PRINTED: 10/01/2024 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
AND FLAN OF CORRECTION		IDENTIFICATION NO.	A. BUILDING:		JONN EETE	-5						
		IL6006548	B. WING		09/13/2	2024						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
HELIA HEALTHCARE OF NEWTON  300 S SCOTT STREET  NEWTON, IL 62448												
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5)  COMPLETE DATE		COMPLETE						
S 000	Initial Comments		S 000									
	Annual Health Licensure Certification Survey											
S9999	Final Observations		S9999									
	Statement of Licensure Violations											
	300.615 f)											
	Section 300.615 Dete Screening and Reque History Record Inform	est for Resident Criminal										
	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.											
	These requirements are not met as evidenced by:											
	failed to check the the Registry and the Illino Corrections website of	hecks for 4 (R22, R87, R88, reviewed for background										
	Findings include:											
	date to the facility of (	" documents an admission 08/26/2024. R22's record ntation the Illinois Sex the Illinois Department of were checked.										
	_	" documents an admission 08/23/2024. R87's record										

Illinois Department of Public Health

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

TITLE (X6) DATE

Electronically Signed 09/30/24

STATE FORM 6899 EHBO11 If continuation sheet 1 of 2

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Illinois Department of Public Health

ILEGOS548  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  WHELA HEALTHCARE OF NEWTON  SOS SCOTT STREET NEWTON, IL 62448  PROVIDER'S PLANGE CORRECTION  RECULATORY OR LISC IDENTIFYING INFORMATION)  S9999  Continued From page 1  did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.  3. R88's "Face Sheet" documents an admission date to the facility of 08/26/20204. R88's record did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.  4. R189's "Face Sheet" documents an admission date to the facility of 08/26/20204. R88's record did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.  On 09/11/2/2024 at 2:28 P.M. V3 (Business office manager) stated that she is responsible for completing the CHIRP (Criminal History Information Response Process). V3 stated the social services / admission personnel was responsible for completing the CHIRP (Criminal History Information Response Process). V3 stated the background checks for residents. V3 stated that after the social services personnel leff without notice, V1 (Administrator) was taking over doing the job responsibilities.  On 09/12/2024 at 3:02 P.M. V1 stated the background checks on the newly admitted residents are not done. V1 stated that V3 completed the CHIRP, but the Illinois Department of Corrections, Illinois Sex Offender and National Sex Offender were not completed. V1 stated that V3 looks them up and did not print them. V1	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
ACT   Commentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.   Sex Offender Registry or the Illinois Department of Corrections websites were checked.   A. R189's "Face Sheet" documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.   A. R189's "Face Sheet" documents an admission date to the facility of 08/26/20204. R88's record did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.   A. R189's "Face Sheet" documents an admission date to the facility of 08/26/2024. R189's record did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.   A. R189's "Face Sheet" documents an admission date to the facility of 09/06/2024. R189's record did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.   Corrections websites	IL6006548		B. WING		09/13/2024					
CAN   D   SUMMARY STATEMENT OF DEFICIENCIES   D   PROVIDERS PLAN OF CORRECTION   CRACH EMPTICATION SHOULD BE   COMPLETE   DAMES	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 1  did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.  3. R88's "Face Sheet" documents an admission date to the facility of 08/26/20204. R88's record did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.  4. R189's "Face Sheet" documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.  4. R189's "Face Sheet" documentation the Illinois Sex Offender Registry or the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.  On 09/12/2024 at 2.28 P.M. V3 (Business office manager) stated that she is responsible for completing the CHIRP (Criminal History Information Response Process). V3 stated that safter the social services / admission personnel left without notice, V1 (Administrator) was taking over doing the job responsibilities.  On 09/12/2024 at 3.02 P.M. V1 stated the background checks on the newly admitted residents are not done. V1 stated that V3 completed the CHIRP, but the Illinois Department of Corrections, Illinois Sex Offender and National Sex Offender were not completed. V1 stated that V3 looks them up and did not print them. V1	HELIA HE	ALTHCARE OF NEWTON								
did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.  3. R88's "Face Sheet" documents an admission date to the facility of 08/26/20204. R88's record did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.  4. R189's "Face Sheet" documents an admission date to the facility of 09/06/2024. R189's record did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.  On 09/12/2024 at 2:28 P.M. V3 (Business office manager) stated that she is responsible for completing the CHIRP (Criminal History Information Response Process). V3 stated the social services / admission personnel was responsible for completing the rest of the background checks for residents. V3 stated that after the social services personnel left without notice, V1 (Administrator) was taking over doing the job responsibilities.  On 09/12/2024 at 3:02 P.M. V1 stated the background checks on the newly admitted residents are not done. V1 stated that active the completed the CHIRP, but the Illinois Department of Corrections, Illinois Sex Offender and National Sex Offender were not completed. V1 stated that V3 looks them up and did not print them. V1	PREFIX	(EACH DEFICIENC)	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CON- REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE							
printed. V1 stated that the backgrounds were being checked and printed.  (C)	S9999	did not have documer Offender Registry or the Corrections websites.  3. R88's "Face Sheet' date to the facility of the did not have documer Offender Registry or the Corrections websites.  4. R189's "Face Sheet' date to the facility of the did not have documer Offender Registry or the Corrections websites.  On 09/12/2024 at 2:20 manager) stated that completing the CHIRF Information Responses social services / admiresponsible for completing the checks for after the social service notice, V1 (Administrative job responsibilities.  On 09/12/2024 at 3:00 background checks or residents are not done completed the CHIRF of Corrections, Illinois Sex Offender were not V3 looks them up and stated that V3 was un printed. V1 stated the being checked and printed the chart of the corrections of th	thation the Illinois Sex the Illinois Department of were checked.  " documents an admission 08/26/20204. R88's record thation the Illinois Sex the Illinois Department of were checked.  "t" documents an admission 09/06/2024. R189's record thation the Illinois Sex the Illinois Department of were checked.  8 P.M. V3 (Business office she is responsible for P (Criminal History e Process). V3 stated the ssion personnel was eting the rest of the or residents. V3 stated that es personnel left without ator) was taking over doing s.  2 P.M. V1 stated the on the newly admitted the on the newly admitted the on the newly admitted the one of th	S9999						

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