

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/19/2017</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>NORTH LOGAN HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 NORTH LOGAN AVENUE DANVILLE, IL 61832</b>
--	---

(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
--------------------	--	---------------	---	--------------------

S 000	Initial Comments  Annual Licensure and Certification Survey  STATEMENT OF LICENSURE VIOLATIONS:	S 000		
S9999	Final Observations  Section 300.625 Identified Offenders  c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:  1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.  These requirements were not met as evidenced by:  Based on record review and interview, the facility failed to meet the requirements of the Identified Offender Program by failing to immediately notify the Department of State Police (Identified Offender Program) of the admission of Identified Offenders for two of two residents (R26 and R29) who were reviewed for identified offender program on the sample of 18. This failure has the potential to affect all 87 residents residing in the facility.  Findings include:  1. R26's Admission Record (Face Sheet) documents R26 was admitted to the facility on	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>06/08/17</b>
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>05/19/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH LOGAN HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 NORTH LOGAN AVENUE DANVILLE, IL 61832</b>		
(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	
S9999	<p>Continued From page 1</p> <p>1/19/17. R26's Uniform Conviction Information Act (UCIA) name based criminal background check dated 1/20/17 documents R26's results are positive for criminal history conviction/hits.</p> <p>The Illinois Department of Public Health (IDPH) Identified Offender Reporting Form dated 5/16/17 (during survey) documents R26 as an identified offender residing in the facility with the information being transmitted via facsimile to the Identified Offender Program on 5/16/17.</p> <p>2. R29's Admission Record documents R29 was admitted to the facility on 5/02/17.</p> <p>R29's UCIA dated 5/2/17 documents R29's name based criminal background check results are positive for criminal history convictions/hits.</p> <p>The Illinois Department of Public Health Identified Offender Reporting Form dated 5/16/17 (during survey) documents R29 as an identified offender residing in the facility with the information being transmitted via facsimile to the Identified Offender Program on 5/16/17.</p> <p>On 5/16/17 at 12:20 pm E1, Administrator stated that she did not send anything to the State regarding their (R26 and R29) Identified Offender status. E1 also stated E1 is a new Administrator to the facility and E1 was not told to send anything to the Identified Offender Program.</p> <p>The facility's Resident Census and Conditions of Residents Report dated 5/16/17 documents 87 residents reside in the facility.</p> <p>(B)</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/19/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NORTH LOGAN HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 NORTH LOGAN AVENUE DANVILLE, IL 61832</b>
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p><b>Section 300.661 Health Care Worker Background Check</b></p> <p>A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).</p> <p><b>Section 955.165 Fingerprint-Based Criminal History Records Check</b></p> <p>a) Educational entities, other than secondary schools, and health care employers are required to check the Health Care Worker Registry before allowing a student to enter a training program or hiring an employee to determine:</p> <p>1) Whether a fingerprint-based criminal history records check has previously been conducted, which is indicated by the identifier of "FEE_APP" or "CAAPP".</p> <p>b) If the individual has not had such a background check or is not active on the Health Care Worker Registry, then the health care employer must initiate a fingerprint-based criminal history records check.</p> <p>c) Educational entities and health care employers shall conduct Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the website of the Health and Human Services Office of Inspector General to determine if the applicant has been</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/19/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NORTH LOGAN HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 NORTH LOGAN AVENUE DANVILLE, IL 61832</b>
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or conduct similar searches as provided by the web-based application. (Section 15 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to conduct complete Health Care Worker Background checks on 10 new employee hires. This has the potential to affect all 87 residents residing in the facility. Findings include:</p> <p>On 5/17/17 E10, Human Resource Director provided an untitled document with new employee hires with their corresponding dates of hire.</p> <p>The following personnel files on E14 and E17 through E25, all Certified Nursing Assistants were reviewed for completed Health Care Worker Back Ground Checks on 5/17/17:</p> <p>E14 - date of hire - 4/27/17 - There was no documentation in E14's pre-employment screening that the required Sex Offender web site portals on the Health Care Worker Registry were accessed/checked for this new hire.</p> <p>E17 - date of hire - 5/8/17 - There was no documentation in E17's pre-employment screening that the required Sex Offender web site portals on the Health Care Worker Registry were accessed/checked for this new hire.</p> <p>E18 - date of hire - 5/8/17 - There was no documentation in E18's pre-employment screening that the required Sex Offender web site</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/19/2017</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NORTH LOGAN HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 NORTH LOGAN AVENUE DANVILLE, IL 61832</b>
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>portals on the Health Care Worker Registry were accessed/checked for this new hire.</p> <p>E19 - date of hire - 5/2/17 - There was no documentation in E19's pre-employment screening that the required Sex Offender web site portals on the Health Care Worker Registry were accessed/checked for this new hire.</p> <p>E20 - date of hire - 5/2/17 - There was no documentation in E20's pre-employment screening that the required Sex Offender web site portals on the Health Care Worker Registry were accessed/checked for this new hire.</p> <p>E21 - date of hire - 4/12/17 - There was no documentation in E21's pre-employment screening that the required Sex Offender web site portals on the Health Care Worker Registry were accessed/checked for this new hire.</p> <p>E22 - date of hire - 4/17/17 - There was no documentation in E22's pre-employment screening that the required Sex Offender web site portals on the Health Care Worker Registry were accessed/checked for this new hire.</p> <p>E23 - date of hire - 4/7/17 - There was no documentation in E23's pre-employment screening that the required Sex Offender web site portals on the Health Care Worker Registry were accessed/checked for this new hire.</p> <p>E24 - date of hire - 3/23/17 - There was no documentation in E24's pre-employment screening that the required Sex Offender web site portals on the Health Care Worker Registry were accessed/checked for this new hire.</p> <p>E25 - date of hire - 3/23/17 - There was no</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/19/2017
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  NORTH LOGAN HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 NORTH LOGAN 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>documentation in E25's pre-employment screening that the required Sex Offender web site portals on the Health Care Worker Registry were accessed/checked for this new hire.</p> <p>The facility policy titled "Abuse Prevention" dated 8/18/15 documents the following: "The personnel director, or other person designated by the Administrator, will conduct employment background checks, reference checks and Illinois Nurse Aide Registry (Health Care Worker) checks on persons making application for employment with this facility. Such investigation will be initiated prior to employment or offer of employment. A criminal background check will be initiated for all employees within 10 days of accepting employment. For any licensed professional individual applying for a position that may involve direct contact with residents, his/her respective licensing board will be contacted to determine if any sanctions have been assessed against the applicant's license."</p> <p>On 5/18/17 at 8:15 am, E1 Administrator acknowledged the above documentation of the Sex Offender Web site checks were not in E14 and E17 through E25's pre-employment screening/background check files. E1 acknowledged all the above employees work through out the facility.</p> <p>The Resident Census and Conditions of Residents Report dated 5/16/17 documents 87 residents residing in the facility.</p> <p>(B)</p> <p>Section 300.670 Disaster Preparedness</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/19/2017
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  NORTH LOGAN HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 NORTH LOGAN 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.</p> <p>c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:</p> <ol style="list-style-type: none"> <li>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and</li> <li>3) Evaluate the effectiveness of disaster plans and procedures.</li> </ol> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete one of two required disaster drills for first shift, two of two required disaster drills for second shift, and two of two required disaster drills for third shift. These failures have the potential to affect all 87 residents residing in the facility.</p> <p>The facility Disaster In-Services book documents a tornado drill was completed on 4/11/2017 (first shift). No other disaster drills were documented for the previous survey year.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/19/2017
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  NORTH LOGAN HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 NORTH LOGAN 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 7</p> <p>On 5/19/2017 at 1:45 PM, E11 (Maintenance) acknowledged the facility only completed one of the six required disaster drills during the previous survey year.</p> <p>The Resident Census and Condition of Residents Report dated 5/16/2017 documents 87 residents residing in the facility.</p> <p>(B)</p>	S9999		
-------	---	-------	--	--