PRINTED: 04/15/2025 FORM APPROVED

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
|--|---|---|----------------------------|---|-------------------------------|--------------------------|--|
| | | | A. BUILDING: | | | | |
| | | IL6002398 | B. WING 01/23 | | 01/23/2 | 2025 | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | | |
| DAVIES SQUARE 1817 CRESENT DRIVE PEKIN, IL 61554 | | | | | | | |
| (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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE | (X5) COMPLETE DATE | |
| Z 000 | COMMENTS | | Z 000 | | | | |
| | Annual Licensure Sur | vey | | | | | |
| Z9999 | FINDINGS | | Z9999 | | | | |
| | Statement of Licensu | re Violations (1 of 3): | | | | | |
| | 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) | | | | | | |
| | Based on record review and interview, the facility failed to provide evidence of the required consumer choice verification information report, affecting all 12 individuals residing at the facility, (R1-R12). | | | | | | |
| | Findings include: | | | | | | |
| | R1, R2, R4, R5, R8, a Range of Intellectual function in the Modera | ded on 1/15/2025 identifies and R11 function in the Mild Disabilities; R7, and R9 ate Range of Intellectual R10, and R12 function in the Illectual Disabilities. | | | | | |
| | ILCS 47/) ID/DD Com 3-210. Materials for p facility shall retain the inspection: (7) A copy | AND REGULATION (210 amunity Care Act. Sec. ublic inspection includes, "A following for public of the current Consumer Report required by Section | | | | | |

Illinois Department of Public Health

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

TITLE (X6) DATE

| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | , , | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | |
|---|---|--|---------------------|--|---------------|--|
| | | IL6002398 | B. WING | | 01/23/2025 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, STAT | E, ZIP CODE | • | |
| DAVIES S | QUARE | | SENT DRIVE | | | |
| | | PEKIN, IL | . 61554 | | | |
| (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 CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY) | D BE COMPLETE | |
| Z9999 | Continued From page | ÷ 1 | Z9999 | | | |
| | On 01/21/25 at 9:53 am, E1 (Administrator) confirmed facilities Consumer Choice Information Report had not been submitted. (C) | | | | | |
| | Statement of Licensu | re Violaitons (2 of 3): | | | | |
| 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) | | | | | |
| | name on the Illinois S website at www.isp.st Department of Correct | | | | | |
| | These regulations we | re 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 Department of Public Health

STATE FORM 5899 J5LN11 If continuation sheet 2 of 5

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | ` ′ | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | | |
|--|--|--|---|---|-----------------------------------|--------------------------|--|
| IL6002398 | | | B. WING | | 01 | 01/23/2025 | |
| NAME OF P | ROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, STATE | , ZIP CODE | | | |
| DAVIES S | QUARE | | RESENT DRIVE IL 61554 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE | |
| Z9999 | Illinois Sex Offender I Illinois Department of search potentially impresiding at the facility Findings include: Resident roster provide individuals reside at the facility Identified Crin 5.08 dated 06/24 includerent and prospecti Illinois Department of State Police Register according to Illinois UR2) was admitted to (facility) of admitted to (facilit | Registration check, and Corrections sex registrant pacting all 12 individuals (R1 - R12). Ided on 1/15/25 identifies 12 the facility (R1 - R12). Ininal/Sex Offender Policy udes, "The home screens all ve individuals against the Corrections and Illinois ed Sex Offender databases, epartment of Public Health Ided on 1/15/25 identifies (facility) on 12/01/2017; (facility) on 8/1/2019; (R3) ity) on 8/30/2024; (R4) was in 5/23/2024; (R5) was in 5/23/2024; (R6) was in 10/18/1991; (R7) was in 3/17/1987; (R8) was in 3/11/1987; (R9) was in 1/24/2003; and (R10) was in 1/24/2003; and (R10) was in 1/21/6/1987. Ivide evidence of required ground checks for R1, R3, ivide evidence of required registry background checks 5, R6, R7, R8, R9, and R10. | Z9999 | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | |
|--|--|--|--|--|--------------------------------|--------------------------|
| | | IL6002398 | B. WING | | 0 | /23/2025 |
| NAME OF P | ROVIDER OR SUPPLIER | 1817 CR | ADDRESS, CITY, STATE RESENT DRIVE IL 61554 | , ZIP CODE | | |
| (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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| Z9999 | R7, R8, R9, and R10. | or R1, R2, R3, R4, R5, R6, 0 am E1 (Administrator) d checks are to be ission and no further | Z9999 | | | |
| | Statement of Licensure Violations (3 of 3): 350.681 Section 350.681 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. These regulations were not met as evidenced by: | | | | | |
| | | | | | | |
| | Based on record reviet failed to provide evided Department of Correct Department of Correct search, and National search completion, po | ew and interview, the facility ence of the required Illinois ctions Inmate search, Illinois ctions Wanted Fugitive Sex Offender registry otentially impacting all 12 the facility, (R1 - R12). | | | | |
| | | | | | | |

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STATE FORM 5899 J5LN11 If continuation sheet 4 of 5

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | |
|--|---|---|--|--|-----------------------------------|--------------------------|
| | | IL6002398 | B. WING | | 01 | /23/2025 |
| NAME OF P | ROVIDER OR SUPPLIER | | ADDRESS, CITY, STATE | , ZIP CODE | | |
| DAVIES S | QUARE | | RESENT DRIVE IL 61554 | | | |
| (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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| Z9999 | Facility is unable to p required IDOC (Illinoi Corrections) Inmate S Fugitives and Nationa checks completed for | rovide evidence of the s Department of Search, IDOC Wanted al Sex Offender background E4, E5, and E7. am E1 (Administrator) background check | Z9999 | | | |

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