STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002588	A. BUILDING: _____ B. WING _____	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN OF TUSCOLA	1203 EGYPTIAN TRAIL TUSCOLA, IL 61953

(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 and Certification 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 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. This requirement is not met as evidenced by: Based on interview and record review the facility failed to initiate identified offender checks within 24 hours of admission for five residents of five	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002588	A. BUILDING: _____ B. WING _____	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN OF TUSCOLA	1203 EGYPTIAN TRAIL TUSCOLA, IL 61953

(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	Continued From page 1	S9999		

residents (R26, R12, R42, R195, R245) reviewed for identified offender checks in a sample of 33 residents. This failure has the potential to affect all residents who reside at the facility.

Finding include:

The facility's Long-Term Care Facility Application for Medicare and Medicaid dated 1/26/25 documents the facility census as 38.

The current facility census documents R26 was admitted to the facility 12/25/24, R12 and R42 were admitted to the facility 12/27/24, and R194 and R245 were admitted to the facility 12/30/24.

The Identified Offender Criminal History Information Response Process (CHIRP) and other required web based checks for R26, R12, R42, R195, R245 are dated as initiated 1/27/25.

On 1/28/25 at 1:00PM V17, Business Office Manager (BOM) stated "The Identified Offenders checks were done late (for R26, R12, R42, R195, and R245) because I was on vacation when they were admitted."

On 1/28/25 at 3:30PM V1, Administrator verified it is the policy of the facility that all Identified Offender checks should be initiated prior to admitting any resident to the facility.
(C)

Statement of Licensure Violations 2of 2:
300.661

Section 300.661 Health Care Worker Background Check

A. facility shall comply with the Health Care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002588	A. BUILDING: _____ B. WING _____	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HAVEN OF TUSCOLA	1203 EGYPTIAN TRAIL TUSCOLA, IL 61953

(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	Continued From page 2 Worker Background Check Act and the Health Care Worker Background Check Code. This requirement is not met as evidenced by: Based on interview and record review the facility failed to initiate an employee background check prior to start of employment for two Certified Nurse's Aides (V20, V21) reviewed for employee background checks in a sample of 33 residents. This failure has the potential to affect all residents who reside at the facility. Findings include: The facility's Long-Term Care Facility Application for Medicare and Medicaid dated 1/26/25 documents the facility census as 38. The facility's employee roster documents V20, CNA (Certified Nurse's Aide) began employment at the facility on 11/15/24. The registry verification documents eligibility was verified as of 11/19/24. The facility's employee roster documents V21, CNA (Certified Nurse's Aide) began employment at the facility on 11/18/24. The registry verification documents eligibility was verified as of 12/2/24. On 1/28/25 at 3:30PM V1, Administrator verified all CNAs employed at the facility have the potential to care for all/any resident residing at the facility. (C)	S9999		