Illinois D	epartment of Public	Health			FORM	APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	IL6003750		B. WING	B. WING		
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, S ST SPRING ST			
TIMBER	POINT HEALTHCARE	- CENTER	OINT, IL 6232			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure					
S9999	Final Observations		S9999			
	Stament of Licensu 300.615e)	re Violation: 1 of 2				
		etermination of Need Juest for Resident Criminal Armation				
	Section 2-201.5(a) facility shall, within resident, request a check pursuant to t Information Act for admission to the fa check was initiated Hospital Licensing be based on the re- and other identifier	to the screening required by of the Act and this Section, a 24 hours after admission of a criminal history background the Uniform Conviction all persons 18 or older seekin cility, unless a background by a hospital pursuant to the Act. Background checks shal sident's name, date of birth, s as required by the e Police. (Section 2-201.5(b)	g I			
	·	not met as evidenced by:				
	failed to complete a within 24 hours of a of ten residents (R R221, R222, R270) checks in a sample	and record review, the facility background reference checks admission to the facility for nin 7, R11, R33, R35, R45, R60,) reviewed for background e of 34. This failure has the II 70 residents that reside in				
	Findings include:					
	tment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SI		TITLE		(X6) DATE
	ically Signed	JEWOUFFLIEN REFREGENTATIVE 5 5	UNAI URE	IIILE		07/30/24
			6899 C	9BF411	lf continu	ation sheet 1

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	IL6003750		B. WING		07/	11/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
TIMBER	POINT HEALTHCARE	F CENTER	T SPRING STR OINT, IL 62320			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
\$9999	The document, Ider Procedure, dated 2 policy of this facility sensitive and reside accordance with the Home Care Act, this criminal history bac seeking admission identify previous cri procedure is to) cor Background Check admission, request Conviction Informat background check and other identifiers of State Police for a admission to the fac R7's Electronic Mee previous admission discharged to home Admit/Discharge Re documents R7's re- The Illinois Sex Offe dated 4/09/24. The search is dated 4/12 R11's Electronic Mee R11's initial admiss Illinois Sex Offende Inspector General se R33's Electronic Mee Admit/Discharge Re documents R33's re The Illinois Sex Offende Inspector General se	ntified Offender Policy and 011, documents, "It is the to establish a resident ent secure environment. In e provisions of the Nursing s facility shall check the kground on any resident to the facility in order to minal convictions. (The nduct a Criminal History : Within 24 hours of a name-based Uniform tion Act (UCIA) criminal history based on name, date of birth s required by the Department any resident seeking cility. dical Record, documents R7's date is 4/05/24. R7 e on 5/19/24. The eport, dated 6/30/24, admission date as on 6/07/24 ender Registry Search is e Office of Inspector General 2/24. edical Record, documents ion date as 9/19/23. The tr Registry and The Office of searches are dated 7/08/24. edical Record, documents ion date as 2/05/24. R33				

9BF411

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ILL6003750			CONSTRUCTION		(X3) DATE SURVEY COMPLETED 07/11/2024	
		A. BUILDING:				
		B. WING		07/		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
TIMBER	POINT HEALTHCARE	F CENTER	T SPRING STF DINT, IL 62320			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 2	S9999			
	documents R35's a Illinois Sex Offende	ge Report, dated 6/30/24, admission date as 4/17/24. The er Registry and The Office of searches are dated 7/09/24.	•			
	documents R45's a Illinois Sex Offende	ge Report, dated 6/30/24, admission date as 5/28/24. The er Registry and The Office of searches are dated 7/09/24.	•			
	documents R60's a Illinois Sex Offende	ge Report, dated 6/30/24, admission date as 6/13/24. The er Registry and The Office of searches are dated 7/08/24.				
	documents R221's The Illinois Sex Off	ge Report, dated 6/30/24, admission date as 6/24/24. ender Registry and The Office al searches are dated 7/08/24.				
	documents R222's The Illinois Sex Off	ge Report, dated 6/30/24, admission date as 6/21/24. ender Registry and The Office al searches are dated 7/08/24.				
	documents R270's The Illinois Sex Off	ge Report, dated 6/30/24, admission date as 6/26/24. ender Registry and The Office al searches are dated 7/08/24.				
	Criminal History Inf (CHIRP) when the other background o	PM, V10, ns, stated, "I fill out the formation Response Process resident is admitted. I do the checks later whenever I have usually isn't within 24 hours."				
	Medicaid Services)	(Centers for Medicare and Long Term Care Facility licare and Medicaid Form 671				

If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	IL6003750		B. WING		07/	07/11/2024	
			DDRESS, CITY, ST		077	11/2024	
		205 FAS	T SPRING STR				
		CAMP P	OINT, IL 62320)			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ige 3	S9999				
		signed by V1, Administrator, dents currently reside within					
	(C)						
	Statement of Licensure Violation: 2 of 2 300.661						
	Section 300.661 He Check	ealth Care Worker Background	t				
	Worker Backgroun	oly with the Health Care d Check Act and the Health ground Check Code.					
	This requirement is	not met as evidenced by:					
	failed to complete b date of hire for four (CNAs) (V11,V12,V of ten employees a Sex Offenders and Corrections Sex Of background checks (V11,V12,V13,V14, employees. This fa	and record review, the facility background checks prior to the Certified Nursing Assistants (13,V14), and one Cook (V16) nd failed to search the Illinois The Illinois Department of fenders for the investigation of s for six CNAs V15), and Cook (V16) of ten ilure has the potential to affect t reside in the facility.	f				
	Findings Include:						
		ment Fingerprint Background I by the Health Care Worker Act.					
	9/14/23. The back	ing Assistant's hire date was ground checks are dated no completed background					

			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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IMBER	POINT HEALTHCARE	- CENTER	T SPRING STF OINT, IL 6232(
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMP THE APPROPRIATE DA
S9999	Continued From pa	ige 4	S9999		
	checks for Illinois S Corrections Sex Of	Sex Offender or Department of fender.			
	V12, Certified Nursing Assistant's hire date was 11/18/22. The background check was done on 4/23/24. There are no completed background checks for Illinois Sex Offender or Department of Corrections Sex Offender.				
	V13, Certified Nursing Assistant's hire date was 3/03/23. The background check was done on 4/23/24. There are no completed background checks for Illinois Sex Offender or Department of Corrections Sex Offender.				
	1/31/24. The Regis 1/29/24. The back 4/23/24. There we	ing Assistant's hire date was stry Check was done on ground checks are dated re no completed background Sex Offender or Department of fender.			
	completed backgro	ing Assistant's does not have und checks for Illinois Sex ment of Corrections Sex			
	eligible to work was background checks were no completed	ate was 6/04/21. The Registry dated 6/04/24. The are dated 6/14/24. There background checks for Illinois epartment of Corrections Sex			
	"We found out in Ap background checks done and updated f I was checking for o	PM, V1, Administrator, stated, oril that we were not doing the s as they are supposed to be the employee's files. I thought everything that was needed to 't realize that the Illinois Sex			

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Illinois Department of Public Health								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
	IL6003750	B. WING		07/11/2024				
NAME OF PROVIDER OR SUPPLIE	R STREET AL	DRESS, CITY, S	STATE, ZIP CODE					
TIMBER POINT HEALTHCA		ST SPRING STREET POINT, IL 62320						
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE				
S9999 Continued From	page 5	S9999						
	rtment of Corrections Sex eded to be checked."							
Medicaid Service Application for Medicated 7/08/24 and	S (Centers for Medicare and s) Long Term Care Facility edicare and Medicaid Form 671 d signed by V1, Administrator, sidents currently reside within							
llinois Department of Public Health	1							

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