

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009740	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2024
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NAME OF PROVIDER OR SUPPLIER WASHINGTON SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NEWCASTLE WASHINGTON, IL 61571
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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
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>SECTION 300.625 IDENTIFIED OFFENDERS</p> <p>300.625c)2) 300.625j) 300.625k)</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.</p> <p>k) The facility shall incorporate the Identified</p>	S9999		

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

Electronically Signed

TITLE

(X6) DATE

02/16/24

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S9999	<p>Continued From page 1</p> <p>Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to obtain fingerprints for an Identified Offender within 72 hours of admission and failed to implement care plan interventions for an identified offender This affected one (R130) of ten residents in a sample of 27.</p> <p>Findings Include:</p> <p>The policy, Identified Offender Facility Policy and Procedure, dated 2011, states, "It is the policy of this facility to establish a resident sensitive and resident secure environment. In accordance with the provisions of the Nursing Home Care Act this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Identifying Offenders. Conduct a Criminal History Background Check. Within 24 (hours) of admission, request a name-based Uniform Conviction Information Act (UCIA) criminal history background check based on name, date of birth and other identifiers required by the Department of State Police for any resident seeking admission to the facility. Once the facility determines the resident is an identified Offender, the facility must request in 72 hours for the resident to undergo a live scan State and Federal Bureau of Investigation (FBI) fingerprint check on the premises within five business days."</p> <p>The Nursing Home Resident Fingerprint Consent Form (Fee Applicant Transaction), states,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>"Nursing homes are required to arrange for the fingerprinting of residents they determine to be Identified Offenders. This form must be signed by the applicant to authorize the release of any criminal history record information that may exist regarding the applicant. The form presented, requesting biometric impressions (fingerprints), is signed by (R130) and dated 1/24/24."</p> <p>(R130's) CHIRP, Criminal History Information Response Process, was requested and received on 1/11/24, stating, "HIT" "Felony Convictions." "Five separate convictions were listed: Possession Drug Paraphernalia; Resist Peace Officer; Forgery/Issue/Deliver Document; Deceptive Practice; Domestic Battery."</p> <p>The policy, Identified Offender Facility Policy and Procedure, dated 2011, states, "The facility shall incorporate the identified Offender Report and Recommendations Report into the identified offenders plan of care including the security measures listed.</p> <p>(R130's) Care Plan, written 1/14/24 did not include Identified Offender. Identified Offender was added on 1/24/24, stating, "Follow IDPH Guidelines."</p> <p>On 1/24/24, at 1:15 PM, V1, Administrator, stated, "(R130) is an Identified Offender. We did not send a request for (R130) to have his fingerprints taken. "We had not included Identified Offender to (R130's) original Care Plan". (C)</p>	S9999		