

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008718</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/28/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTH ELGIN REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>746 WEST SPRING STREET SOUTH ELGIN, IL 60177</b>
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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
S 000	Initial Comments	S 000		
S9999	<p>Annual Licensure</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.615f)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility 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. This applies to 10 of 10 residents (R500, R10, R36, R45, R43, R40, R152, R202, R203, &amp; R204)</p> <p>The facility provided a list of the 10 most recent admissions, which included R500, R10, R36, R45, R43, R40, R152, R202, R203, &amp; R204. The most recent admission was R202 on 4/19/22 and the oldest was R10 on 1/3/2022.</p> <p>The facility provided ISP Sex Offender check showed all 10 residents were checked against the</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X8) DATE \_\_\_\_\_

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S9999	<p>Continued From page 1 registry on 4/27/22.</p> <p>The facility failed to provide the Illinois Department of Corrections sex registrant results.</p> <p>On 4/28/22 at 12:50 PM, V15 Office Staff stated she did not do the sex offender background check for the residents until yesterday (4/27/22.) V15 stated she had been instructed to only verify the residents against the Illinois State Police Criminal History Report. V15 stated she did not check the Illinois Department of Corrections website.</p> <p>(C)</p>	S9999		