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							
IL6013890		IL6013890	B. WING		02/13/2025							
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
FRANKLIN GROVE GROUP HOME  408 NORTH ELM, P.O. BOX 5 FRANKLIN GROVE, IL 61031												
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CTION SHOULD BE COMPLETE D THE APPROPRIATE DATE							
Z 000	COMMENTS		Z 000									
	ANNUAL LICENSU	IRE SURVEY										
Z9999	FINDINGS		Z9999									
	Statement of Licens	sure Violations:										
	350.680 a) 350.681											
	a) A facility shall not employ an individual as a nursing assistant, habilitation aide, home health aide, a developmental disabilities aide, or a direct support person, or newly hired as an individual who may have access to a resident, a resident's living quarters, or a resident's personal, financial, or medical records, unless the facility has checked the Department's Health Care Worker Registry and the individual is listed on the Health Care Worker Registry as eligible to work for a											
	employ an individual habilitation aide, a daide, or a direct sur is not on the registrenrolled in a trainin	er. The facility shall not all as a nursing assistant, developmental disabilities oport person, if that individual by unless the individual is g program under Section Act and Section 350.683.										
	Section 350.681 H Background Check											
	Worker Backgroun	oly with the Health Care d Check Act and the Health ground Check Code.										
Ilinois Donar	tment_of Public Health											

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

(X6) DATE

TITLE

02/13/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY IPLETED					
		IL6013890	B. WING		02/1	02/13/2025					
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE							
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Z9999	Continued From page 1		Z9999								
	These Regulations were not met as evidenced by:										
	Based on interview and record review, the facility failed to ensure documentation was available for required Internet website background checks to ensure staff who have history of client abuse, neglect or mistreatment are not hired, having the potential to impact all individuals residing in the facility.  Findings include:										
	Review of Health Care Worker Background Checks (HCWBC) identified 3 staff (E2, E4 and E7) with missing internet website background checks for the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, and the National Sex Offender Public Registry. Facility Health Care Worker Background Check completed shows that E2 (Supervisor) was hired on 9/28/99 and checked against registry on 12/22/99, E4, Qualified Intellectual Disabilities Professional (QIDP) was hired on 9/6/12 and checked against registry on 9/6/12, E7, Direct Support Person (DSP) was hired on 1/5/04 and checked against registry on 1/5/04.  On 2/13/25, at 8:01 a.m., E6 (Human Resource Generalist) stated she could not find the evidence that the internet website background checks were done for E2, E4 and E7 because she does not have access to that website as she is a new										
		(C)									

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