

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008478	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2024
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NAME OF PROVIDER OR SUPPLIER STEVENS HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2182 WINDISH DRIVE GALESBURG, IL 61401
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(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 350.625f) Section 350.625 Determination of Need Screening and Request for Resident Criminal History Record Information f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.illinois.gov/idoc/Pages/default.aspx to determine if the individual is listed as a registered sex offender. These regulations were not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of the required Illinois Department of Corrections sex registrant search, potentially impacting all 13 individuals residing at the facility, (R1 - R13). Findings include: Resident Roster, undated, received on 9/30/24 identifies R1 - R13 as residents residing in the facility. Facility unable to provide evidence of registry background checks with the Illinois Department of Corrections for R1, R3, R5, R6 and R11.	Z9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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Z9999	Continued From page 1 On 10/1/24 at 3:33 pm, E1 (Administrator) confirmed unable to provide documentation of registry background checks with the Illinois Department of Corrections/IDOC had been completed for (R1, R3, R5, R6 and R11). (C)	Z9999		