

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016943</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUTHER OAKS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 LUTZ ROAD BLOOMINGTON, IL 61704</b>
--	---

(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 Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations 1 of 2  300.615e) 300.615f)  Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information  e) In addition to the screening required by 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)  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 were not met as evidenced by:  Based on interview and record review the facility	S9999		

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

TITLE

(X6) DATE  
08/23/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016943</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUTHER OAKS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 LUTZ ROAD BLOOMINGTON, IL 61704</b>
--	---

(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
S9999	<p>Continued From page 1</p> <p>failed to obtain criminal background checks for five (R1, R3, R17, R18 and R221) of ten residents reviewed for background checks from a total sample list of 24 residents.</p> <p>Findings include:</p> <p>The facility provided Referral and Admission Process for Short-Term skilled Nursing Admissions dated 7/17/24 documents that prior to admission, the director of admissions or admissions designee will complete the State and Federal Background checks and sex offender background checks.</p> <p>R1's census record documents admission to the facility on 7/11/24.</p> <p>R3's census record documents admission to the facility on 7/10/24.</p> <p>R17's census record documents admission to the facility on 11/4/23.</p> <p>R18's census record documents admission to the facility on 6/5/24.</p> <p>R221's census record documents admission to the facility on 7/17/24.</p> <p>The facility provided background checks for R1, R3, R17 and R221 were all dated 7/31/24.</p> <p>The facility provided background check for R18 documents the state sex offender background check was completed on 7/31/24.</p> <p>On 7/30/24 at 3:00PM, V2 Director of Nursing (DON) said that the facility had just recently gone to an outside vendor to handle their background</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016943</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUTHER OAKS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 LUTZ ROAD BLOOMINGTON, IL 61704</b>
--	---

(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
S9999	<p>Continued From page 2</p> <p>checks and that they weren't sure that they had performed the necessary background checks.</p> <p>On 7/31/24 at 10:00AM V1 Administrator and V2 DON both stated that they could not provide documentation of background checks performed prior to 7/30/24 for R1, R3, R17, and R221.</p> <p>(C)</p> <p>Statement of Licensure Violations 2 of 2</p> <p>300.661</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to obtain health care worker background checks for three of ten employees reviewed for healthcare worker background checks. This failure has the potential to affect all 16 residents who reside in the facility.</p> <p>Findings include:</p> <p>The Long Term Care Facility Application for Medicare and Medicaid dated 7/30/24 documents 16 long term care residents reside in the facility.</p> <p>The facility provided Abuse and Neglect of a Resident Policy dated 6/16/23 documents that a background check and Nurse Aide Registry will be reviewed prior to a new team member starting</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016943</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LUTHER OAKS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 LUTZ ROAD BLOOMINGTON, IL 61704</b>
--	---

(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
S9999	<p>Continued From page 3</p> <p>a work schedule, this facility will initiate a reference check from previous employers, obtain a copy of the state license of any individual being hired for a position requiring a professional license, check the state nurse aide registry on any individual being hired for a Certified Nurse Aide Position and complete background checks on any individual being hired.</p> <p>1. V23's Environmental Services Director facility provided date of hire is 2/5/24. No background checks of any kind were provided for V23.</p> <p>2. V24's Certified Nurses Aide (CNA) facility provided date of hire is 4/15/24. No Illinois Sex Offender nor Office of Inspector General background checks were provided for V24.</p> <p>3. V25's CNA facility provided date of hire is 4/10/24. No Illinois Sex Offender background check was provided for V25.</p> <p>On 7/30/24 at 3:00PM, V2 Director of Nursing (DON) said that the facility had just recently gone to an outside vendor to handle their background checks and that they weren't sure that they had performed the necessary background checks.</p> <p>On 7/31/24 at 10:30AM, V2 DON said that the facility had provided what healthcare worker background checks that were completed.</p> <p>(C)</p>	S9999		