

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006910	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2024
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NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF OLNEY	STREET ADDRESS, CITY, STATE, ZIP CODE 410 EAST MACK OLNEY, IL 62450
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(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	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.625a) 300.625c)1)2) 300.625f)1) Section 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. 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. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements: 1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders who are residents of the facility.	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/23/24
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S9999	<p>Continued From page 1</p> <p>This requirement is not met by:</p> <p>Based on interview and record review, the facility failed to perform finger printing for a resident whose criminal background check revealed a criminal record and failed to notify the identified offender program of an identified offender residing at their facility for 2 (R49 and R168) of 10 residents reviewed for background checks in a sample of 40.</p> <p>Findings included:</p> <p>1. R49's face sheet documents R49 was admitted to the facility on 9/16/2022. According to the Illinois State Police Sex Offender Registry, (Illinois State Police website, www.isp.state.il.us) R49 is a registered sex offender.</p> <p>The Illinois Department of Public Health Identified Offenders Program Facility report for this facility does not include R49 as an identified offender.</p> <p>On 5/8/2024 at 10:30am, V1 (Administrator) said R49 is the only identified offender residing at this facility and R49 is a registered sex offender. V1 said after R49 was admitted, the facility performed the required finger printing, but failed to report R49 as a resident of this facility to the State of Illinois Identified Offenders Program. V1 said she did not realize the facility was required to report R49 to the Identified Offenders Program after they became aware of R49 being a registered sex offender and thought the local police department performed this task.</p> <p>2. R168's face sheet documents R168 was admitted to the facility on 5/1/2024. R168's criminal background check, dated 5/1/2024,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>documents R168 has a past criminal history and has been convicted of a crime.</p> <p>On 5/8/2024 at 10:30am, V1 said she was aware of R168's criminal back ground check documenting R168 has a criminal history but did not perform the required finger printing for R168 within 72 hours of receiving this information. V1 said she did not realize this task needed to be completed and thus it was not done.</p> <p>(C)</p>	S9999		