STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008726	A. BUILDING: _____ B. WING _____	C 07/02/2015

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SOUTH LAWN SHELTERED CARE	512 SOUTH FRANKLIN BUNKER HILL, IL 62014

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S 000	Initial Comments Complaint investigations: 1543430/IL78246 - 330.920,d) 1543406/IL78213 - 330.715 a)c) and 330.725 c,1,2)e) f 3, A, B) j) k) n) q) Statement of licensure violations	S 000		
S 715	Section 330.715 Request for Resident Criminal History Record This Regulation is not met as evidenced by: Section 330.715 a) 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. c) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5 (b) of the Act) The Facility shall arrange for fingerprint based background check or request a waiver from the Department within 5	S 715	Attachment A Statement of Licensure Violations	

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S 715	Continued From page 1	S 715		

days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.

Based on record review and interview, the Facility failed to request background checks within 24 hours, and initiate fingerprint-based checks for individuals who have inconclusive background checks, for 4 (R8, R9, R14 R15) of 15 residents reviewed for required background checks in the sample of 15.

Findings include:

1. The Admission Sheet in R15's clinical record documents that he was originally admitted to the Facility on 1/6/06. E1, Owner, said in an interview on 6/25/15 at 2:20 PM, that a Background Check was conducted and received from ISP (Illinois State Police) on R15 on 3/26/15 (9 years after admission), but she did not fax the results to the Department until the morning of 6/25/15. E1 said that she realizes that R15's Background Check is too old and they need to run a new one.

2. R8's Admission Sheet documents that she was originally admitted to the Facility on 2/8/07. There is no record in R8's clinical record that a Background Check was conducted until 6/11/15, (8 years after admission). A fingerprint-based Background Check was conducted on 6/11/15 and the results were documented as "poor quality". E1 said on 6/25/15 at 2:20 PM, that the Facility has not yet conducted another Background Check for R8. E1 said that she is unsure what to do and is very confused by the process.

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S 715	Continued From page 2 Z1, State Police Investigator, stated during a telephone interview on 6/30/15 at 2:36 PM, that R8 is an Identified Offender and E1 is well aware of that fact. Z1 said she initially brought it to E1's attention on 3/10/15. 3. R9's Admission Sheet documents that he was originally admitted to the Facility on 10/31/12. There is no record in R9's clinical record that a Background Check was conducted until 6/11/15 (3 years after admission). A fingerprint-based Background Check was conducted on 6/11/15 and the results were documented as "poor quality". E1 said on 6/25/15 at 2:20 PM, that the Facility has not yet conducted another Background Check for R9. Z1, State Police Investigator, stated during a telephone interview on 6/30/15 at 2:36 PM, that R9 is an Identified Offender and E1 is well aware of that fact. Z1 said she initially brought it to E1's attention on 3/10/15. 4. R14's Admission Sheet documents that he was originally admitted to the Facility on 6/10/15. The Facility has a copy of R14's Background Check, which is dated 6/20/15. E1 confirmed on 6/25/15 at 2:20 PM, that she did not complete a Background check for R14 within the first 24 hours after admission. (B)	S 715		
S 725	Section 330.725 Identified Offenders This Regulation is not met as evidenced by: Section 330.725	S 725		

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S 725	Continued From page 3	S 725		

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 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.

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 free for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Service Fund.

f)3) Every licensed facility shall provide to every prospective and current resident and resident's guardian, and to every facility employee, a written notice, prescribed by the Department, advising the resident, guardian, or employee of his or her

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S 725	Continued From page 4 right to ask whether any residents of the facility are identified offenders. The facility shall confirm whether identified offenders are residing in the Facility. A) The notice shall also be prominently posted within every licensed facility. B) The notice shall include a statement that information regarding registered sex offenders may be obtained from the Illinois State Police website, www.isp.state.il.us, and that information regarding persons serving terms of parole or mandatory supervised release may be obtained from the Illinois Department of Corrections website, www.idoc.state.il.us. (Section 2-216 of the Act) j) Upon admission of an identified offender to a facility or a decision to retain and 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. 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) n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review. The facility shall modify the care plan if necessary in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents. q) The facility shall develop procedures for implementing changes in resident care and facility policies when the resident no longer meets the definition of identified offender.	S 725		

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S 725	Continued From page 5	S 725		

Based on record review and interview, the Facility failed to notify the Department of State Police concerning sex offenders residing in the Facility; failed to electronically submit criminal history inquires to the Department of State Police; failed to notify resident and resident's guardians concerning their right to ask if a sex offender resides in the Facility; failed to develop a plan of care incorporating the Identified Offender Report and Recommendation for sex offenders; failed to evaluate care plans for identified offenders at least quarterly; and implement procedures for implementing changes in resident care and facility policies when the resident no longer meets the definition of identified offender for 2 of 2 (R1, R2) Sex Offenders, and 3 of 3 (R8, R9, R15) identified offenders in the sample of 15.

Findings include:

1. R1's facility "Admission Sheet" documents that he was originally admitted to the Facility on 11/26/02. R1's "State of Illinois - Identified Sex Offender Information" documents two counts of criminal sexual abuse of a child. R1 "State Police Background Checks" documents "no record".

On 6/25/15 at 2:25 PM, E1, Owner, said that she was aware that R1 was a sex offender since his admission to the Facility but, it has been more than 10 years since he committed the crime so R1 no longer shows up on the Sex Offender Registry. E1 said that she does not know what to do since R1's Background Check comes up "no record". E1 stated that the Facility has never conducted a fingerprint-based Background Check on R1. E1 said that she has not sent information to the State Police or the Department regarding R1. E1 said that she has never electronically

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S 725	Continued From page 6 submitted criminal histories to the Department of State Police and does not know how to do so. There is no documentation in R1's clinical record regarding a plan of care or R1's history of being a Sexual Offender. On 6/29/15, at 11:52 AM, E1 said that the Facility has never developed a plan of care for R1. 2. R2's facility "Admission Sheet" documents that he was originally admitted to the Facility on 3/22/02. R2's "Identified Sex Offender Information" documents one count of criminal sexual abuse of a 14 year old individual. R2's "State Police Background Checks" documents "no record." On 6/25/15 at 2:25 PM, E1, Owner, said that she was aware that R2 was a sex offender since his admission to the Facility. E1 said that she does not know what to do since R2's Background Check comes up "no record". E1 stated that the Facility has never conducted a fingerprint-based Background Check on R2. E1 said that she has not sent information to the State Police or the Department regarding R2. E1 said that she has never electronically submitted criminal histories to the Department of State Police and does not know how to do so. There is no documentation in R2's clinical record regarding a plan of care or R2's history of being a Sexual Offender. There is a "Behavior Management Plan" for "sexually inappropriate behavior", dated September 2013 which documents "no behaviors exhibited." There is no further documentation in R2's clinical record regarding behaviors. On 6/29/15, at 11:52 AM, E1 said that the Facility has never developed any further plan of care for R2.	S 725		

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S 725	Continued From page 7	S 725		

3. R8's Admission Sheet documents that she was originally admitted to the Facility on 2/8/07. There is no record in R8's clinical record that a Background Check was conducted until 6/11/15. A fingerprint-based Background Check was conducted on 6/11/15 and the results were documented as "poor quality". The Facility has not yet conducted another Background Check for R8.

R9's Admission Sheet documents that he was originally admitted to the Facility on 10/31/12. There is no record in R9's clinical record that a Background Check was conducted until 6/11/15. A fingerprint-based Background Check was conducted on 6/11/15 and the results were documented as "poor quality". E1 said on 6/25/15 at 2:20 PM, that the Facility has not yet conducted another Background Check for R9.

The Admission Sheet in R15's clinical record documents that he was originally admitted to the Facility on 1/6/16. E1, Owner, said in an interview on 6/25/15 at 2:20 PM, that R15's Background Check was conducted on 3/26/15, but she did not fax it to the Department until the morning of 6/25/15. E1 said that she realizes that R15's Background Check is too old and they need to run a new one.
R15's records document a Background Check dated 3/26/15.

E1 confirmed on 6/25/15 at 2:20 PM, that R8, R9 and R15 are all Offenders and the Facility has not yet conducted current Background Checks for R8, R9 and R15. E1 said that she is unsure what to do and is very confused by the process. E1 said that the Facility has never notified resident's or resident's guardians of their right to ask

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S 725	Continued From page 8 whether any resident of the Facility are Identified Offenders. E1 also stated that they have not developed care plans for any of the resident's who are Offenders. E1 said that the Facility does not have policies or procedures for implementing changes in resident care when the resident no longer meets the definition of identified offender. 4. Z1, State Police Investigator, stated during a telephone interview on 6/30/15 at 2:36 PM, that E1 is well aware that R1 and R2 are Sexual Offenders and that R8, R9 and R15 are Identified Offenders. Z1 said that after 10 years, R1 and R2 do not need to continue to register with the local police as Sex Offenders however, the Facility must continue to follow the protocol and regulations for Sex Offenders. Z1 said "I initially brought it to E1's attention on 3/10/15". Z1 said that on 3/10/15, she told E1 that R1, R2, R8, R9 and R15 all required fingerprint-based background checks. Z1 said that as of 6/30/15, this had not been done. Z1 said that she followed up with E1 on 4/13/15, 4/17/15, 6/5/15 and 6/25/15. At each of these visits, Z1 said that she sat down with E1 and told her exactly what to do to comply with IDPH and State Police requirements. Z1 said that, to date (6/30/15), E1 still has not complied with the requirements despite Z1's efforts to assist E1. 5. During a telephone interview with Z2, IDPH Identified Offender Coordinator, on 6/25/15 at 11:10 AM, it was stated that despite repeated requests of E1, Z2 has never received the necessary Background Checks for R1, R2, R8, R9 and R15. Z2 stated that she has gone over the requirements with E1 numerous times however, E1 does not seem to grasp what needs to be done.	S 725		

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S 725	Continued From page 9 (B)	S 725		
S 920	Section 330.920 Consultation Services This Regulation is not met as evidenced by: Section 330.920 Consultation Services d) If the facility does not employ a registered professional nurse, the facility shall arrange for consultation from a registered nurse. The consultant shall assist with developing policies, methods and procedures relating to the medical program, medication, in-service on these medications and in-service training on all aspects of personal care. Based on observation and interview, the Facility fails to employee or consult with a registered nurse. This has the potential to effect all 40 residents who live in the Facility. Findings include: There was no nurse present in the Facility throughout the days of 6/25/15 and 6/29/15. E2, Administrator, stated in an interview on 6/29/15 at 11:25 AM, that the Facility has been without a nurse for at least "the past three weeks". On 6/29/15, at 11:52 AM, E1, Owner, said that the Facility does not currently employ a registered nurse nor do they have a consulting nurse. The Facility Data Sheet, dated 6/29/15, documents that there are currently 40 residents living in the Facility. (B)	S 920		

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