PRINTED: 05/18/2023 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ IL6009377 B WING 04/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1615 SUNSET AVENUE** THE TERRACE WAUKEGAN, IL 60087 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S 000 **Initial Comments** S 000 Annual Licensure and Certification S9999l Final Observations S9999 Statement of Licensure Findings: 300.615e) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information 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 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. 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) This requirement was not met as evidenced by: Based on interview and record review the facility failed to initiate resident background checks within 24 hours of admission to the facility. This applies to 3 of 10 residents (R55, R72 and R177) reviewed for background checks in the sample of 19.

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The findings include:

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

A typewritten Document provided by the facility on

TITLE

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING IL6009377 04/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1615 SUNSET AVENUE** THE TERRACE WAUKEGAN, IL 60087 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 4/10/23 shows that R55 was admitted to the facility on 2/19/23. Her name-based Background Check is dated 3/8/23. A printed document provided by V5(Admissions Coordinator) shows that R55's background was checked twice. The first time on 2/22/23 and the second on 3/8/23. The facility did not provide a copy of the background check completed on 2/22/23 (still more than 24 hours after admission). A typewritten Document provided by the facility on 4/10/23 shows that R72 was admitted to the facility on 3/3/23. Her name-based Background Check is dated 3/8/23. A typewritten Document provided by the facility on 4/10/23 shows that R177 was admitted to the facility on 3/20/23. His name-based Background Check is dated 3/23/23. On 4/11/23 at 10:00 AM V5 (Admissions Coordinator) stated, "As soon as residents come in, we request a background check. If they come in on a weekend, then I request it the first day I come back to work. We do it on the credit card so if we don't have money on the credit card then we call Corporate and we try to get it done as soon as possible." The facility Abuse policy dated 4/2020 states, "The facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. The facility will: Request a Criminal History Background Check within 24 hours after admission of a new resident."

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