

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6012280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/30/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARTHAGE TERRACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1205 NORTH CENTER STREET CARTHAGE, IL 62321</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
Z 000	COMMENTS  Annual Licensure Survey	Z 000		
Z9999	FINDINGS  Statement of Licensure Violations:  350.625 e) 350.625 f)  Section 350.625 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 for all persons 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.illinois.gov/doc/Pages/default.aspx">www.illinois.gov/doc/Pages/default.aspx</a> to determine if the individual is listed as a registered sex offender.  These requirements were not met as evidenced by:  Based on record review, and interview, the facility failed to provide evidence of the required criminal history background check, the Illinois Sex	Z9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

**05/30/25**

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Z9999	<p>Continued From page 1</p> <p>Offender Registration check and the Illinois Department of Corrections sex registrant search for two of two individuals recently admitted to the facility (R1, R4). This failure has the potential to affect 15 of 15 individuals living in the facility. (R1-R15)</p> <p>Findings include:</p> <p>A resident roster, undated, identifies R1 and R4 as individuals admitted to the facility in 2024.</p> <p>Facility Policy 5.08 titled Identified Criminal/Sex Offender last revised 06/24 documents, "Procedure - A. The home screens all current and prospective individuals against the Illinois Department of Corrections and Illinois State Police Registered Sex Offender databases, according to Illinois Department of Public Health regulations."</p> <p>R1 and R4's records show no evidence of required background checks including criminal history, Illinois Sex Offender Registration or Illinois Department of Corrections sex registrant search.</p> <p>On 05/28/25 at 2:32 PM, E2 confirmed the facility did not conduct the required criminal history, Illinois Sex Offender Registration or Illinois Department of Corrections sex registrant searches for R1 and R4 upon admission.</p> <p>(C)</p>	Z9999		