public Act 94-752, or to verify compliance with applicable terms of probation, parole, or mandatory supervised release. (Section 2-110(a-5) of the Act)</p> <p>Reasonable access under this provision shall not interfere with the identified offender's medical or psychiatric care.</p> <p>2) The facility staff shall meet with local law enforcement officials to discuss the need for and to develop, if needed, policies and procedures to address the presence of facility residents who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense, including compliance with Section 300.695 of this Part.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide documentation of the CHIRP (Criminal History Information Response Process), Illinois Sex Offender Registry, National Sex Offender Registry and Illinois Department of Correction review within 24 hours of resident admission to the facility. The facility also failed to obtain fingerprint appointments for identified offenders within 72 hours of CHIRP results.</p> <p>This applies to 6 of 10 residents (R7, R40, R71,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER FRANKFORT TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORTH SMITH FRANKFORT, IL 60423		
(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 3</p> <p>R73, R96 and R99) in sample of 31.</p> <p>The findings include: R7's face sheet shows an admission date of 5/14/21. R7's CHIRP result returned with a hit on 5/14/21 and finger printing was scheduled on 5/18/21.</p> <p>R40 face sheet shows and admission date of 10/5/22. R40's CHIRP done on 10/17/22, result returned with a hit. R40's finger printing was scheduled on 12/21/22. The facility did not provide documentation Illinois Sex offender, National Sex Offender or Illinois Department of Corrections website review.</p> <p>R71's face sheet shows and admission date of 2/5/21. R71's CHIRP was done on 2/8/21. The facility did not provide documentation Illinois Sex offender, National Sex Offender or Illinois Department of Corrections website review.</p> <p>R73's face sheet shows a readmission date of 3/10/25. R73's CHIRP result returned with a hit on 3/10/25 and finger printing was scheduled on 3/25/25.</p> <p>R96's face sheet shows an admission date of 4/7/25. R96's CHIRP result returned with a hit on 4/8/25 and finger printing was scheduled on 4/11/25.</p> <p>R99's face sheet shows an admission date of 4/9/24. R99's CHIRP result returned with a hit on 4/10/24 and finger printing was scheduled on 5/21/24.</p> <p>On 05/01/25 at 11:21 AM, V9 PRSD (Psych Rehab Services Director) stated. R96's finger printing was not ordered until 4/11/25. V9 stated he did not R40 and R71's website reviews. V9</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2025
NAME OF PROVIDER OR SUPPLIER FRANKFORT TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 40 NORTH SMITH FRANKFORT, IL 60423		
(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 4</p> <p>stated part of the resident background checks are done by the admissions department and some of the residents were admitted to the facility before he was hired so he had no explanation for missing documents.</p> <p>The undated facility provided policy Identified Offender Facility Policy and Procedure states in accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal history backgrounds on any resident seeking admission to the facility to identify previous criminal convictions. Check the resident's name on the Illinois sex offender registration web site and the Illinois department of corrections sex registrant search page. Conduct a criminal history background check within 24 hours of admission. Once the facility determines the resident is an identified offender, the facility must request in 72 hours for the resident to undergo a live scan State and Federal Bureau of Investigation fingerprint check on the premises within five business days.</p> <p style="text-align: center;">(C)</p>	S9999		