STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010219	A. BUILDING: _____ B. WING _____	02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAYLOR HOUSE	3021 TAYLOR AVENUE SPRINGFIELD, IL 62703

(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 Health Survey	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 1 of 3 350.230b) 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). This regulation was 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 three of three in the sample of three (R1-R3) and 12 outside the sample (R4-R15). Findings include: Facility Roster, received 2/18/25, identifies R1, R3-R6 as individuals who functions within the Mild Range for Individuals with Intellectual Disabilities; R2, R7, R8 as individuals who functions within the Moderate Range for Individuals with Intellectual Disabilities; R9, R10 as individuals who functions within the Severe Range for Individuals with Intellectual Disabilities; R11-R15 as individuals who functions within the Profound Range for Individuals with Intellectual Disabilities.	Z9999		

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Z9999	Continued From page 1 HEALTH FACILITIES AND REGULATION (210 ILCS 47/) ID/DD Community Care Act. Sec. 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 2/18/25 at 9:05 am, E1 (Administrator) confirmed facilities Consumer Choice Information Report had not been submitted. (C) 2 of 3 350.625f) 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. Based on interview and record review, the facility failed to provide evidence of the required Illinois Department of Corrections sex registrant search, potentially impacting two of three in the sample of three (R1, R2) and 12 outside the sample (R4-R15). Findings include:	Z9999		

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Z9999	Continued From page 2 Resident roster received 2/18/25, documents R3 was admitted to facility on 12/06/2024. Facility unable to provide evidence of required Illinois Department of Corrections sex registry background check for R3. On 2/18/2025 at 10:26 am, E1 confirmed Illinois Department of Corrections sex registry background check was not completed for R3. (C) 3 of 3 350.2020a)3) Section 350.2020 Housekeeping a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: 3) Control odors within the housekeeping staff's areas of responsibility by effective cleaning procedures and by the proper use of ventilation systems. Deodorants shall not be used to cover up persistent odors caused by unsanitary conditions or poor housekeeping practices. Based on observation, interview, and record review, the facility failed to ensure odor control, impacting three of three in the sample of three (R1-R3) and 11 outside the sample (R4-R13, R15). Findings include:	Z9999		

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Z9999	Continued From page 3 On 2/18/25 at 5:58 am, the men's hallway had a strong odor of urine. On 2/19/25 at 8:22 am, the men's hallway had a strong odor of urine. On 2/18/25 at 3:16 pm, E2 (Qualified Intellectual Disabilities Professional/QIDP) stated R1 was incontinent and R7 had a catheter. On 2/18/25 at 3:37 pm, E6 (Direct Support Person/DSP) stated R1 was incontinent and R11 was incontinent when R11 has seizures. E6 then stated the urine odor down the men's hall is from R1. Facility Nightly Bed Check Form dated 11/19/24, documents R1 was asleep at 11:00 pm, 1:00 am, and 3:00 am. There is no documentation for 10:00 pm, 12:00 am, 2:00 am, 4:00 am, or 5:00 am. On 2/19/25 at 9:33 am, E2 stated R1 is not on a toileting schedule during the day but is on a bed check schedule at night. E2 confirmed the last documented night bed check for R1 is 11/19/24. E2 confirmed the urine odor down the men's hallway could possibly be from R1 being incontinent and staff not changing R1. (AW)	Z9999		