Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6003230 05/27/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1301 EAST DEYOUNG** INTEGRITY HC OF MARION **MARION, IL 62959** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Final Observations S9999 Statement of Licensure Violations: 300.615e) 300.625c)1) 300.625 c)2) 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. 1 36 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) Section 300.625 Identified Offenders 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 Attachment A be requested on the identified offender resident. Statement of Licensure Violations The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

other identifiers required by the Department of

TITLE

(X6) DATE

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6003230 B. WING 05/27/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1301 EAST DEYOUNG INTEGRITY HC OF MARION **MARION, IL 62959** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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. These REQUIREMENTS were not met as evidenced by: Based on record review and interview, the facility failed to identify an identified offender, failed to schedule fingerprinting, failed to report to the identified offender program within 72 hours of admission, failed to submit background checks, failed to check the Illinois Department of Corrections (IDOC) website, and failed to check the Illinois State Police (ISP) website within 24 hours of admission for 2 of 3 residents (R1 and R2) that were reviewed for criminal backgrounds in a sample of 3. The findings include: R1's Admission Face Sheet documents an admission date of 9/3/2019. R1's Back ground report includes registry search on IDOC website, and ISP website, dated 3/9/2021 at 11:15 AM with a hit for criminal offender. (R1)'s Illinois State Police Bureau of Identification criminal background report was dated 5/26/2021. The

facility did not identify (R1) as being identified as being an offender, make an appointment for fingerprinting, or notify the Identified Offender Program within 72 hours of admission. R1's Background check was done 1 year and 8 months from the date of his admission.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		ı				
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	background report in IDOC website, and 11:15 AM. (R2)'s Illi Identification criminal dated 4/20/2021, will The facility did not it as being an offende fingerprinting, and n Program within 72 h Background check website.	e Sheet documents cility on 2/16/2020. R2's includes registry search on ISP website dated 3/9/2021 at inois State Police Bureau of all background report was that hit for criminal offender. Sentify (R2) as being identified r, make an appointment for otify the Identified Offender ours of admission. R2's was done 1 year, 2 months										
#3 #3 (3) 80	checks are to be do hours of admission. backgrounds March completed a few we audit (R1) and (R2) criminal background the (ISP), (IDOC), at	20 AM, V2 stated background ne on all residents within 24 She started to check resident 2021, and has recently eks ago. She found on the did not have record of their checks on file. She will do nd National Sex Offender										
# A	report is back, and if will report to (V1), ar	it has a criminal history it has a criminal offense she nd send the report to the Offender Program through	- ta	**************************************	14							
# # # # # # # # # # # # # # # # # # #	send a report to the Health Identified Offic Police (CHIRP) report dispensed out on 4/2 yesterday (5/26/2022 the National Sex Offic 2021. No, I did not reformed the Program unit was suppose to report to the Health Identified Program unit was suppose to report to the Health Identified Program unit was suppose to report Identified Program unit was suppose to report Identified Program unit was suppose to report Identified Program unit Id	40 AM, V2 stated, "I don't illinois Department of Public ender Program until the State rt is back. (R1)'s CHIRP was 28/2021, and I just got it back. (R1) "Yes, (R1) did populate on ender Data Base March 9th, eport this to Identified intil 4/28/2021. I did not know out to Identified Offender yed the State Police Criminal	2									

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION B:		(X3) DATE SURVEY COMPLETED	
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	"Resident Backgroud documents "The timbackground checks psychosocial depart supervision of the Padmission." 6. If sub Criminal history backinitiated within 24 hocompleted during the and is immediately submissions' button Administrator of desabove has been concompletion of 24 hocompletion of 24 hoc	y Procedure entitled, and Check Procedure", nely completion of resident is the responsibility of the timent, under the direct PRSD. Within 24 hours of oject is admitted to facility, the diground check must be ours. This should be initial admission procedure, verifiable by clicking the 'View on the Verify website." 8. signee will verify that all of the inpleted prior to the urs from admission by results and viewing the			94 3 13 3 13		
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