PRINTED: 02/19/2025 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			(3) DATE SURVEY COMPLETED	
IL6013270		B. WING		02/06/2025			
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 02/0	0/2020	
KANTHAK HOUSE 724 SECON OTTAWA, II							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE		
Z 000	COMMENTS		Z 000				
	Annual Licensure Sur 350.625e) f)	rvey - 350.230b)7);					
Z9999	999 FINDINGS		Z9999				
	Statement of Licensure Violations: 1 of 2						
	350.230b)7)						
	Section 350.230 Infor Available to the Public						
	b) A facility shall retain the following for public inspection:						
	7) A copy of the current Consumer Choice Information Report required by Section 2-214 of the Act. (Section 3-210 of the Act)						
	These requirements v	were not met as evidenced					
	failed to provide evide consumer choice veri	ew and interview, the facility ence of the required fication information report, duals residing at the facility,					
	Findings include:						
	R3, R4, R6, R7, R8, F Moderate Range of Ir	Care, undated, identifies R1, R9, and R10 function in the ntellectual Disabilities, and nthe Profound Range of s.					
		AND REGULATION (210 nmunity Care Act. Sec.					

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

TITLE

02/06/25

(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	
		IL6013270	B. WING		02/06/2025		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
KANTHAK	(HOUSE		ND AVENUE				
	OLINANA DV. OT	OTTAWA,		DROWNERS BLANCE CORRECTION	.,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
Z9999	Continued From page 1		Z9999				
	facility shall retain the inspection: (7) A copy Choice Information. I 2-214." On 2/3/25 at 8:57 am Choice Report was re	of the current Consumer Report required by Section , verification of Consumer equested. E2 (Administrator					
	in Training) confirms the Consumer Choice Information Report has not been completed.						
	(C) Statement of Licensure Violation 2 of 2 350.625e) 350.625f) Section 350.625 Determination of Need Screening and Request for Resident Criminal History Record Information						
	2-201.5(a) of the Act shall, within 24 hours resident, request a cr check pursuant to the Information Act for all to the facility. Backgr on the resident's name	iminal history background Uniform Conviction persons seeking admission ound checks shall be based e, date of birth, and other by the Department of State					
	on the Illinois Sex Off at www.isp.state.il.us of Corrections sex re www.illinois.gov/idoc/	eck for the individual's name lender Registration website and the Illinois Department gistrant search page at Pages/default.aspx to dual is listed as a registered					

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Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 724 SECOND AVENUE OTTAWA II 04050	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		I \ /) DATE SURVEY COMPLETED	
KANTHAK HOUSE 724 SECOND AVENUE	IL6013270		B. WING	B. WING				
			724 SEC	OND AVENUE				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETE DATE			
Z9999 Continued From page 2 These regulations were not met as evidenced by: Based on observation, record review and interview, the facility failed to provide evidence of the required criminal history background check, Illinois Sex Offender Registration check, and Illinois Department of Corrections sex registrant search potentially impacting all 10 individuals residing at the facility (R1 - R10). Findings include: Resident roster provided on 2/03/25 identifies 10 individuals reside at the facility (R1 - R10). Facility Identified Criminal/Sex Offender Policy 5.08 dated 06/24 includes, "the home screens all current and prospective individuals against the Illinois Department of Corrections and Illinois State Police Registered Sex Offender databases, according to Illinois Department of Public Health Regulations." Resident roster provided on 2/03/25 identifies (R1) was admitted to (facility) on 7/19/12/16; (R3) was admitted to (facility) on 7/19/12/16; (R4) was admitted to (facility) on 7/19/12/16; (R4) was admitted to (facility) on 1/11/12/19; (R6) was admitted to (facility) on 1/11/12/19; (R6) was admitted to (facility) on 1/11/12/19; (R7) was admitted to (facility) on 1/11/12/19; (R7) was admitted to (facility) on 1/14/12/19; (R7) was admitted to (facility) on 8/14/20/19; and (R10) was admitted to facility on 8/14/20/19; and (R10) w	Z9999	These regulations we Based on observation interview, the facility of the required criminal illinois Sex Offender of Illinois Department of search potentially impresiding at the facility. Findings include: Resident roster provious individuals reside at the facility Identified Crin 5.08 dated 06/24 inclucurrent and prospective Illinois Department of State Police Register according to Illinois Degulations." Resident roster provious (R1) was admitted to (facility) of admitted to (fa	re not met as evidenced by: n, record review and failed to provide evidence of history background check, Registration check, and Corrections sex registrant pacting all 10 individuals (R1 - R10). ded on 2/03/25 identifies 10 the facility (R1 - R10). minal/Sex Offender Policy udes, "the home screens all ve individuals against the Corrections and Illinois ed Sex Offender databases, repartment of Public Health ded on 2/03/25 identifies (facility) on 12/17/2010; (facility) on 7/19/2014; (R3) ity) on 7/02/2006; (R4) was in 3/12/2020; (R5) was in 11/11/2019; (R6) was in 12/02/2009; (R7) was in 2/06/1992; (R8) was in 1/18/2013; (R9) was in 8/14/2019; and (R10) was in 5/11/2018. Vide evidence of required ground check completion admission for R1, R2 R3,	Z9999				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED		
			A. BOILDING.					
IL6013270			B. WING			02/06/2025		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
KANTHA	(HOUSE	724 SECON OTTAWA, I	ND AVENUE L 61350					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE		
Z9999	9 Continued From page 3		Z9999					
	Facility unable to pro- Illinois Sex Offender of R1, R2, R3, R4, R Facility unable to pro- Illinois Department of background checks for R7, R8, R9, and R10 On 2/4/2025 at 10:10 Training) confirmed of checks were not com- admission and no Illing Department of Correct	vide evidence of required registry background checks 85, R6, R7, R8, R9, and R10. vide evidence of required F Corrections registry or R1, R2, R3, R4, R5, R6,						
	(C)							

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