

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004790	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2015
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NAME OF PROVIDER OR SUPPLIER IROQUOIS RESIDENT HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 FAIRMAN AVENUE WATSEKA, IL 60970
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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
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.615 f)1 Determination of Need Screenings and Request for Criminal History Record Information.</p> <p>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.il.state.us to determine if the resident is listed as a registered sex offender.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to check the Illinois Sex Offender Registration website for six out of ten (R13, R18, R19, R20, R21, R22) recent resident admissions and failed to check the Illinois Department of Corrections Sex Registrant Search page for seven out of ten (R13, R18, R19, R20, R21, R22, R23) recent resident admissions in the sample of ten. This has the potential to affect all 31 residents.</p> <p>Findings include:</p> <p>The Detail Admission/Discharge Report dated 4/13/15 lists the last ten residents admitted to the facility (R13, R18-R24, R26, R27).</p> <p>E2, Director of Nursing (DON) provided background check information, but did not include the check of Illinois Sex Offender Registration or the Illinois Department of Corrections Sex Registrant Search for R13 admitted 2/9/15; R18 admitted 4/12/15; R19 admitted 3/30/15; R20 admitted 2/15/15; R21 admitted 4/6/15 and R22</p>	S9999		
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Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>admitted 3/24/15. The Illinois Department of Corrections Sex Registrant Search was also not completed for R23 admitted 2/6/15. The Illinois Sex Offender Registration and Illinois Department of Corrections Sex Registrant Search was not completed until 4/14/15 for R23.</p> <p>On 4/14/15 at 10:50am E3, Human Resources, confirmed once the facility started using CHIRP (Criminal History Information Response Process) for resident background checks is when E3 started using the National Sex Offender website, instead of using the Illinois Sex Offender Registration website and Illinois Department of Corrections Sex Registrant website.</p> <p>The Centers for Medicare and Medicaid (CMS) Resident Census and Condition of Residents Form dated 4/13/15 documented the current resident census as 31.</p> <p style="text-align: center;">(B)</p>	S9999		