

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001887	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/27/2018
--------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER CLINTON MANOR LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST ILLINOIS STREET NEW BADEN, IL 62265
------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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>Final Observations</p> <p>Statement of Licensure Violation: 1 of 1 Violation</p> <p>300.661</p> <p>Section 300.661 Health Care Worker Background Check</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>225 ILCS 46 Health Care Worker Background Check Act Section 10: Applicability: This Act applies to all individuals employed or retained by a health care employer as home health aides, nurse aides, personal care assistants, private duty nurse aides, day training personnel, or an individual working in any similar health-related occupation where he or she provides direct care or has access to long term care residents. This Act also applies to all employees of licensed or certified long term care facilities that have or may have contact with residents or access to the living quarters or the financial, medical, or personal records of residents.</p> <p>77 IL Administrative Code 955.220 Health Care Employer Files c) The health care employer shall retain a screen print of the background check initiation page, which documents that the employer did conduct an Internet search of the web sites from the links provided through the Health Care Worker Registry and found no results from those web</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	
-------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	-------------------------------------------------------------------------	--

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---------------------------------------------------------------------------------------------------------------	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001887	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/27/2018
--------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER CLINTON MANOR LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST ILLINOIS STREET NEW BADEN, IL 62265
------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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>sites that would prevent the employee from being hired. No additional screen prints from those web sites shall be required in the employee's file.</p> <p>This requirement is NOT Met as evidence by:</p> <p>Based on interview and record review, the Facility failed to provide documentation of thorough background checks during prescreening for employees. This has the potential to affect all 31 residents residing in the facility.</p> <p>Findings include:</p> <p>The Facility's Resident Census and Condition dated 9/25/18 documents there are 31 residents living in the facility.</p> <p>During review of V12's, V13's, V14's, V15's and V16's Health Care Worker Registry Background Screening for employment search pages were not present in the screening documents for the "Health Care Worker Registry" and does not document the "Training and Work History for V12, V13, V14 and V15."</p> <p>On 9/25/2018 at 9:58 AM, V1, Administrator stated, "(V6), Human Resources does the background checks for staff and (V5) does the background checks for residents."</p> <p>On 09/25/2018 at 10:00 AM, V2, Director of Nursing (DON) stated, "(V5) was in charge of resident background checks and (V7) billing."</p> <p>On 09/25/2018 at 10:45 AM, V9 stated, "I am in charge of background checks. Before we hire anyone we always do a background check on them. I do the public site first and once we know the potential staff member is going to take the job</p>	S9999		
-------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001887	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2018
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER CLINTON MANOR LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST ILLINOIS STREET NEW BADEN, IL 62265
------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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>than we do the full background checks. No, I am not sure which sites those are. I know I do the State Police, Sex Offender and State site."</p> <p>On 09/25/2018 at 3:17 PM, V8, Human Resources stated, "I did not realize the background checks had to be from these multiple sites. I did not realize we needed to do the "Training and Work History" section I thought it was completed in the other section."</p> <p>A list of residents' new hire was provided by the facility and V11, Certified Nursing Assistant (CNA), V12, CNA and V16, CNA were identified. V12's start date was 06/19/2018 and V12 does not have any documentation for the Health Care Worker Registry related to her "Training and Work History". V16's start was documented as 05/03/2017. V16 did not have any documentation present in their charts for the Health Care Worker registry under "Training and Work History". V14's start dated was documented as 07/19/2017 and does not have any documentation for the "Health Care Worker" register, "Training and Work History." V15's start date was 07/26/2017 and does not document any "Health Care Worker Registry and Training and Work History."</p> <p>The Facility Administration Prevention Program dated December 16, 2016 documents in part; 1. Pre-employment Screening of Potential Employee; This facility will not knowingly employ individual convicted of resident abuse, neglect or misappropriation of property. The facility will not knowingly employ any direct care staff convicted of any of the crimes listed in the Illinois Healthcare Worker Background Check Act (unless waived under the provisions of the Act), or with findings of abuse listed on the Illinois Health Care Worker Registry. Prior to a new</p>	S9999		
-------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001887	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2018
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER CLINTON MANOR LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST ILLINOIS STREET NEW BADEN, IL 62265
------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

(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>employee starting a working schedule, this facility will: c.) Check the Illinois Healthcare Worker Registry on any individual being hired for prior reports of abuse, previous fingerprint checks results, and the sex offender website links on the registry. d.) Check websites such as 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 adjudicated a sex offender, has been a prison inmate or has committed Medicare or Medicaid fraud.</p> <p>(C)</p>	S9999		
-------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--