

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015895 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/09/2024 |
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| NAME OF PROVIDER OR SUPPLIER FRIENDSHIP MANOR HEALTH CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 485 SOUTH FRIENDSHIP DRIVE NASHVILLE, IL 62263 |
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| S 000 | Initial Comments Annual Licensure Certification Survey | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations (1 of 4): 300.610a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3240 Abuse and Neglect | S9999 | | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 01/31/24 |
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| S9999 | <p>Continued From page 1</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent mental and physical abuse by a staff member for 1 of 3 residents (R28) reviewed for abuse. This deficient practice resulted in R28 feeling sad, scared, and crying hysterically.</p> <p>Findings include:</p> <p>1. R28's Care Plan, dated 10/10/23, documented, "(R28) has Diagnosis of Dementia with agitation, has anxiety about daughter not being here, daughter restricted from visiting per adult protective services. Assist gently and kindly. If resident becomes agitated or combative; stop care, assure safety, and re approach in 10-15 minutes."</p> <p>R28's Minimum Data Set (MDS), dated 11/10/2023, documents R28 is severely impaired cognitively.</p> <p>R28's Detailed Incident Summary, dated 12/21/2023, documented, "The investigation resulted in a conclusive finding that V 11, Certified Nurse's Assistant (CNA), did make contact with R28, which is by definition abuse. The investigation specifically revealed R28 has a diagnosis of unspecified dementia unspecified severity with other behavioral disturbance and agitation, anxiety disorder, and depression. (R28) had a recent medication change for medications prescribed for those diagnoses. Throughout the</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>day (R28) was exhibiting signs of agitation and anxiety, which manifested in her pointing and shaking her finger at staff. She (R28) engaged in this behavior with staff member V11, who mirrored her behavior, and made physical contact with her person(R28) at that time." The report documented V11 did not follow facility policy for the circumstances.</p> <p>V5's, Housekeeper, written statement, dated 12/16/2023, documented, "(V11, Certified Nurse Assistant (CNA)), was disrespectful, tells (sic) (R28) to let go of another resident's wheelchair. (R28) then raised her index finger, told (V11) she didn't want to be talked to disrespectfully and started crying. (R28) stated she was just trying to help. (V11) then reciprocated (R28's) behavior and raised his (V11) index finger at her (R28) and then hit her (R28) with his (V11) index finger. I'm not sure if his actions caused any harm to the resident, but I (V5) still believe all residents should be treated with respect. She (R28) was crying. We tried to calm her (R28) down by taking her to her room and talking about other things like the rain, her shoes, what was on TV. etc. She (R28) still remembered what happened about 5 minutes later, which means it probably had a significant impact on her. She (R28) mentioned how she didn't want to be treated like this anymore."</p> <p>On 1/2/24 at 2:47 PM V2, Interim Director of Nursing, stated she was not here when the incident occurred. V2 stated she was informed there was an allegation of abuse. V2 stated the allegation was investigated, and it was found that R28 had been agitated all day and having behaviors. V2 stated R28 got in V11's face, shaking her finger and V11 did the same and then hit R28. V2 stated 'touching is touching' and is</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>abuse. V2 stated V11 was suspended when first learning of allegation. V2 stated attempts were made to contact V11 without success. V2 stated V11 was terminated, and a message was left on his phone. V2 stated if a resident is having a behavior, she would expect them to intervene and try to calm them, distract them and/or come back later.</p> <p>On 1/4/2024 at 9:21 AM V10, Registered Nurse (RN), stated she was working the unit on another hall. V10 stated she was on the other hall when V6, Housekeeper, reported to her V11, CNA, pointed his finger in R28's face and hit her (R28's) face. V6 stated R28 had been having episodes of increased anxiety. V6 stated she (R28) was difficult to redirect and would only be distracted for short periods of time. V10 stated she is not sure exactly where on the hall it occurred. V6 informed her R28 initially shook her finger at V11 and said, 'don't touch me'. V11 proceeded to put his finger in R28's face and hit R28 in the face. V11 stated she went to the hall and made sure R28 was safe and escorted V11 out of the building then notified the V2, Director of Nursing, and V1, Administrator.</p> <p>On 1/4/2023 at 9:50 AM V6, Housekeeper, stated she went on the unit to check her rooms. V6 stated R28 was walking up the hall holding on to another resident's wheelchair. V6 stated V11 attempted to remove R28's hands from the wheelchair and told R28 to let go in a mean tone of voice. V6 stated R28 said "No." V6 stated V11 then told R28 to let go, again in a mean voice. V6 stated then R28, while shaking her finger at V11, stated "No and don't touch me either." V6 stated V11 then pointed his finger at R28 and bopped her (R28) on the nose, face. V6 stated the hit to the face was deliberate and with some effort. V6</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>stated it was not accidental. V6 stated initially she was shocked but then redirected R28 to her room. V6 stated R28 was hysterical and holding on to V6. V6 stated she didn't expect R28 to remember it, but she did. V6 stated R28 appeared scared and stated, "Did you see what he did to me?" V6 stated she walked R28 past V11 and R28 grabbed tightly to V6 and told her she was scared and to not leave her.</p> <p>The facility's Abuse Prevention policy, dated 5/3/2017, It is the policy of this facility to provide each resident with an environment is free from any type of abuse, neglect, or misappropriation of property.</p> <p>(A)</p> <p>Statement of Licensure Violations (2 of 4):</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility.</p> | S9999 | | |

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| S9999 | <p>Continued From page 5</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure there were foot pedals on a wheelchair while transporting 1 of 1 (R2) resident reviewed for accidents in a sample of 41. This failure resulted in R2 sustaining a right femur fracture.</p> | S9999 | | |

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| S9999 | <p>Continued From page 6</p> <p>Findings include:</p> <p>On 1/2/24 at 12:28 pm, R2 was observed wearing a cast from hip to ankle on her right leg. V17, CNA (Certified Nurse Assistant), stated R2 was still in a cast from the fracture she sustained last summer.</p> <p>On 1/4/24 at 2:30 pm, V25, CNA, stated he recalled the incident with R2's leg fracture. V25 stated he remembers R2 having foot pedals in her room, but they were not always on her wheelchair.</p> <p>On 1/4/24 at 2:40 pm, V19, CNA, stated R2 was supposed to have foot pedals on her wheelchair at the time R2's leg was fractured.</p> <p>On 1/8/24 at 11:08 am, V26, CPC, (Care Plan Coordinator), stated she does not recall if R2 was supposed to have foot pedals on her wheelchair at the time R2 sustained the leg fracture.</p> <p>On 1/9/24 at 11:00 am, V1, Administrator, stated R2's foot pedals were not on her wheelchair at the time of the leg fracture because R2 could self-propel. V1 stated staff are not supposed to push residents in wheelchairs without foot pedals being on and is why the therapy department re-educated staff on proper use of foot pedals.</p> <p>R2's face sheet, dated 1/4/24, documented R2 was admitted to the facility on 7/22/22.</p> <p>R2's medical diagnosis includes nondisplaced supracondylar fracture without intercondylar extension of lower end of right femur, Alzheimer's disease, Parkinson's disease, diabetes mellitus, and osteoarthritis.</p> | S9999 | | |

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| S9999 | <p>Continued From page 7</p> <p>R2's MDS, dated 10/25/23, documented R2 was severely cognitively impaired.</p> <p>R2's Nurse's, note dated 7/22/23 at 5:26 pm, documented, "(R2) was being assisted in a wheelchair to the dining room, staff member stated I went to push her, and her right knee and lower leg went back under the wheelchair like it should. She complained of pain in right knee."</p> <p>R2's Nurse's note, dated 7/22/23 at 10:17 pm, documented, "(R2) complained of right knee pain after getting into bed. Administered prn (as needed) Tylenol per order also provided an ice pack for 15 minutes."</p> <p>R2's Nurse's note, dated 7/23/23 at 8:45 am, documented, "(R2's) physician did visit facility and ordered (R2) to be sent to a regional hospital for evaluation."</p> <p>R2's Nurses note, dated 7/23/23 at 2:30 pm, documented, "(Regional hospital) called facility and reported (R2) was admitted to the regional hospital for a right femur fracture above her artificial knee." "Daughter called and stated, they were going to cast her leg because there was no out alignment of bones. Going to keep her to monitor condition. She will be coming back when able. Stated, she drops her feet when she is pushing her. She understands this could happen. I don't blame anyone."</p> <p>The facility did not have a policy on how to transport residents in wheelchairs. (A)</p> <p>Statement of LicensureViolations (3 of 4):</p> | S9999 | | |

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| S9999 | <p>Continued From page 8</p> <p>300.650c) 300.650d) 300.660a) 300.660c)1) 300.661</p> <p>Section 300.650 Personnel Policies</p> <p>c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.</p> <p>d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.</p> <p>Section 300.660 Nursing Assistants</p> <p>a) A facility shall not employ an individual as a nursing assistant, home health aide, psychiatric services rehabilitation aide, or newly hired as an individual who may have access to a resident, a resident's living quarters, or a resident's personal, financial, or medical records, nurse aide unless the facility has inquired of the Department's Health Care Worker Registry and the individual is listed on the Health Care Worker Registry as eligible to work for a health care employer.</p> <p>c) The facility shall ensure that each nursing assistant complies with one of the following conditions:</p> <p>1) Is approved on the Department's Health Care Worker Registry. "Approved" means that the nurse aide has met the training or equivalency requirements of Section 300.663 of this Part and does not have a disqualifying criminal background check without a waiver.</p> | S9999 | | |

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| S9999 | <p>Continued From page 9</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 evidence by:</p> <p>Based on interview and record review, the facility failed to obtain conduct pre-employment screening, including the Illinois and National Sex Offender Registry, the Illinois Department of Corrections Inmate search, and obtain results of fingerprint checks, to determine if employees had a prior criminal history which would disqualify them for employment. This had the potential to affect all of the 64 residents living in the facility.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Program Policy, dated 5/3/17, documents, "This facility shall include the seven components; screening, training, prevention, identification, investigation, protection, and reporting to assure abuse does not occur and any allegation of abuse is properly investigated, reported and mechanisms are put into place to prevent abuse."</p> <p>On 1/8/24, ten employee files were reviewed for pre-employment screening. The following was documented:</p> <p>V11, Certified Nurse's Aide (CNA), was hired on 10/23/23. The facility initiated a Health Care Registry check, an Office of Inspector General (OIG) search, and a fingerprint based criminal background check on 10/3/2023. The facility did not have an Illinois Sex Offender registry, the</p> | S9999 | | |

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| S9999 | <p>Continued From page 10</p> <p>National Sex Offender registry, or the Illinois Department of Corrections (DOC) inmate/wanted fugitive search to determine if V11 had a disqualifying conviction.</p> <p>V20, CNA, was hired on 10/16/23. The facility initiated a Health Care Registry check, an OIG search, and a fingerprint based criminal background check on 10/17/2023. The facility did not have an Illinois Sex Offender registry, the National Sex Offender registry, or the Illinois DOC inmate/wanted fugitive search to determine if V20 had a disqualifying conviction.</p> <p>V29, CNA, was hired on 8/22/23. The facility initiated a Health Care Registry check, and a OIG search on 8/22/23. The facility did not have a fingerprint based criminal background check, an Illinois Sex Offender registry, the National Sex Offender registry, or the Illinois DOC inmate/wanted fugitive search to determine if V29 had a disqualifying conviction.</p> <p>V30, CNA, was hired on 2/10/23. The facility initiated a Health Care Registry check, an OIG search, and a fingerprint based criminal background check on 2/8/2023. The facility did not have an Illinois Sex Offender registry, the National Sex Offender registry, or the Illinois DOC inmate/wanted fugitive search to determine if V30 had a disqualifying conviction.</p> <p>V31, CNA, was hired on 9/19/23. The facility initiated a Health Care Registry check, an OIG search, and a fingerprint based criminal background check on 9/5/2023. The facility did not have an Illinois Sex Offender registry, the National Sex Offender registry, or the Illinois DOC inmate/wanted fugitive search to determine if V31 had a disqualifying conviction.</p> | S9999 | | |

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| S9999 | <p>Continued From page 11</p> <p>V35, Licensed Practical Nurse (LPN), was hired on 10/16/23. The facility initiated an Illinois Department of Professional Regulation (IDFPR) search for licensure on 10/17/23. The facility does not have a copy of V35's Nursing License.</p> <p>V36, Dietary Aide, was hired on 10/5/23. The facility initiated a Health Care Registry check, an OIG search, and a fingerprint based criminal background check on 10/5/2023. The facility did not have an Illinois Sex Offender registry, the National Sex Offender registry, or the Illinois DOC inmate/wanted fugitive search to determine if V36 had a disqualifying conviction.</p> <p>V6, Housekeeper, was hired on 10/10/23. The facility initiated a Health Care Registry check, an OIG search, and a fingerprint based criminal background check on 10/16/2023. The facility did not have an Illinois Sex Offender registry, the National Sex Offender registry, or the Illinois DOC inmate/wanted fugitive search to determine if V6 had a disqualifying conviction.</p> <p>On 1/4/24 at 12:15 PM, V23, Business Office Manager (BOM), stated, "All new residents get a background (CHIRP) completed and if there is a hit, I give it to the Administrator to follow up. I keep all background checks in a binder in my office. We have never put them in the resident's electronic medical record."</p> <p>On 1/4/24 at 12:20 PM, V7, Admission/Social Service Director, stated, "I will run the Illinois Sex Offender Registry, the National Sex Offender Registry, and the Illinois DOC Registry for each new resident. I keep them in a binder in my office and they do not go into the resident's medical record."</p> | S9999 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015895 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/09/2024 |
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| NAME OF PROVIDER OR SUPPLIER FRIENDSHIP MANOR HEALTH CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 485 SOUTH FRIENDSHIP DRIVE NASHVILLE, IL 62263 |
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| S9999 | <p>Continued From page 12</p> <p>On 1/8/23 at 1:45 PM, V27, Human Resources (HR), stated, "I check the IDPH (Illinois Department of Public Health) site for all new employees to see if their fingerprints are registered, if not listed, I will do the Illinois background check. I do not go to National Sex Offender registry, or the Illinois Department of Corrections. If there are any hits on the Illinois background check, I will not hire that person. I have been here 12 years and we have never checked the National Sex Offender registry or the Illinois Department of Corrections".</p> <p>On 1/8/23 at 2:25 PM, V27, HR, stated, "I just looked and you are correct, this is the list of things that we are supposed to be checking on every new employee before they can work the floor. This list includes the Healthcare Registry, the Illinois and National Sex Registry, and the Illinois DOC checks. I never knew we were supposed to be doing these things."</p> <p>On 1/9/24 at 2:20 PM, V1, Administrator, stated, "I did not know about the requirements for the screening of new admissions or with the new employees. I will expect that these will be done going forward."</p> <p>The Resident Census and Conditions of Residents, CMS 671, dated 1/9/24, documents that the facility has 64 residents living in the facility. (C)</p> <p>Statement of Licensure Violations (4 of 4):</p> <p>300.625a) 300.625b)</p> | S9999 | | |

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| S9999 | <p>Continued From page 13</p> <p>300.625c)1)2) 300.625d) 300.625e) 300.625i) 300.625j)</p> <p>Section 300.625 Identified Offenders</p> <p>a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks.</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 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>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.</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</p> | S9999 | | |

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| S9999 | <p>Continued From page 14</p> <p>Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>d) The facility shall comply with all applicable provisions contained in the Uniform Conviction Information Act.</p> <p>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 fee for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Services Fund. The fee shall not exceed the actual cost of processing the inquiry. (Section 2-201.5(c) of the Act)</p> <p>i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.</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>This REQUIREMENT is not met as evidenced by:</p> <p>Findings include: Based on interview and record review, the facility failed to conduct resident screenings for Identified Offenders, including the National Sex Offender Registry, to determine if a level of risk exists. This had the potential to affect all of the 64 residents</p> | S9999 | | |

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| S9999 | <p>Continued From page 15</p> <p>living in the facility.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Program Policy, dated 5/3/17, documents, "This facility shall include the seven components; screening, training, prevention, identification, investigation, protection, and reporting to assure abuse does not occur and any allegation of abuse is properly investigated, reported and mechanisms are put into place to prevent abuse."</p> <p>On 1/9/24, ten resident records were reviewed for pre-admission screening. The following was documented:</p> <p>R14, R32, R37, R52, R58, R59, R60, R63, R207, and R214 all had the Criminal History Information Response Process (CHIRP), Illinois Sex Offender Registry, and Illinois Department of Corrections in their respective records. There was no National Sex Offender Registry done on any resident.</p> <p>R52 was admitted on 10/20/23 and the CHIRP was not done until 10/23/23, three days after admission.</p> <p>R59 was admitted on 10/19/23 and the CHIRP was not done until 10/23/23, four days after admission.</p> <p>On 1/4/24 at 12:15 PM, V23, Business Office Manager (BOM), stated, "All new residents get a background (CHIRP) completed and if there is a hit, I give it to the Administrator to follow up. I keep all background checks in a binder in my office. We have never put them in the resident's electronic medical record."</p> | S9999 | | |

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| S9999 | <p>Continued From page 16</p> <p>On 1/4/24 at 12:20 PM, V7, Admission/Social Service Director, stated, "I will run the Illinois Sex Offender Registry, the National Sex Offender Registry, and the Illinois DOC Registry for each new resident. I keep them in a binder in my office and they do not go into the resident's medical record."</p> <p>On 1/9/24 at 2:20 PM, V1, Administrator, stated, "I did not know about the requirements for the screening of new admissions or with the new employees. I will expect that these will be done going forward."</p> <p>The Resident Census and Conditions of Residents, CMS 671, dated 1/9/24, documents the facility has 64 residents living in the facility. (C)</p> | S9999 | | |