

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012744	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER TWIN RIVERS ESTATE		STREET ADDRESS, CITY, STATE, ZIP CODE 4710 PIERCE LANE GODFREY, IL 62035		
(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 350.625f	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 requirements were not met as evidence by: Based on record review and interview, the facility failed to conduct an Illinois Department of Corrections sex registrant search on ten of ten individuals (R1-R9, R11) who were reviewed for Criminal History screenings potentially affecting R1-R14 who resides in the facility. Findings include: Resident Roster provided on 1/7/2025 indicates R1-R14 resides in the facility. The facility was unable to provide evidence the Illinois Department of Corrections sex registrant	Z9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012744	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER TWIN RIVERS ESTATE		STREET ADDRESS, CITY, STATE, ZIP CODE 4710 PIERCE LANE GODFREY, IL 62035		
(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
Z9999	Continued From page 1 search was not completed for R1-R9, and R11. On 1/9/2025 at 4:22 pm E1/Administrator stated Illinois Department of Corrections background check should be completed within 24 hours of admission. E1 stated R1-R9, R11's Illinois Department of Corrections background check should have been completed before admission. (C)	Z9999		