

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER KANTHAK HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 724 SECOND AVENUE OTTAWA, IL 61350		
(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 - 350.230b)7); 350.625e) f)	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 1 of 2 350.230b)7) Section 350.230 Information to Be Made Available to the Public by the Licensee 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 were not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of the required consumer choice verification information report, impacting all 10 individuals residing at the facility, (R1 - R10). Findings include: Facility Inspection of Care, undated, identifies R1, R3, R4, R6, R7, R8, R9, and R10 function in the Moderate Range of Intellectual Disabilities, and R2 and R5 function in the Profound Range of Intellectual Disabilities. HEALTH FACILITIES AND REGULATION (210 ILCS 47/) ID/DD Community Care Act. Sec.	Z9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

02/06/25

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Z9999	Continued From page 1 3-210. Materials for public inspection includes, "A facility shall retain the following for public inspection: (7) A copy of the current Consumer Choice Information. Report required by Section 2-214." On 2/3/25 at 8:57 am, verification of Consumer Choice Report was requested. 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 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 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.	Z9999		

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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 12/17/2010; (R2) was admitted to (facility) on 7/19/2014; (R3) was admitted to (facility) on 7/02/2006; (R4) was admitted to (facility) on 3/12/2020; (R5) was admitted to (facility) on 11/11/2019; (R6) was admitted to (facility) on 12/02/2009; (R7) was admitted to (facility) on 2/06/1992; (R8) was admitted to (facility) on 1/18/2013; (R9) was admitted to (facility) on 8/14/2019; and (R10) was admitted to (facility) on 5/11/2018. Facility unable to provide evidence of required criminal history background check completion within 24 hours after admission for R1, R2 R3, R4, R5, R6, R7, R8, R9, and R10.	Z9999		

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Z9999	Continued From page 3 Facility unable to provide evidence of required Illinois Sex Offender registry background checks for R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. Facility unable to provide evidence of required Illinois Department of Corrections registry background checks for R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. On 2/4/2025 at 10:10 am E2 (Administrator in Training) confirmed criminal history background checks were not completed within 24 hours of admission and no Illinois Sex Offender and Illinois Department of Corrections background checks are available for R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10. (C)	Z9999		