

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000947</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/19/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEVERLY FARM FOUNDATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 HUMBERT ROAD GODFREY, IL 62035</b>		
(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  350.625e) 350.625f)  Section 350.625 Determination of Need Screening and Request for Criminal History Record Information e) 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 seeking admission to the facility. 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) f) The facility shall check for the individual's name on the Illinois State Police Sex Offender Registry website at <a href="https://isp.illinois.gov/Sor">https://isp.illinois.gov/Sor</a> , the Illinois Department of Corrections Parolee Sex Offender Registrant website at <a href="https://www2.illinois.gov/idoc/Offender/Pages/ParoleeSexRegistrantSearch.aspx">https://www2.illinois.gov/idoc/Offender/Pages/ParoleeSexRegistrantSearch.aspx</a> .  These regulations were not met as evidenced by:  Based on record review and interview, the facility failed to provide evidence of the required criminal history background check, the Illinois Sex Offender Registration check, and the Illinois Department of Corrections sex registrant search, impacting one of one in the sample of eight who	Z9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

12/26/24

Illinois Department of Public Health

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Z9999	<p>Continued From page 1</p> <p>was admitted to the facility within the last year (R7).</p> <p>Findings include:</p> <p>R7's Individual Service Plan documents admit date of 10/24/24.</p> <p>Facility ran R7's Criminal History Information Response Process (CHIRP) on 12/10/24.</p> <p>Facility was unable to produce evidence of Illinois Sex Offender Registration check or Illinois Department of Corrections sex registrant search for R7.</p> <p>On 12/11/24 at 1:17 pm, E1/Administrator confirmed R7's CHIRP was ran on 12/10/24, and the facility did not search R7 on the Illinois Sex Offender Registration check or Illinois Department of Corrections sex registrant.</p> <p>(C)</p>	Z9999		