

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER POINT HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST SPRING STREET CAMP POINT, IL 62320
---	---

(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		
S9999	<p>Annual Licensure</p> <p>Final Observations</p> <p>Stament of Licensure Violation: 1 of 2 300.615e)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>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)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete background reference checks within 24 hours of admission to the facility for nine of ten residents (R7, R11, R33, R35, R45, R60, R221, R222, R270) reviewed for background checks in a sample of 34. This failure has the potential to affect all 70 residents that reside in the facility.</p> <p>Findings include:</p>	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
07/30/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER POINT HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST SPRING STREET CAMP POINT, IL 62320
---	---

(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 document, Identified Offender Policy and Procedure, dated 2011, documents, "It is the policy of this facility to establish a resident sensitive and resident secure environment. In accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. (The procedure is to) conduct a Criminal History Background Check: Within 24 hours of admission, request a name-based Uniform Conviction Information Act (UCIA) criminal history background check based on name, date of birth and other identifiers required by the Department of State Police for any resident seeking admission to the facility.</p> <p>R7's Electronic Medical Record, documents R7's previous admission date is 4/05/24. R7 discharged to home on 5/19/24. The Admit/Discharge Report, dated 6/30/24, documents R7's re-admission date as on 6/07/24. The Illinois Sex Offender Registry Search is dated 4/09/24. The Office of Inspector General search is dated 4/12/24.</p> <p>R11's Electronic Medical Record, documents R11's initial admission date as 9/19/23. The Illinois Sex Offender Registry and The Office of Inspector General searches are dated 7/08/24.</p> <p>R33's Electronic Medical Record, documents R33's initial admission date as 2/05/24. R33 discharged to home on 4/30/24. The Admit/Discharge Report, dated 6/30/24, documents R33's readmission date as 5/06/24. The Illinois Sex Offender Registry and The Office of Inspector General searches are dated 7/09/24.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER POINT HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST SPRING STREET CAMP POINT, IL 62320
---	---

(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>The Admit/Discharge Report, dated 6/30/24, documents R35's admission date as 4/17/24. The Illinois Sex Offender Registry and The Office of Inspector General searches are dated 7/09/24.</p> <p>The Admit/Discharge Report, dated 6/30/24, documents R45's admission date as 5/28/24. The Illinois Sex Offender Registry and The Office of Inspector General searches are dated 7/09/24.</p> <p>The Admit/Discharge Report, dated 6/30/24, documents R60's admission date as 6/13/24. The Illinois Sex Offender Registry and The Office of Inspector General searches are dated 7/08/24.</p> <p>The Admit/Discharge Report, dated 6/30/24, documents R221's admission date as 6/24/24. The Illinois Sex Offender Registry and The Office of Inspector General searches are dated 7/08/24.</p> <p>The Admit/Discharge Report, dated 6/30/24, documents R222's admission date as 6/21/24. The Illinois Sex Offender Registry and The Office of Inspector General searches are dated 7/08/24.</p> <p>The Admit/Discharge Report, dated 6/30/24, documents R270's admission date as 6/26/24. The Illinois Sex Offender Registry and The Office of Inspector General searches are dated 7/08/24.</p> <p>On 7/10/24 at 1:30 PM, V10, Marketer/Admissions, stated, "I fill out the Criminal History Information Response Process (CHIRP) when the resident is admitted. I do the other background checks later whenever I have time to do them. It usually isn't within 24 hours."</p> <p>The facility's CMS (Centers for Medicare and Medicaid Services) Long Term Care Facility Application for Medicare and Medicaid Form 671</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER POINT HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST SPRING STREET CAMP POINT, IL 62320
---	---

(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>dated 7/08/24 and signed by V1, Administrator, documents 70 residents currently reside within the facility.</p> <p>(C)</p> <p>Statement of Licensure Violation: 2 of 2 300.661</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete background checks prior to the date of hire for four Certified Nursing Assistants (CNAs) (V11,V12,V13,V14), and one Cook (V16) of ten employees and failed to search the Illinois Sex Offenders and The Illinois Department of Corrections Sex Offenders for the investigation of background checks for six CNAs (V11,V12,V13,V14, V15), and Cook (V16) of ten employees. This failure has the potential to affect all 70 residents that reside in the facility.</p> <p>Findings Include:</p> <p>Facilities will implement Fingerprint Background Checks as required by the Health Care Worker Background Check Act.</p> <p>V11, Certified Nursing Assistant's hire date was 9/14/23. The background checks are dated 4/23/24. There are no completed background</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER POINT HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST SPRING STREET CAMP POINT, IL 62320
---	---

(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>checks for Illinois Sex Offender or Department of Corrections Sex Offender.</p> <p>V12, Certified Nursing Assistant's hire date was 11/18/22. The background check was done on 4/23/24. There are no completed background checks for Illinois Sex Offender or Department of Corrections Sex Offender.</p> <p>V13, Certified Nursing Assistant's hire date was 3/03/23. The background check was done on 4/23/24. There are no completed background checks for Illinois Sex Offender or Department of Corrections Sex Offender.</p> <p>V14, Certified Nursing Assistant's hire date was 1/31/24. The Registry Check was done on 1/29/24. The background checks are dated 4/23/24. There were no completed background checks for Illinois Sex Offender or Department of Corrections Sex Offender.</p> <p>V15, Certified Nursing Assistant's does not have completed background checks for Illinois Sex Offender or Department of Corrections Sex Offender.</p> <p>V16, Cook's hire date was 6/04/21. The Registry, eligible to work was dated 6/04/24. The background checks are dated 6/14/24. There were no completed background checks for Illinois Sex Offender or Department of Corrections Sex Offender.</p> <p>On 7/10/24 at 2:00 PM, V1, Administrator, stated, "We found out in April that we were not doing the background checks as they are supposed to be done and updated the employee's files. I thought I was checking for everything that was needed to be checked. I didn't realize that the Illinois Sex</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003750	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER POINT HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST SPRING STREET CAMP POINT, IL 62320
---	---

(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>Offender or Department of Corrections Sex Offender also needed to be checked."</p> <p>The facility's CMS (Centers for Medicare and Medicaid Services) Long Term Care Facility Application for Medicare and Medicaid Form 671 dated 7/08/24 and signed by V1, Administrator, documents 70 residents currently reside within the facility.</p> <p>(C)</p>	S9999		