Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		IL6012231	B. WING		03/11/2025			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE				
SCHULTZ HOUSE 340 BRYAN AVENUE DANVILLE, IL 61832								
(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 COMPL DAT				
Z 000	COMMENTS		Z 000					
	Annual Licensure Survey							
Z9999	99 FINDINGS Statement of Licensure Violations		Z9999					
	350.625 f)							
	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.							
	These requirements were not met as evidenced by:							
	failed to check an ind registry within 24 hou	ew and interview the facility ividual on the sex offender rs after admission for one of ed for background checks.						
	Findings include:							
	-	provided resident roster nission date as 6/28/2023.						
	R1's Illinois Sex Offer check is dated 5/28/2	nder Registration website 024.						
	R1's Illinois Departme registrant search pag							

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE 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	
		IL6012231	B. WING		0:	3/11/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE			
SCHULTZ	HOUSE		'AN AVENUE LE, IL 61832				
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
Z9999	Continued From page 1		Z9999				
	On 3/10/2025 at 11:20am E3 (Regional Trainer) stated R1's backgrounds weren't run until 5/28/24 because they didn't know they were supposed to run them until then, they ran all the individuals at that time.						
	E2 (Assistant Administrator) confirmed R1's background check was not done prior to 2024.						
	Facility provided policy titled Identified Criminal/Sex Offender dated 6/24 includes the following: 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.						
	(C)						

Illinois Department of Public Health

STATE FORM 6899 113711 If continuation sheet 2 of 2