FORMAPPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING IL6004089 07/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **609 NORTH HARPHAM STREET HAVANA HEALTH CARE CENTER** HAVANA, IL 62644 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Original Complaint Investigation #2225691/IL149241-300.661 cited. Facility Reported Incident of July 11, 2022/IL149271 S9999 **Final Observations** S9999 Statement of Licensure Violations: 300.661 Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This requirement is not met as evidence by: Based on interview and record review, the facility failed to ensure newly hired non-licensed staff initiated and completed the fingerprint-based background check within 10 days of hire. This failure has the potential to affect all 40 residents residing in the facility. Findings include: The Health Care Worker Background Check Act. Section 10, effective 1/1/06, states "This Act also

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records of residents."

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

applies to all employees of licensed or certified long-term care facilities who have or may have contact with residents or access to the living quarters or the financial, medical, or personal

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

Illinois	Department of Public	<u>Health</u>			FORM	MAPPROVE	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			Total page	
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I TOTAL OF	F PROVIDER OR SUPPLIER	STREET AD	DRESS, CIT	Y, STATE, ZIP CODE		· · · · · ·	
HAVAN	A HEALTH CARE CENT	rer 609 NOR	TH HARPH	IAM STREET			
<u> </u>		HAVANA,	IL 62644				
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33388	Continued From page 1		S9999	}			
	The Health Care W	orker Background Check Act,				1	
	Section 33 (Fingerp	rint-based criminal history	1			65	
	records check) effective	ctive 8/20/21, states "(e)					
	When initiating a ba	ckaround check requested by	ľ				
	(State Agency), an e	ducational entity, health care					
	employer, workforce	intermediary, or organization					
	Inat provides pro bo	no legal services shall					
	electronically submit	to the (State Agency) the	- 19			ĺ	
	student's, applicant's	3. Or employee's social				}	
	security number, de	mographics, disclosure, and		1			
	by the (State Agency	ation in a format prescribed				1	
	the authorization in	within 2 working days after secured. The student,					
	applicant or employ	ee shall have his or her					
	fingerprints collected	electronically and					
	transmitted to the Illi	nois State Police within 10					
	working days. The ed	ducational entity, health care				i	
	employer, workforce	intermediary, or organization]			
39	I that provides pro bor	10 legal services shall					
	i transmit all necessar	V information and fees to the					
	livescan vendor and	Illinois State Police within 10]		
	∣ working days after re	ceipt of the authorization		=	J		
	Inis information and	the results of the criminal		5 A.			
	nistory record checks	shall be maintained by the		\$5	1	í	
	Worker Begins (5)	Agency's) Health Care		ĺ	2	ł	
	trainee has had a fine	As long as the employee or		}			
ĺ	history record chack	gerprint-based criminal]			
	stave active on the H	required by this Act and ealth Care Worker Registry,				1	
	no further criminal his	story record checks are					
	required, as the Illinoi	s State Police shall notify				J	
1	the (State Agency) of	any additional convictions]	55	
i	associated with the fir	ngerprints previously			w .		
	submitted. Health care	e employers shall check the					
J	Health Care Worker F	Registry before hiring an					
	employee to determin	e that the individual has had i				1	
	a iingerprint-based re	COID Check required by this				ļ	
	Act and has no disqua	Alifying convictions or has	×				
	been granted a waive	r pursuant to Section 40 of				[
	this Act. If the individu	al has not had such a					

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6004089 B. WING 07/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **609 NORTH HARPHAM STREET HAVANA HEALTH CARE CENTER** HAVANA, IL 62644 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 background check or is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based record check requested by the (State Agency) on the Health Care Worker Registry, that individual is prohibited from being hired to work as a certified nursing assistant if, since the individual's most recent completion of a competency test, there has been a period of 24 consecutive months during which the individual has not provided nursing or nursing-related services for pay. If the individual can provide proof of having retained his or her certification by not having a 24-consecutive-month break in service for pay. he or she may be hired as a certified nursing assistant and that employment information shall be entered into the Health Care Worker Registry." The Facility's Abuse policy dated 11/28/16, (Pre-Employment Screening of Potential Employees), states "The facility will not willingly employee any staff convicted of any of the crimes listed in the Illinois Healthcare Worker Background Check Act (unless waived under the provision of the Act), or with findings of abuse listed on the (State Agency) Health Care Worker Registry. Under the Health Care Worker Background Check Act (225 ILCS 46/1) and facility 'Criminal Background Check Policy,' we are required to request a fingerprint based criminal history records check for all non-licensed employees." V14's Employee Data Sheet (undated), documents V14 (Unit Aide) was hired by the facility with a start date of 5/19/22. V14's personnel file does not include the State Agency Health Care Worker Registry Background Check. or evidence that a fingerprint-based record check (Criminal History) was initiated or obtained as of

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED						
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IL6004089					07/25/2022							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
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	7/25/22.											
	V11's Employee Da	ta Sheet (undated),	1	İ								
	documents V11 (Co	ook) was hired by the facility										
	with a start date of 6/30/22. V11's personnel file											
1.0	Worker Registry Ba	State Agency Health Care ckground Check, or evidence										
	that a fingerprint-ba	sed record check (Criminal										
	History) was initiate	d or obtained as of 7/25/22.										
	On 7/25/22 at 2:11 p	o.m., V1 stated the V1 did not				(3)						
	ensure that V11 and	V14 initiated their										
	hire. V1 stated "I tali	cord checks within 10 days of ked to both (V11 and V14)					ĺ					
	today and neither of	them have been to (the										
i	background checks	submit the fingerprint I dropped the ball and didn't		W.								
ļ	follow up with them	to make sure they had										
	(V11 and V14) have	erprint application. Neither been employed by a		ĺ			N.					
	long-term care facilit	ly in the past and did not										
72	come up when I sea	rched for them on the Health	}									
. [they are non-license	ry. When that happens and d staff, then they have to go					İ					
İ	get fingerprinted to b	e put into that system and				İ	i					
	make sure they don'	t have disqualifying criminal t been able to find (the			- 6		1					
	facility's) 'Criminal Ba	ackground Check' policy										
	referred to in the Abu	use policy."					(X					
	The Facility's Daily R	Roster form dated 7/24/22,		5.		İ						
i	documents there are	40 residents residing in the		**		ļ						
.7	facility.	W ₂										
		(C)										
		, ,										
59												

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