

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER GROUP HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 212 BACHMAN LANE GODFREY, IL 62035		
(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	<p>FINDINGS</p> <p>Statement of Licensure Violations</p> <p>350.625 f)</p> <p>Section 350.625 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the results of a search on the Illinois Sex Offender Registration website was successfully completed within 24 hours of admission for one of one individual in the sample of three, (R2), recently admitted to the facility; potentially impacting two individuals inside the sample, (R1, R3), and 13 individuals outside the sample, (R4-R16).</p> <p>Findings include:</p> <p>Resident roster, revised 2/2025, identifies R1-R16 as individuals who reside at the facility and documents R1-R5, R7, R9-R11, R13, R14, and R16 as individuals who function within the Mild Range for Individuals with Intellectual Disabilities; R6, R8, and R12 as individuals who function within the Moderate Range for Individuals with Intellectual Disabilities; and R15</p>	Z9999		

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

TITLE

(X6) DATE

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Z9999	<p>Continued From page 1</p> <p>as an individual who functions within the Severe Range for Individuals with Intellectual Disabilities.</p> <p>R2's Resident Information Inventory sheet, documents an admission date of 04/18/2025.</p> <p>R2's Criminal History Information Response Process (CHIRP), dated 04/18/2025, includes: "The search routine used to process your submissions did not include an inquiry into the Illinois State Police Sex Offender Registration File, to determine if the subjects of your inquiries are registered sex offenders, please check the Illinois State Police Registered Sex Offender information website at www.isp.state.il.us. If you have any questions regarding this matter, please contact the Bureau of Identification Customer Support Unit at (815) 740-5164."</p> <p>Facility unable to produce evidence of successful completion of R2's Illinois Sex Offender Registry search.</p> <p>On 05/21/2025 at 9:29 AM, E1 (Human Resource Manager) confirmed the background check information provided and reviewed for R2, was all the admission background screening information the facility has on record for R2.</p> <p>(C)</p>	Z9999			