

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006548</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/13/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HELIA HEALTHCARE OF NEWTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 S SCOTT STREET NEWTON, IL 62448</b>
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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 Health Licensure Certification Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.615 f)  Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information  f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.  These requirements are not met as evidenced by:  Based on interview and record review, the facility failed to check the the Illinois Sex Offender Registry and the Illinois Department of Corrections website checks for 4 (R22, R87, R88, R189) of 5 residents reviewed for background checks in the sample of 41.  Findings include:  1. R22's "Face Sheet" documents an admission date to the facility of 08/26/2024. R22's record did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.  2. R87's "Face Sheet" documents an admission date to the facility of 08/23/2024. R87's record	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  09/30/24
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NAME OF PROVIDER OR SUPPLIER  <b>HELIA HEALTHCARE OF NEWTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 S SCOTT STREET NEWTON, IL 62448</b>
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S9999	<p>Continued From page 1</p> <p>did not have documentation the Illinois Sex Offender Registry or the Illinois Department of Corrections websites were checked.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 stated that V3 was unaware that they had to be printed. V1 stated that the backgrounds were being checked and printed.</p> <p>(C)</p>	S9999		