

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2024
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NAME OF PROVIDER OR SUPPLIER TIMBERCREEK REHAB & HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET PEKIN, IL 61554
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(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
S 000	Initial Comments Annual Licensure Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.615b) 300.615c) 300.615e) 300.615f) 300.615g) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information b) All persons seeking admission to a nursing facility must be screened to determine the need for nursing facility services prior to being admitted, regardless of income, assets, or funding source. (Section 2-201.5(a) of the Act) A screening assessment is not required provided one of the conditions in Section 140.642(c) of the rules of the Department of Healthcare and Family Services titled Medical Payment (89 Ill. Adm. Code 140.642(c)) is met. c) Any person who seeks to become eligible for medical assistance from the Medical Assistance program under the Illinois Public Aid Code to pay for long-term care services while residing in a facility shall be screened in accordance with 89 Ill. Adm. Code 140.642(b)(4). (Section 2-201.5(a) of the Act) e) In addition to the screening required by	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

08/29/24

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S9999	<p>Continued From page 1</p> <p>Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act 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)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>This requirement in not met, as evidence by:</p> <p>Based on interview and record review, the facility failed to complete background checks for three of ten residents (R51, R57, R389) reviewed for Criminal Background Checks out of a sample of 37 residents.</p> <p>Findings Include:</p> <p>On 8/08/24, at 3:05 PM, V13, Corporate Clinical and Regularity Compliance Nurse, stated, "We do not have a policy for Criminal Background Checks. We use the State of Illinois Regulations."</p> <p>On 8/07/24, at 4:00 PM, V1, Administrator in Training, stated, "I did not know that fingerprints had to be taken within 72 hours of a resident's admission if they had a HIT on the Criminal History Investigation Report Process (CHIRP)."</p> <p>R51's medical record states, "Admission Date, 9/14/23." "A Criminal History Investigation Report Process (CHIRP) dated 4/29/24 states, "HIT." The Invoice of the "Live Scan Fingerprinting and Identity Services" (Fee App) is dated 5/21/24. The "Criminal History Analysis Report (CHAR)," dated 6/14/24, indicates "Low Risk." R51's Care Plan documents R51's "Criminal Behavior Fitting the Identified Offender Criteria," was initiated on 7/01/24.</p> <p>R57's medical record states, "Admission Date" 1/28/22. "A Criminal History Investigation Report Process (CHIRP), dated 7/29/22 states, "HIT." The date on the Invoice of the "Live Scan Fingerprinting and Identity Services" (Fee App) is dated 7/29/22. The "Criminal History Analysis Report (CHAR)," dated 8/31/22, indicates "Low</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Risk." R57's Care Plan documents R57's "Criminal Behavior Fitting the Identified Offender Criteria," was initiated on 2/09/24.</p> <p>R389's medical record states, "Admission Date 2/20/24. "A Criminal History Investigation Report Process (CHIRP), dated 4/29/24 states, "HIT." The date on the Invoice of the "Live Scan Fingerprinting and Identity Services" (Fee App) is dated 4/29/24. R389's Care Plan does not include documentation of R389's Criminal Background, goals, or interventions.</p> <p>The Long Term Care Facility Application for Medicare and Medicaid, CMS (Central Management Services) Form 671, signed and dated on 8/4/24 by V1 Administrator in Training, documents there are 90 residents currently residing in the facility. (C)</p>	S9999		