STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009708	A. BUILDING: _____ B. WING _____	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALSH TERRACE	2016 WINDISH DRIVE GALESBURG, IL 61401

(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 -	Z 000		
Z9999	FINDINGS Statement of licensure violations: 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. 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	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009708	A. BUILDING: _____ B. WING _____	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALSH TERRACE	2016 WINDISH DRIVE GALESBURG, IL 61401

(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
Z9999	Continued From page 1 Illinois Department of Corrections sex registrant search potentially impacting all 12 individuals residing at the facility (R1 - R12). Findings include: Resident roster provided on 2/19/2025 identifies 12 individuals reside at the facility (R1 - R12). Resident roster provided on 2/19/2025 identifies (R1) was admitted to (facility) on 2/6/2023; (R4) was admitted to (facility) on 6/17/2018; (R5) was admitted to (facility) on 2/20/2016; (R11) was admitted to (facility) on 6/2/2023; and (R12) was admitted to (facility) on 8/3/2017. Facility unable to provide evidence of required criminal history background check completion within 24 hours after admission for R1, R4, R5, and R11. Facility unable to provide evidence of required Illinois Sex Offender registry background checks for R1, R4, R5, R11 and R12. Facility unable to provide evidence of required Illinois Department of Corrections registry background checks for R1, R4, R5, R11 and R12. On 2/19/2025 at 2:25 pm, E3 (Administrator in Training) confirmed criminal history background checks were not completed within 24 hours of admission, no Illinois Sex Offender and Illinois Department of Corrections background checks are available for R1, R4, R5, R11 and R12. (C)	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009708	A. BUILDING: _____ B. WING _____	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALSH TERRACE	2016 WINDISH DRIVE GALESBURG, IL 61401

(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
Z9999	Continued From page 2	Z9999		

Statement of Licensure Findings:

350.670 c)

Section 350.670 Personnel Policies

c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the verification shall be placed in the individual's personnel file.

Based on record review and interview, the facility failed to provide evidence of the required Illinois Department of Financial and Professional Regulation verification, potentially impacting all twelve individuals residing at the facility, (R1 - R12).

Findings include:

Staff list provided on 2/19/2025 identifies E4 (Registered Nurse Trainer/RN-T) as an RN-T and employee of (facility) with a hire date of 12/5/2023.

Resident roster provided on 2/19/2025 identifies eight individuals reside at the facility (R1 - R8).

Facility unable to provide evidence of the required prior to employment license verification Illinois Department of Financial and Professional Regulation for (E4).

On 2/20/2025 at 3:55 pm, E2 (Administrator in Training) confirmed (E4) is a current employee of (facility), hire date of 12/5/2023, date on IDFPR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009708	A. BUILDING: _____ B. WING _____	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALSH TERRACE	2016 WINDISH DRIVE GALESBURG, IL 61401

(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
Z9999	Continued From page 3 (Illinois Department of Financial and Professional Regulation) check is 6/13/2024, no further information is available and IDFPR check is to be completed prior to hire. (C) Statement of Licensure Findings: 350.2020 a) 1) 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: 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. These regulations were not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain a sanitary living environment in one bathroom, potentially affecting all 12 individuals residing in the facility. (R1-R12) Findings include: Resident roster, undated, identifies R1-R12 reside in facility. Housekeeping Policy, dated 1/2016, includes 'Purpose: 1. To assure proper sanitation procedure and schedule in housekeeping; Staff Responsible: 1. Qualified Intellectual Disability	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009708	A. BUILDING: _____ B. WING _____	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALSH TERRACE	2016 WINDISH DRIVE GALESBURG, IL 61401

(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
Z9999	Continued From page 4 Professional (QIDP) 2. Direct Support Person (DSP); Procedure: 2. Bathrooms: a. Clean ceiling and corners. b. Wash walls, doorknobs, and light switches using approved germicidal solution and approved cleaning rag. 8. Walls and Ceilings: a. Clean all vents and dust all walls. b. Rinse walls with clean, clear water, wiping down surfaces with a cleaning rag. On 2/19/2025 at 9:50 am, bathroom, across from empty bedroom, with walk-in shower and tub with shower, black/brown substance that appears to be mold speckled on wall of walk-in shower, walls surrounding and ceiling above tub with shower. On 2/20/2025 at 10:00 am, bathroom, across from empty bedroom, with walk in shower and tub with shower, black/brown substance that appears to be mold speckled on wall of walk-in shower, walls surrounding and ceiling above tub with shower. On 20/2025 at 3:35 pm, E2 (Administrator in Training) confirmed DSP's (Direct Support Person) are responsible for housekeeping tasks including cleaning bathrooms, black/brown substance on walls and ceiling above tub with shower and wall of walk-in shower looks like mold and would not be considered a sanitary environment. (C)	Z9999		