

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000389		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/24/2026	
NAME OF PROVIDER OR SUPPLIER Haven of Champaign				STREET ADDRESS, CITY, STATE, ZIP CODE 1315 CURT DRIVE, SUITE B , CHAMPAIGN, Illinois, 61821			
(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) COMPLETION DATE	
S0000	Initial Comments		S0000			03/11/2026	
	Annual Licensure and Certification Survey						
S9999	Final Observations		S9999			03/11/2026	
	Statement of Licensure Violations						
	ONE OF TWO:						
	300.615i)						
	300.625a)						
	300.625b)						
	300.625c)1)2)						
	300.625e)						
	300.625j)						
	300.625k)						
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information						
	i) The facility shall provide for or arrange for any required fingerprint-based checks to be taken on the premises of the facility. If a fingerprint-based check is required, the facility shall arrange for it to be conducted in a manner that is respectful of the resident's dignity and that minimizes any emotional or physical hardship to the resident. (Section 2-201.5(b) of the Act) If a facility is unable to conduct a fingerprint-based background check in compliance with this Section, then it shall provide conclusive evidence of the resident's immobility or risk nullification of the waiver issued pursuant to Section 2-201.5(b) of the Act.						
	Section 300.625 Identified Offenders						
	300.625a)						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 300.625b) 300.625c)1)2) 300.625e) 300.625j) 300.625k) a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. 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. 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 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. 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.		S9999				

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S9999	Continued from page 2 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) 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. 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) These REQUIREMENTS are NOT met as evidenced by: Based on interview and record review, the facility failed to (1) arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender residents and (2) failed to implement or update a safety based care plan for two (R21, R25) of five residents reviewed for Identified Offender status. This failure has the potential to place all 51 residents at risk. Findings include: The Illinois Department of Public Health Identified Offenders Report dated 02/18/2026 showed no documentation indicating that R21 or R25 were listed as identified offenders. 1. R21's Criminal History Information Response Process CHIRP background check dated 12/30/2025 documents that R21 is an identified offender. R25's CHIRP background check dated 2/06/2026 documents that R25 is an identified offender. 2. R21's Care Plan, with problem areas and interventions initiated on 02/06/2026, showed no documentation addressing the resident's identified offender status. R25's Care Plan, with problem areas and interventions initiated on 2/22/26, showed no documentation addressing the resident's identified offender status. On 2/24/26 at 1:00 PM, V1 (Administrator) was asked about criminal background check hits for two residents, R21 and R25. V1 stated, "Oh, I must have missed that information on their background checks. I did not order			S9999			

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S9999	Continued from page 3 fingerprinting to be done." The facility's Long-Term Care Facility Application for Medicare and Medicaid dated 2/22/2026 documents a total census of 50 residents. (C) TWO OF TWO 300.690b) 300.690c) Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. THESE REQUIREMENTS ARE NOT MET AS EVIDENCED BY: Based on interview and record review the facility failed to notify the state surveying agency concerning a resident who had an unwitnessed fall, hit her head, had pain, swelling, and bruising around her eye, went to the emergency room for evaluation and was diagnosed with a left periorbital hematoma. This failure affected one of two residents (R13) reviewed for falls on the sample list of 37.			S9999			

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S9999	Continued from page 4 Findings Include: R13's Nurses Note dated 1/2/26 at 2:30 AM documents R13 had an unwitnessed fall in her bathroom on 1/1/26 at 9:30 PM. R13 hit her head and complained of pain in her face and lower extremities. R13 had instant swelling and bruise around her left eye. R13 was shaking, anxious and complained of dizziness. Neurological assessments were completed and approximately five hours later R13 stated she did not feel well and was uncomfortable. R13's left eye bruise was bigger and now covered her left eye lid. R13 stated she felt eye pressure on her left eye. R13 was sent to the emergency room for evaluation. R13's Computed Tomography Maxillofacial Scan dated 1/2/26 documents R13 sustained left periorbital hematoma from blunt facial trauma related to the fall. On 2/23/26 at 11:42 AM V1 Administrator confirmed he did not report R13's fall to the state surveying agency. V1 confirmed the records documented R13 fell, hit her head on the bathroom floor, was sent to the ER for evaluation, and studies showed R13 had a left periorbital hematoma. (C)		S9999				