Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6008775 12/12/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 223 WEST VIENNA, P.O. BOX 118 SPANISH OAKS CENTER ANNA. IL 62906 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure Survey S9999 Final Observations S9999 Statement of Licensure Violations Lof II: 330.715a) Section 330.715 Request for Resident Criminal History Record Information a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act (UCIA) for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure background checks were completed on all new residents admitted to the facility for 1 of 5 (R2) residents reviewed for Identified Offender Status in the sample of 5. Findings Include: Attachment A R2's Admission Sheet documents R2 was Statement of Licensure Violations admitted to the facility on 9/20/23 with diagnoses

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

that include schizoaffective disorder, history of

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

^'	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
IL6008775 B.1	. WING		12/12/2023					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS								
SPANISH OAKS CENTER 223 WEST VIENNA, P.O. BOX 118 ANNA, IL 62906								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE					
Seizures, and hypertension. R2's Admission Sheet documents under Reason for Admission or Referral Problem, "unable to care for self w/o (without) supervision, unable to continue to live w/ (with) family." R2's Criminal History Analysis Report dated 5/10/2016 documents R2 as an identified offender. This same report documents under, "The information provided and reviewed supports the following risk assessment and security recommendations for the residents named above (R2)," documents R2 as a Moderate Risk. On 12/12/23 at 2:32 PM, V1 (Administrator) stated R2 lived at the facility in the past and discharged to home to live with her family in the community. V1 stated it didn't work for R2, so she readmitted to the facility after living with her family in the community for about 6 months. On 12/12/23 at 1:54 PM, V2 (Assistant Administrator) stated they did not do new background checks on R2 when she readmitted to the facility. The facility Policy and Procedure: Criminal Background Checks/Sex Offender Checks dated 12/11/20 documents, "In keeping with Illinois Department of Public Health rules and regulations, it is the policy of this facility to submit a request for resident criminal history record from the Illinois State Police for all persons residing in this facility. And to check the National Sex Offender Registry website as well as the Illinois Sex Offender Registry website as well as the Illinois Department of Corrections sex registrant search page, to determine if the individual is listed as a registered sex offender."	59999							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008775			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING			12/12/2023		
	PROVIDER OR SUPPLIER		VIENNA, P.	TATE, ZIP CODE O. BOX 118			
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\$9999	Section 330.911 H Check A facility shall com Worker Backgroun the Health Care W (77 III. Adm. Code This REQUIREME Based on interview failed to ensure en were completed as no employees wer disqualifying offen background check to affect all 29 resi Findings Include: 1. The untitled har dates, dated 12/12 hire as 4/30/23. V provided to this su document any of ti background check check documents of statute citation of (Battery/Makes Ph According to the w	Health Care Worker Background apply with the Health Care and Check Act [225 ILCS 46] and Worker Background Check Code (955). ENT is not met as evidenced by: We and record review the facility apployee background checks are reworking at the facility with ses documented on their and the facility. This failure has the potential idents residing at the facility. Indwritten employee list with hire (2/23 documents V9's date of (9's background checks are very by the facility does not the Department of Correction (18). V9's UCIA background V9 was charged and convicted (170 ILCS 5.0/12-3-A-2)	S9999				

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PRINTED: 01/30/2024 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER AND PLAN OF CORRECTION A. BUILDING: B. WING IL6008775 12/12/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 223 WEST VIENNA, P.O. BOX 118 SPANISH OAKS CENTER ANNA, IL 62906 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 (Battery) and 720 ILCS 5/12-3.2 (Domestic Batter) are disqualifying offenses. On 12/12/23 at 1:54 PM, V2 (Assistant Administrator) stated she wasn't aware the charges against V9 were disqualifying offenses. V2 stated she was aware of the offenses and since they didn't believe they were disqualifying offenses because it was a domestic battery between V9 and her husband they allowed V9 to continue her employment at the facility. V2 stated she hadn't done any of the required Department of Corrections background checks on the employees working at the facility. 2. The untitled handwritten employee list with hire dates dated 12/12/23 documents V5's (dietary) date of hire as 12/4/23. V5's undated Health Care Worker Registry Check provided to this surveyor on 12/12/23 does not document any of the required background checks. This report only documents V5's identifying information such as name, sex, race, height, and eye color. The facility did not have any reproducible evidence of sex offender checks or Department of Correction checks for V5. On 12/12/23 at 1:54 PM, V2 (Assistant Administrator) stated V5 was recently hired, and they are waiting on his background check to come back. When asked about V5's sex offender checks, V2 stated she didn't print them

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out, but she did check them. This indicates the facility did not have reproducible evidence V5's sex offender checks were completed as required.

3. The untitled handwritten employee list with hire dates dated 12/12/23 documents V6's (care giver/cook) date of hire as 9/2/2019. V6's background checks provided to this surveyor by

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The second secon	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6008775	B. WING		12/12/2023		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
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S9999	the facility does not Correction background dates dated 12/12/2 giver) date of hire a background checks the facility does not Correction background dates, dated 12/12/2 giver) date of hire a checks provided to does not include Debackground checks The undated facility roster documents 2 the facility. The facility Policy are Background Checks "In keeping with IDF Public Health) rules policy of the is (sic) criminal history reconstate Police for all in hours of the date of criminal background inconclusive results as the Criminal Hist (Illinois State Police Registry, Illinois Depoffender site, as well	include Department of und checks. dwritten employee list with hire 23 documents V7's (care s 6/27/2004. V7's provided to this surveyor by include Department of und checks. dwritten employee list with hire 23 documents V8's (care s 7/6/2001. V8's background this surveyor by the facility epartment of Correction	S9999				