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						
			7 501251110								
		IL6008759	B. WING		05/3	1/2024					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
SOUTHGATE HEALTH CARE CENTER  900 EAST NINTH STREET  METROPOLIS, IL 62960											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE					
S 000	000 Initial Comments										
	Annual Licensure a	and Certification									
S9999	Final Observations		S9999								
	Statement of Licens 300.615f)	sure Violations									
		etermination of Need Juest for Resident Criminal Ormation									
	name on the Illinois website at www.isp Department of Corr page at www.idoc.s	all check for the individual's sex Offender Registration state.il.us and the Illinois rections sex registrant search state.il.us to determine if the as a registered sex offender.									
	This REQUIREMEN	NT is not met as evidenced by	:								
	failed to provide do Illinois Sex Offende Illinois Department search page for 7 c	and record review the facility cumentation for checking the er Registration website and the of Corrections sex registrant of 7 residents (R23, R80, R81, R238) reviewed for criminal is in a sample of 39.									
	Findings include:										
	1. R23's Face sheed date of 04/26/24.	et documents an admission									
	2. R80's Face sheed date of 04/23/24.	et documents an admission									
	3. R81's Face sheed date of 05/01/24.	et documents an admission									

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

06/27/24

TITLE

**Electronically Signed** 

(X6) DATE

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				
		IL6008759	B. WING		05/3	1/2024			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE						
SOUTHGATE HEALTH CARE CENTER  900 EAST NINTH STREET  METROPOLIS, IL 62960									
(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 SHOUL CROSS-REFERENCED TO THE APPROFIDERICIENCY)	D BE COMPLETE				
S9999	Continued From page 1		S9999						
	4. R82's Face sheet documents an admission date of 05/08/24.								
	<ul> <li>5. R187's Face sheet documents an admission date of 05/23/24.</li> <li>6. R236's Face sheet documents an admission date of 05/23/24.</li> <li>7. R238's Face sheet documents an admission date of 05/17/24.</li> </ul>								
	On 05/29/24 at 2:17 PM V1 (Administrator) stated, they check all the websites for the residents but they do not have any documentation besides the CHIRP (Criminal History Information Response Process).								
	to provide evidence Illinois Sex Offende Illinois Department	30 AM the facility was unable that the website's for the Pr Registration website and the Of Corrections sex registrant checked for R23, R80, R81, and R238.							
		5 PM, V1 (Administrator) bes not have a policy for doing idents.							
		(C)							

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