

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006761	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/09/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CREEK NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 4343 KENNEDY DRIVE EAST MOLINE, IL 61244
---	--

(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	S 000		
	Complaint Investigation: 2221754/IL144286			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violation</p> <p>300.615 j) 300.625 b) 300.625c)2) 300.625g) 300.625j) 300.625l)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>j) 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 background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>Section 300.625 Identified Offenders</p> <p>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; 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</p>		<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006761	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/09/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CREEK NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 4343 KENNEDY DRIVE EAST MOLINE, IL 61244
--	--

(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>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>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>g) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part.</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>l) If the identified offender is a convicted (see 730 ILCS 150/2) or registered (see 730 ILCS 150/3) sex offender or if the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act reveals that the identified offender poses a significant risk of harm to others within the facility, the offender shall be required to have his or her own room within the facility subject to the rights of married residents</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006761	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/09/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CREEK NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 4343 KENNEDY DRIVE EAST MOLINE, IL 61244
---	--

(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>under Section 2-108(e) of the Act. (Section 2-201.6(d) of the Act)</p> <p>This Requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure the safety of residents by failing to monitor, document and provide a private room/bathroom for a known sexual identified offender. The Facility also failed to maintain written documentation describing the status of background/fingerprint checks, failed to create an accurate and individualized care plan while background checks were pending for one resident (R2) of five residents reviewed for background checks.</p> <p>Findings include:</p> <p>R2 was admitted to the facility on 10/27/21 with diagnoses that include Cerebral Stroke, Acute Kidney Failure, Brain/Lung Cancer.</p> <p>On 3/4/22 at 10:45 R2 was observed in a private room near the nursing station. R2 was unable to be interviewed.</p> <p>Criminal History Information Response Process (CHIRP) indicates R2's name was submitted to the State Police for processing on 10/29/21, 1/21/22 and 3/1/22.</p> <p>CHIRP dated 1/29/21 and 3/1/22 indicate the submissions were completed, the response was available for 30 days from the result date and both submissions resulted in a "HIT."</p> <p>CHIRP dated 1/21/22 indicates the response availability had expired and the inquiry had to be resubmitted to obtain a new response.</p> <p>R2's Criminal History Record dated 1/21/22 included both sexual and non-sexual violations</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006761	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/09/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HOPE CREEK NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 4343 KENNEDY DRIVE EAST MOLINE, IL 61244
---	--

(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>that are included on the Identified Offender Conviction List.</p> <p>R2's State Police Criminal History Record "name based inquiry" dated 1/21/22 and 3/1/22 both indicate a Uniform Conviction Information Act (UCIA) fingerprint inquiry should be submitted.</p> <p>Progress notes dated 3/1/22 at 4:10pm indicate R2's fingerprints were obtained from a mobile fingerprint company (on that date). No other progress notes containing information on R2's background check status were found or presented.</p> <p>On 3/7/22 at 9:30am V4, SSD (Social Service Director) stated that there was an initial delay with obtaining R2's CHIRP due to missing information then due to COVID. Then the CHIRP needed to be resubmitted as it had "expired" and R2's fingerprint search could not be processed without a current/valid CHIRP. V4 acknowledged there should have been documentation in R2's record including - progress notes and care plan - regarding R2's monitoring and background check status as the fingerprint check had still not been completed.. V4 confirmed R2's fingerprints were not obtained until 3/1/22 and the results were still "pending." V4 was unsure why R2 had been moved into a semi-private room with a roommate on 1/21/22.</p> <p>Room Census/Assignment records indicate R2 was in a semi-private room - with a roommate - on 1/21/22, 1/22/22 and 1/23/22. R2 was moved to a private room on 1/24/22.</p> <p>R2's Care Plan initiated on 1/25/22 indicates R2 has a history of criminal behavior; has demonstrated stability during the admission</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006761	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/09/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HOPE CREEK NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 4343 KENNEDY DRIVE EAST MOLINE, IL 61244
---	--

(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>screening process and does not "appear" to present an "unusual" risk. Care Plan problem indicates R2 is identified on the State Police website as committing a sexual related conviction.</p> <p>Care Plan interventions (initiated 1/25/22) include: R2 to reside in a private room with own bathroom Document information learned about the criminal behavior, convictions, sentencing and treatment Follow appropriate standards when considering room assignment</p> <p>Care plan did not indicate delay in fingerprinting and precautions in place until fingerprints could be obtained or additional monitoring when R2 was in other areas of the facility.</p> <p>Care Plan was updated on 3/7/22 to include 1:1staff monitoring of R2.</p> <p>On 3/4/22 at 11am V3, Ombudsman stated that she was unaware there was an Identified offender in the facility until notified by the surveyor on (3/4/22).</p> <p>V3 stated she should have been notified by the facility when they were first made aware - while the status of the fingerprints were pending and kept up to date on the communication with the IOP.</p> <p>Progress Note dated 3/6/22 at 5:40pm indicates R2's family upset about 1:1 staff with R2. Family told "It is facility protocol due to something coming back on (R2's) background check. (We) are just making sure we are doing what is best for everyone in situation."</p> <p>Note dated 3/6/22 at 9:07pm indicates "(R2) on 1:1 all shift. Ate in dining room, otherwise in room all shift."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006761	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/09/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HOPE CREEK NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 4343 KENNEDY DRIVE EAST MOLINE, IL 61244
---	--

(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>Care Plan dated 3/7/22 indicates "1:1 staff monitoring of (R2)"</p> <p>On 3/7/22 at 11:45pm V2, DON (Director of Nursing) stated "I was directed by our Regional Nurse to initiate a 1:1 due to (R2"s) background checks." V2 stated that R2 now has 24 hour staff monitoring and did not know why closer monitoring had not been initiated when the initial background check came back on 1/21/22. Facility Policy/Identified Offenders (undated) documents: The facility will comply with the State Regulations in addressing residents who are identified offenders. 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 is pending and the Identified Offender Report and Recommendation is pending. If the results of a resident's criminal history background check reveal that the resident is an identified offender the facility will: Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. If the identified offender is a convicted or registered sex offender, the offender shall be required to have his or her own room within the facility.</p> <p>(C)</p>	S9999		