

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E247	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2026
NAME OF PROVIDER OR SUPPLIER Joliet Living & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2230 McDonough Joliet, IL 60436	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure residents were treated in a respectful and dignified manner when they searched the residents' room without them present. This failure applies to 1 of 4 residents (R1) reviewed for resident rights. The findings include: R1 is a [AGE] year-old male with diagnoses history of paranoid schizophrenia, bipolar disorder, and post-traumatic stress disorder, who was admitted to the facility June 1, 2023. On April 28, 2026 at 10:42 AM, R1 said his room was searched randomly and he was not present during the search, nor did he give permission for his room to be searched. R1 said during this inspection, his jacket was lying on his bed, and they searched his jacket pocket. Grievance form, dated April 20, 2026, showed R1 reported concerns regarding having his room searched without him being present. On April 28, 2026 at 12:08 PM, V3 (Psychosocial Rehabilitation Services Coordinator) said she searched R1's room on April 20, 2026, as a random room check. V3 said she searched R1's room by herself and R1 was not present during the search. The facility's Inspection Policy, received April 28, 2026, showed: When searching a resident's room, belongings, and/or clothing; Resident must be present during room search; A residents' pockets may be checked, but the resident must be the one to conduct the search by turning pockets inside out.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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