

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2024
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NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644
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S 000	Initial Comments	S 000		
	Annual Licensure and Certification			
S9999	Final Observations	S9999		
	Statement of Licensure Violations			
	1 of 3			
	300.610a)			
	300.1210a)			
	300.1210b)			
	300.1210c)			
	300.1210d)3)			
	300.1210d)5)			
	Section 300.610 Resident Care Policies			
	a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.			
	Section 300.1210 General Requirements for Nursing and Personal Care			
	a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a			

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

TITLE

(X6) DATE
06/26/24

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S9999	<p>Continued From page 1</p> <p>comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p style="padding-left: 20px;">3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p style="padding-left: 20px;">5) A regular program to prevent and treat</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These requirements were not met as evidence by:</p> <p>Based on observation, interview, and record review the facility failed to develop and implement pressure relieving interventions, develop a pressure ulcer care plan, and failed to perform daily skin checks for one of two residents (R36) reviewed for pressure ulcers in the sample of 29. These failures resulted in R35 developing a facility acquired unstageable pressure ulcer to the right heel that required surgical debridement and R35 developing a stage three pressure ulcer to the right buttock.</p> <p>Findings include:</p> <p>The Pressure Sore Prevention Guidelines policy dated 3/16/23, documents "Policy: It is the facility's policy to provide adequate interventions for the prevention of pressure ulcers for residents who are identified as HIGH or MODERATE risk for skin breakdown as determined by the Braden Scale. Responsibility: all nursing staff and the dietary manager. Interventions/Comments for High-Risk residents. Special Mattress/Specify type of mattress on the Care Plan. Daily Skin Checks/follow protocol for coding skin conditions. Interventions/Comments for High or Moderate</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Risk residents: Turn and reposition every two hours. Turning and positioning may be more often than every two hours for high risk, if indicated. Care Plan Entry/Skin risk and appropriate interventions are to be placed on the Care Plan. If despite interventions a pressure ulcer develops, the care plan must reflect updated interventions for healing of ulcers and additional interventions for further prevention of Pressure Ulcers. Interventions/Comments as needed for High or Moderate Risk residents. Positioning Devices/Devices while in chair or in bed as needed to maintain turning. Specify on Care Plan. "Any resident scoring a High or Moderate risk for skin breakdown will have scheduled skin checks on the Treatment Record. Skin checks will be completed and documented by the nurse."</p> <p>R36's Admission Nursing Evaluation dated 1-5-24 documents R36 was admitted to the facility with a femur fracture and was admitted with no pressure ulcers or wounds.</p> <p>R36's Braden Scale (assessment used to determine pressure ulcer risk) dated 1-16-24 documents R36 was at risk for developing pressure ulcers, was chair fast, was slightly limited on the ability to change, and control body position and had a potential problem with friction and shearing. This same assessment documents R36 had no pressure ulcers at that time.</p> <p>R36's Braden Scale dated 4-19-24 documents R36 was at high risk for developing pressure ulcers, was slightly limited on the ability to change and control body position, had a potential problem with friction and shearing, and had a pressure ulcer present with the seven days prior to the Braden Scale assessment dated of 4-19-24.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R36's MDS (Minimum Data Set) Assessment Section C Cognitive Patterns dated 3-26-24 documents R36 is cognitively intact.</p> <p>R36's Wound Assessment Progress Note dated 3-6-24 and signed by V15 (Wound Nurse Practitioner) documents, "Right heel pressure ulcer. Etiology: Pressure. Stage: Unstageable. Wound Size: 3.0 cm (centimeters) by 3.5 cm by 0.1 cm. 100 percent eschar (dead tissue). Exudate Type Amount and Type: Scant Sanguineous (blood tinged drainage). Pressure ulcer right buttock. Etiology: Pressure. Stage three. Wound Size: 1.5 cm by 2.0 cm by 0.1 cm. Exudate Amount and Type: Scant Sanguineous. 60 percent granulation (new tissue) and 40 percent slough (dead tissue cells). Notes: Float heels during the day with off-loading bootie, continue routine turning protocol, utilize wheelchair cushion, and perform swift incontinence management."</p> <p>R36's Weekly Wound Tracking dated 5-1-24 documents R36 has a stage three facility acquired stage III pressure ulcer to the right heel that developed on 3-1-24 and on 5-29-24 measured 0.5 cm by 0.5 cm by 0.3 cm depth with 80 percent granulation tissue and 20 percent slough.</p> <p>R36's Wound Assessment Progress Note dated 5-29-24 and signed by V15 documents, "Right heel pressure ulcer. Etiology: Pressure. Wound Size: 0.5 cm by 0.5 cm by 0.3 cm. 80 percent granulation and 20 percent slough. Exudate Type Amount and Type: Moderate Sanguineous. 100 percent surgical debridement performed."</p> <p>R36's Physician's Order Sheets dated 6-2-24</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>documents R36 has the following treatment order: Order date 5-29-24 cleanse right heel with wound cleanser and apply medi-honey and calcium alginate every day and cover with island border gauze dressing every days shift every two days.</p> <p>R36's 5-14-24 Care Plan does not include an individualized care plan to address R36's pressure ulcer development to the right heel and right buttock with goals or interventions to treat and prevent worsening R36's pressure ulcer to the right heel and prevent further pressure ulcer development.</p> <p>R36's Treatment Administration Record dated 3-1-24 (date of development of pressure ulcer to right heel) through 6-5-24 were reviewed and do not include documentation of the staff performing daily skin checks.</p> <p>On 6-2-24 at 7:44 AM R36 was sitting in her chair with her legs elevated. R36 had a pressure relieving boot to the right foot. R36 stated, "I got a wound to my right heel and butt and didn't know it. I did not have boots before, and the staff were not elevating my heel off of the bed. I got a sore on my butt too from lying in bed too long. There was not enough staff to turn me when I got here. When I was admitted a had a broken femur to my right leg and had a leg brace on that went down to my ankle. The brace did not cover my heel. I could not turn myself or raise my leg up without help."</p> <p>On 6-4-24 at 10:45 AM V20 (Agency RN/Registered Nurse) provided pressure ulcer treatments to R36's right heel. V20 removed the dressing to R36's right heel and cleansed the heel with normal saline. The dressing had a</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>moderate amount of sanguineous drainage on it. R36's right outer heel had a pressure ulcer approximately 0.5 cm by 0.5 cm by 0.3 cm. with new white tissue cover almost 90 percent of the wound and 10 percent of mushy yellow slough covering the rest of the wound. V20 applied medi-honey and calcium alginate to the wound and covered the wound with a four-by-four bordered gauze.</p> <p>On 6-3-24 at 1:00 PM V17 (CNA/Certified Nursing Assistant) stated, "When (R36) was first admitted she had a brace to her right leg. (R36's) right heel was exposed. (R36) did not have heel protectors on before she developed the wound to her right heel."</p> <p>On 6-3-24 at 1:33 PM V4 (Resident Care Coordinator) stated, "(R36) does not have a plan of care to address (R36's) pressure ulcers. I am not responsible for (R36's) care plan development. When (R36) was admitted to the facility she had a brace to her right leg and the right heel was exposed. (R36) did not have a cast when admitted. (R36) should have had heel protectors on while in bed when she was admitted. (R36's) pressure ulcers were caused from pressure and developed in-house. (R36's) butt ulcer did end up healing. The staff did not do daily skin checks once (R36) developed a pressure ulcer and should have."</p> <p>(B) 2 of 3</p> <p>300.625a) 300.625b) 300.625c)1)2) 300.625d) 300.625e) 300.625f)1)2)3)A)B)</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>300.625i) 300.625j) 300.625k) 300.625n) 300.625q)</p> <p>Section 300.625 Identified Offenders</p> <p>a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks.</p> <p>b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>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. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c) (2), any criminal history record information contained in its files.</p> <p>d) The facility shall comply with all applicable provisions contained in the Uniform Conviction Information Act.</p> <p>e) All name-based and fingerprint-based criminal history record inquiries shall be submitted to the Department of State Police electronically in the form and manner prescribed by the Department of State Police. The Department of State Police may charge the facility a fee for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Services Fund. The fee shall not exceed the actual cost of processing the inquiry. (Section 2-201.5(c) of the Act)</p> <p>f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements:</p> <p>1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense who are residents of the facility. If a resident of a licensed facility is an identified offender, any federal, State, or local law enforcement officer or county probation officer shall be permitted reasonable access to the individual resident to verify compliance with the requirements of the Sex Offender Registration Act, to verify compliance with the requirements of Public Act 94-163 and Public Act 94-752, or to verify compliance with applicable terms of</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>probation, parole, or mandatory supervised release. (Section 2-110(a-5) of the Act) Reasonable access under this provision shall not interfere with the identified offender's medical or psychiatric care.</p> <p>2) The facility staff shall meet with local law enforcement officials to discuss the need for and to develop, if needed, policies and procedures to address the presence of facility residents who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense, including compliance with Section 300.695 of this Part.</p> <p>3) Every licensed facility shall provide to every prospective and current resident and resident's guardian, and to every facility employee, a written notice, prescribed by the Department, advising the resident, guardian, or employee of his or her right to ask whether any residents of the facility are identified offenders. The facility shall confirm whether identified offenders are residing in the facility.</p> <p>A) The notice shall also be prominently posted within every licensed facility.</p> <p>B) The notice shall include a statement that information regarding registered sex offenders may be obtained from the Illinois State Police website, www.isp.state.il.us, and that information regarding persons serving terms of parole or mandatory supervised release may be obtained from the Illinois Department of Corrections website, www.idoc.state.il.us. (Section 2-216 of the Act</p> <p>i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.</p> <p>k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act)</p> <p>n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review. The facility shall modify the care plan if necessary in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents.</p> <p>q) The facility shall develop procedures for implementing changes in resident care and facility policies when the resident no longer meets the definition of identified offender.</p> <p>This requirement in not met as evidence by:</p> <p>Based on interview and record review the facility failed to provide a complete background check for one resident, (R188); failed to obtain background checks within 24 hours of admission for four residents (R1,R8,R19,R22); failed to obtain fingerprints within 72 hours after notification of a "Hit" on the Illinois State Police Bureau of Identification Criminal History Record (CHIRP) for six residents (R1,R8,R10,R19,R22,R26); failed to provide a</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Criminal History Record Check, (CHAR) for eight residents (R1,R4,R8,R10,R18,R19,R22,R26); failed to incorporate the Identified Offender Report and Recommendation into the Care Plan for six residents (R1,R8,R18,R19,R22,R26); failed to notify the Illinois Offender Program for eight residents (R1,R4,R8,R10,R18,R19,R22,R26); failed to notify the Local Law Enforcement for eight residents (R1,R4,R8,R10,R18,R19,R22,R26) out of ten in a sample of 29 residents.</p> <p>Findings include:</p> <p>The document, Sex Offender/Identified Offender, no date, states, "It is the policy of this facility to prescreen all residents prior to admission. The facility is to conduct reviews of Sex Offenders/Identified Offenders already residing in the facility. At the time of admission, a full investigation is completed. Obtain reports from: Illinois State Police Sex Offender, Illinois Department of Corrections websites. A complete criminal background check will be done on all admissions and all current residents. Complete an assessment on any current resident found to have an identified offence. The Interdisciplinary Team will determine if the facility is able to make appropriate accommodations. Posing allowing residents, employees and family members for inquiries will be placed within the facility. Notification of local law enforcement, probation officer, etc ... will be completed as required."</p> <p>R1's electronic medical record documents his admission on 10/19/22. The facility provided background check for R1 is dated 12/04/24, with no documentation or proof that this was done within 24 hours of admission. The Illinois State Police Bureau of Identification Criminal History</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>Record (CHIRP) was dated 12/05/22 indicating a "Hit." The Nursing Home Resident Applicant Fingerprint Consent Form was dated and signed by R1 on 12/05/22 but a handwritten note on the document stated, "Date Fingerprinted: 2/09/23." R1's Care Plan does not document that R1 is an identified offender, no portion specific to the identified offense or any goals, recommendations, measures, or target goals for R1. There is no documentation or that the Illinois Offender Program or the Local Law Enforcement Agency were notified within 24 hours of R1's fingerprint appointment.</p> <p>R4's electronic medical record documents his admission on 8/30/18. There is no documentation or that the Illinois Offender Program or the Local Law Enforcement Agency were notified within 24 hours of R4's fingerprint appointment.</p> <p>R8's electronic medical record documents his admission on 1/21/22. The facility provided background check for R8 is dated 12/04/22, with no documentation or proof that this was done within 24 hours of admission. The Illinois State Police Bureau of Identification Criminal History Record (CHIRP) was dated 12/05/22 indicating a "Hit." The Nursing Home Resident Applicant Fingerprint Consent Form was dated and signed by R8 on 12/05/22 but a handwritten note on the document stated, "Date Fingerprinted: 2/09/23." R8's Care Plan does not document that R8 is an identified offender, no portions specific to the identified offense or any goals, recommendations, measures, or target goals for R8. There is no documentation or that the Illinois Offender Program or the Local Law Enforcement Agency were notified within 24 hours of R8's fingerprint appointment.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2024
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NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644
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S9999	<p>Continued From page 13</p> <p>R10's electronic medical record documents his admission on 2/17/17. The Illinois State Police Bureau of Identification Criminal History Record (CHIRP) was dated 2/16/17 indicating a "Hit." The Live Scan Fingerprint Consent Form was dated and signed by R10 on 2/23/17. There is no documentation or that the Illinois Offender Program or the Local Law Enforcement Agency were notified within 24 hours of R10's fingerprint appointment.</p> <p>R18's electronic medical record documents his admission on 12/06/17. The facility provided background check showed the Illinois State Police Bureau of Identification Criminal History Record (CHIRP) was dated 12/21/17 indicating a "Hit." The Live Scan Fingerprint Consent Form was dated and signed by R18 on 12/20/17. R18's Care Plan does not document that R18 is an identified offender, no portions specific to the identified offense or any goals, recommendations, measures, or target goals for R18. There is no documentation or that the Illinois Offender Program or the Local Law Enforcement Agency were notified within 24 hours of R18's fingerprint appointment.</p> <p>R19's electronic medical record documents his admission on 5/10/22. The facility provided background check for R19 is dated 12/04/22, with no documentation or proof that this was done within 24 hours of admission. The Illinois State Police Bureau of Identification Criminal History Record (CHIRP) was dated 12/05/22 indicating a "Hit." The Nursing Home Resident Applicant Fingerprint Consent Form was dated and signed by R19 on 12/05/22 but a handwritten note on the document stated, "Date Fingerprinted: 2/09/23." R19's Care Plan does not document that he is an</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>identified offender, no portions specific to the identified offense or any goals, recommendations, measures, or target goals for R19. There is no documentation or that the Illinois Offender Program or the Local Law Enforcement Agency were notified within 24 hours of R19's fingerprint appointment.</p> <p>R22's electronic medical record documents his admission on 9/23/22. The facility provided background check for R22 is dated 12/04/22, with no documentation or proof that this was done within 24 hours of admission. The Illinois State Police Bureau of Identification Criminal History Record (CHIRP) was dated 12/05/22 indicating a "Hit." The Nursing Home Resident Applicant Fingerprint Consent Form was dated and signed by R22 on 12/05/22 but a handwritten note on the document stated, "Date Fingerprinted: 2/09/23." R22's Care Plan does not document that she is an identified offender, no portions specific to the identified offense or any goals, recommendations, measures, or target goals for R22. There is no documentation or that the Illinois Offender Program or the Local Law Enforcement Agency were notified within 24 hours of R22's fingerprint appointment.</p> <p>R26's electronic medical record documents his admission on 7/31/20. The facility provided background check for R26 is dated 7/31/20. The Illinois State Police Bureau of Identification Criminal History Record (CHIRP) was dated 10/07/22 indicating a "Hit." The Nursing Home Resident Applicant Fingerprint Consent Form was dated and signed by R26 on 12/05/22 but a handwritten note on the document stated, "Date Fingerprinted: 2/09/23." R26's Care Plan does not document that R26 is an identified offender, no portions specific to the identified offense or</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644
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S9999	<p>Continued From page 15</p> <p>any goals, recommendations, measures, or target goals for R26. There is no documentation or that the Illinois Offender Program or the Local Law Enforcement Agency were notified within 24 hours of R26's fingerprint appointment.</p> <p>R138 was admitted on 5/10/24. On 6/07/24 at 9:09 AM, V35, Corporate Financial Intake, wrote, "I was never told that (R138) was clinically accepted to process his Illinois State Police Bureau of Identification Criminal History Record, CHIRP. Hope (R138) wasn't admitted prior to this." On 6/08/24, at 3:04 PM, V35, sent an email to V5, Social Services Director and Business Office Manager containing an attachment. The document stated, "Registry Search 5/02/24." An additional document, titled, "Individuals in Custody" was attached but this was blank. No other Background checks were provided.</p> <p>On 6/06/24 at 12:45 PM, V2/Administrator in Training, stated, "I wasn't aware that there was an issue with the Identified Offender Background Checks. They should have been done. We don't have anyone who specifically does the admissions at this time."</p> <p>The facility's Daily Census dated 6-2-24 documents 36 residents currently reside within the facility. (C)</p> <p>3 of 3</p> <p>300.661</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>These requirements were not met as evidence by:</p> <p>Based on interview and record review, the facility failed to complete the required background checks prior to a new employee starting a work schedule for ten of ten employees V4/Resident Care Coordinator/Infection Preventionist, V6 and V38/Licensed Practical Nurses; V11,V16,V17,V23 and V26/Certified Nursing Assistants; V36/Dietary Worker; V37/Laundress reviewed for background checks. V6 and V38 did not have their Nurses License from the State of Illinois in their personnel file. This has the potential to affect all 36 residents living in the facility.</p> <p>Findings Include:</p> <p>The document, Health Care Worker Background Check, no date, states, "It is the policy of this facility that all persons employed are required to be free of conviction of committing or attempting to commit any crime listed in the Health Care Worker Background Check Act. The facility will request a background check on all employees. Persons applying for employment will be hired conditioned upon results of the appropriate background check."</p> <p>On 6/06/24 at 12:55 PM, V2/Administrator in Training, stated, "No, we don't have record that the background checks for Health Care Workers were done prior to working at the facility. I didn't know that the Nursing Licenses need to be in the employee's personnel file."</p> <p>The facility's Daily Census dated 6/2/24</p>	S9999		

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S9999	Continued From page 17 documents 36 residents currently reside within the facility. (C)	S9999		