

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008783</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/30/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING VALLEY NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 NORTH GREENWOOD STREET SPRING VALLEY, IL 61362</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>Final Observations</p> <p>Statement of licensure violations 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.</p> <p>This requirement is not met as evidenced by: Based on interview and record review, the facility failed to complete all required offender background checks within twenty-four hours of admission for five residents (R42, and R44-47) on the supplemental sample. Findings include: The facility's Admission Log dated 9/17/14 through 1/23/15 documents R42 and R44 were admitted to the facility on 1/23/15. R42 and R44s' Department of Corrections Parolee Sex Offender Search and Illinois Sex Offender Registration Search documents R42 and R44s' searches were not completed until 01/26/15.</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>02/20/15</b>
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008783</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/30/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING VALLEY NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 NORTH GREENWOOD STREET SPRING VALLEY, IL 61362</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>The facility's Admission Log dated 9/17/14 through 1/23/15 documents R45 was admitted to the facility on 1/22/15. R45's Department of Corrections Parolee Sex Offender Search and Illinois Sex Offender Registration Search documents R45 searches were not completed until 01/26/15. The facility's Admission Log dated 9/17/14 through 1/23/15 documents R46 was admitted to the facility on 12/20/14. R46's Uniform Conviction Information Act form, Department of Corrections Parolee Sex Offender Search and Illinois Sex Offender Registration Search documents R46 searches were not completed until 12/22/14. The facility's Admission Log dated 9/17/14 through 1/23/15 documents R47 was admitted to the facility on 12/17/14. R46's Uniform Conviction Information Act form, Department of Corrections Parolee Sex Offender Search and Illinois Sex Offender Registration Search documents R47 searches were not completed until 12/22/14. On 1/28/15 at 1:02 p.m., E3, Licensed Practical Nurse, confirmed R42, and R44-47s' required pre-admission checks were not completed within 24 hours of admission to the facility and stated, "They were either missed or they were admitted on one of my days off."</p> <p>(B)</p> <p>Section 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending;</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008783</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/30/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING VALLEY NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 NORTH GREENWOOD STREET SPRING VALLEY, IL 61362</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>while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</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>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.</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>d) The facility shall comply with all applicable provisions contained in the Uniform Conviction Information Act.</p> <p>e) All name-based and fingerprint-based criminal history record inquiries shall be submitted to the Department of State Police electronically in the form and manner prescribed by the Department of State Police. The Department of State Police may charge the facility a fee for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Services Fund. The fee shall not exceed the actual cost of</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008783</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/30/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING VALLEY NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 NORTH GREENWOOD STREET SPRING VALLEY, IL 61362</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>processing the inquiry. (Section 2-201.5(c) of the Act)</p> <p>f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements:</p> <p>1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense who are residents of the facility. If a resident of a licensed facility is an identified offender, any federal, State, or local law enforcement officer or county probation officer shall be permitted reasonable access to the individual resident to verify compliance with the requirements of the Sex Offender Registration Act, to verify compliance with the requirements of Public Act 94-163 and Public Act 94-752, or to verify compliance with applicable terms of probation, parole, or mandatory supervised release. (Section 2-110(a-5) of the Act)</p> <p>Reasonable access under this provision shall not interfere with the identified offender's medical or psychiatric care.</p> <p>2) The facility staff shall meet with local law enforcement officials to discuss the need for and to develop, if needed, policies and procedures to address the presence of facility residents who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense, including compliance with Section 300.695 of this Part.</p> <p>4) If the identified offender is on probation, parole, or mandatory supervised release, the facility shall contact the resident's probation or parole officer, acknowledge the terms of release, update contact information with the probation or parole office, and maintain updated contact information in the resident's record. The record must also</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008783</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/30/2015</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING VALLEY NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 NORTH GREENWOOD STREET SPRING VALLEY, IL 61362</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 4</p> <p>include the resident's criminal history record.</p> <p>g) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part.</p> <p>h) Facilities shall annually complete all of the steps required in subsection (f) of this Section for identified offenders. This requirement does not apply to residents who have not been discharged from the facility during the previous 12 months.</p> <p>i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.</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 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: Based on interview and record review, the facility failed to notify the Illinois State Police of identified offenders in the facility, failed to address an offender's crime in the care plan, and failed to request fingerprinting for the identified offenders for one of fifteen residents (R8) in the sample of fifteen and two residents (R28 and R43) on the supplemental sample. Findings include: R8's Admission Record documents that R8 was admitted to the facility on 1/3/14.</p> <p>R8's Illinois State Police Uniform Conviction Information Act form 1/8/14 dated documents R8 has a "Hit" result of documented criminal history.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008783</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/30/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SPRING VALLEY NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1300 NORTH GREENWOOD STREET SPRING VALLEY, IL 61362</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 5</p> <p>This same form documents R8's criminal history to include the following: Battery/Bodily Harm, Domestic Battery, Burglary, and Aggravated Battery/Great Bodily Harm. R28's Admission Record documents that R28 was admitted to the facility on 10/9/14.</p> <p>R28's Illinois State Police Uniform Conviction Information Act form dated 10/9/14 documents R28 has a "Hit" result of documented criminal history. This same form documents R28's criminal history includes the charge of retail theft. R28's current care plan dated 1/29/15 does not have a care plan addressing R28's criminal history status.</p> <p>On 1/28/15 at 11:40 a.m., E20, Care Plan Coordinator, verified that R28 does not have a care plan in place addressing R28's criminal history.</p> <p>R43's Admission Record documents that R43 was admitted to the facility on 6/21/14.</p> <p>R43's Illinois State Police Uniform Conviction Information Act form dated 7/2/14 documents R43 has a "Hit" result of documented criminal history. This same form documents R43's criminal history includes the charge of Battery.</p> <p>On 1/27/15 at 1:07 p.m., E1, Administrator, confirmed the facility has never contacted the Illinois State Police to conduct a Criminal History Analysis Report or requested fingerprinting for R8, R28 or R43. On 1/29/15 at 11:35 a.m., E1 stated the facility does not have a policy in place regarding obtaining Criminal History Analysis Reports for Identified Offender residents with criminal histories.</p>	S9999		