**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6000194 03/22/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **601 NORTH COLUMBIA WESTSIDE REHAB & CARE CENTER** WEST FRANKFORT, IL 62896 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Health Survey S9999 Final Observations S9999 Statement of Licensure Violations: 300.661 Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 III. Adm. Code 955). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure employee background checks were completed as required, ensuring no employees were working at the facility with disqualifying offenses. This failure has the potential to affect all 44 residents residing at the facility. Findings Include: V27's (Certified Nurse Assistant/CNA) employee screening documents were reviewed in their entirety. V27 was documented as having a

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

hire date of 2/16/2024. V27's file only contained

Healthcare Registry" check which documented V27 is eligible for employment. No further

background check information was noted for V27.

2. V28's (CNA) employee screening documents

an "Illinois Department of Public Health

were reviewed in their entirety. V28 was

**Electronically Signed** 

TITLE

(X6) DATE

04/12/24

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 03/22/2024 IL6000194 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 601 NORTH COLUMBIA **WESTSIDE REHAB & CARE CENTER** WEST FRANKFORT, IL 62896 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRFFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 documented as having a hire date of 1/15/2024. The file contained an "Illinois Department of Public Health Healthcare Registry" which documented V28 is eligible for employment. No further background check information was noted for V28. 3. V29's (CNA) employee screening documents were reviewed in their entirety. V29 was documented as having a hire date of 1/9/2024. The file contained an "Illinois Department of Public Health Healthcare Registry" which documented V29 is eligible for employment. No background check information was noted for V29. 4. V30's (CNA) employee screening documents were reviewed in their entirety. V30 was documented as having a hire date of 2/23/2024. The file contained an "Illinois Department of Public Health Healthcare Registry" which documented V30 is eligible for employment. No background check information was noted for V30. 5. V31's (Dietary) employee screening documents were reviewed in their entirety. V31 was documented as having a hire date of 2/17/2024. The file contained an "Illinois Department of Public Health Healthcare Registry" which documented V31 is eligible for employment. No background check information was noted for V31. 6. V32's (Housekeeping) employee screening documents were reviewed in their entirety. V32 was documented as having a hire date of 2/19/2024. The file contained an "Illinois Department of Public Health Healthcare Registry" which documented V32 is eligible for employment. No background check information was noted for V32.

Illinois Department of Public Health STATE FORM

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED 03/22/2024	
		IL6000194				
NAME OF	PROVIDER OR SUPPLIER	STREET AΓ	DRESS, CITY, S	STATE, ZIP CODE		
		601 NORT	TH COLUMBIA			
MESISI	SIDE REHAB & CARE C	CENTER	RANKFORT, IL			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET	Έ
S9999	Continued From pa	age 2	S9999			
	stated that she has Department of Pub on the newly hired of is not a "hit" on the employees to work today from her "Rechecks must be stated it is her resp background checks.  The facility "Backgr 5/2021 stated, "Und Background Check facility policy, we are fingerprint based or all non-licensed em that we request a non-listory for all license also stated "The aptaken by an approve any offer of employed."	ground Check Policy" dated order the Health Care Workers of Act (225ILCS 46/1) and order required to request a criminal background check for imployees. It is the facility policy non-fingerprint based criminal sed employees. The document pplicant must have fingerprints oved live scan within 10 days of yment".				