STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009559	A. BUILDING: _____ B. WING _____	03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EFFINGHAM HEALTHCARE & SENIOR LIVING	1610 NORTH LAKEWOOD DRIVE EFFINGHAM, IL 62401

(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 First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.1010c) 300.1010e) 300.1010 Medical Care Policies c) Every resident shall be under the care of a physician. e) All residents shall be seen by their physician as often as necessary to assure adequate health care. (Medicare/Medicaid requires certification visits.) This REQUIREMENT is not met as evidenced by: Based on interview and record view, the facility failed to ensure that residents received required physician visits to provide adequate health care for 30 (R1-R4, R6-R30, and R32) of 32 residents reviewed for physician services in the sample of 32. The Findings Include: On 03/19/2025 at 2:35 PM, V1 (Administrator) stated that V6 (Medical Director) just recently saw all residents via telehealth. V1 stated that she is not sure when V6 has seen residents in the building. V1 stated that V6 does come to the facility for Quality Assurance Meetings but does	S9999		

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S9999	Continued From page 1	S9999		

not see residents when he is here for quality assurance meetings. V1 stated that the Nurse Practitioner is the one who comes to the building weekly to see the residents.

On 03/19/2025 at 3:40 PM, V1 stated that she thinks he saw all the residents last fall but did not complete a progress note. V1 stated that V6 explained to V1 that he would get into compliance.

On 03/20/2025 at 2:07 PM, V5 (Registered Nurse) stated that every Wednesday the Nurse Practitioner comes to the facility to see the residents. V5 stated that she has been working at the facility since November 2024 and she has never seen V6 in the facility to see residents.

The facility's Resident Listing Report dated 3/20/25 documented V6 as the current primary physician for R1-R4, R6-R30, and R32.

The facility's "Medical Director Agreement" with an effective date of January 1, 2023 documented "Article III. Services of Physician: (i) (i) Provision of physician services, including (but not limited to):(i) Availability of physician services 24 hours a day in case of emergency; (ii) Review of resident's overall condition and program of care at each visit, including medications and treatments; (iii) Documentation of progress notes with signatures; (iv) Frequency of visits, as required; (v) Signing and dating all orders, such as medications, admission orders, and re-admission orders; and (vi) Review of and response to consultant recommendations relating to the provision of physician services."

(C)

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S9999	Continued From page 2 2 of 3 300.615e) 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 ensure a criminal history background check was completed within 24 hours after admission, including checking the Illinois Sex Offender Registration website and the Illinois Department of Corrections sex registrant search page for 5 of 10 residents (R1, R10, R27, R30, and R31) reviewed for criminal history records in	S9999		

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S9999	Continued From page 3	S9999		

a sample of 32.

Findings Include:

1. R1's Admission Record documented an admission date of 12/23/2024.

R1's CHIRP (Criminal History Information Response Process) report dated 12/13/2024 documented "failed to reveal any criminal conviction record for the subject in question. On 03/20/2025, the facility was asked for evidence of the Illinois Sex Offender Registry check and the Illinois Department of Corrections check. The facility provided documents showing these checks were not completed until 03/19/2025, therefore were not completed within the 24 hours of admission.

2. R10's Admission Record documented an admission date of 02/13/2025.

R10's CHIRP documentation was dated 03/19/2025, therefore it was not completed within 24 hours of admission. On 03/20/2025, the facility was asked for evidence of the Illinois Sex Offender Registry check and the Illinois Department of Corrections check. The facility provided documents showing these checks were not completed until 03/18/2025, therefore were not completed within the 24 hours of admission.

3. R27's Admission Record documented an admission date of 02/13/2025.

R27's CHIRP documentation was dated 03/19/2025, therefore it was not completed within 24 hours of admission. This document also documented that there was a "hit" on the criminal history with convictions. On 03/20/2025, the

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S9999	Continued From page 4	S9999		

facility was asked for evidence of the Illinois Sex Offender Registry check and the Illinois Department of Corrections check. The facility provided documents showing these checks were not completed until 03/18/2025, therefore were not completed within 24 hours of admission.

4. R30's Admission Record documented an admission date of 01/07/2025.

R30's CHIRP report dated 12/18/2024 documented "failed to reveal any criminal conviction record for the subject in question." On 03/20/2025, the facility was asked for evidence of the Illinois Sex Offender Registry check and the Illinois Department of Corrections check. The facility provided documents showing these checks were not completed until 03/19/2025, therefore were not completed within the 24 hours of admission.

5. R31's Admission Record documented an admission date of 12/10/2024.

R31's CHIRP report dated 12/09/2024, documented "failed to reveal any criminal conviction record for the subject in question." On 03/20/2025, the facility was asked for evidence of the Illinois Sex Offender Registry check and the Illinois Department of Corrections check. The facility provided no documents showing these checks were completed, therefore were not completed within the 24 hours of admission.

On 03/20/2025 at 4:00 PM, V7 (Regional Director) stated that the facility was checking the backgrounds, they just didn't know they needed to print them out. V7 stated the corporate office runs all the CHIRP's and sends them to the facility.

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S9999	Continued From page 5 On 03/20/2025 at 9:42 AM, V3 (Business Office Manager) stated the corporate office for the company runs the background checks and the CHIRP's. V3 stated she was out of the facility for a period of time in February and there was some confusion about who was supposed to make sure the back ground checks were completed. V3 stated that some were missed during that time. V3 stated that she started to do some auditing and that is why all the dates are from this week. (C) 3 of 3 300.625a) 300.625c)1)2) 300.625f)1) 300.625g) Section 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. 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: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident.	S9999		

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f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements:

1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders who are residents of the facility.

g) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review, the facility failed to ensure timely review of criminal history background check results, arrange for fingerprint-based criminal history record inquiry within 72 hours, and ensure timely reporting of identified offenders to the Identified Offender program for 1 (R27) of 10 residents reviewed for background checks in the sample of 32.

Findings Include:

R27's Admission record documented an admission date of 02/13/2025.

The Illinois Department of Public Health Identified Offenders Program Facility report for this facility includes R27 as an identified offender. R27's CHIRP (Criminal History Information Response Process) report was dated 03/19/2026 with the result indicating there was a "hit" on the criminal history with convictions. The document states "to ensure that the information furnished by the Illinois State Police positively pertains to the subject in question, a UCIA fingerprint inquiry

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S9999	Continued From page 7 should be submitted." On 03/21/2025 at 9:42 A.M. V3 (Business Office Manager) stated she was not aware R27 had a hit. On 03/21/2025 at 10:35 A.M. V1 (Administrator) stated she was not aware that R27 had a hit on his background check. The facility was unable to provide evidence of R27's fingerprinting being completed. On 03/20/2025 at 9:42 AM, V3 (Business Office Manager) stated the corporate office for the company runs the background checks and the CHIRP's. V3 stated she was out of the facility for a period of time in February and there was some confusion about who was supposed to make sure the background checks were completed. V3 stated that some were missed during that time. V3 stated that she started to do some auditing and that is why all the dates are from this week. V3 stated she was not aware that R27's CHIRP came back with a hit. V3 stated that the corporate office told V3 there were no problems with his CHIRP. (C)	S9999		