(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′			(X3) DATE SURVEY COMPLETED		
				A. BUILDING:			
		IL6008106		B. WING		04/2	25/2024
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ROCHEL	LE REHAB & HEALTI	H CARE CENTER		TH 3RD STRI .E, IL 61068			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S 000	Initial Comments			S 000			
	Annual Licensure a	and Certification					
S9999	Final Observations			S9999			
	Statement of Licens 300.615e) 300.615f)	sure Violations 1 of 3	:				
		etermination of Need Juest for Resident Cri Irmation	minal				
	Section 2-201.5 (a) facility shall, within a resident, request a check pursuant to t Information Act for admission to the facheck was initiated Hospital Licensing a be based on the resund other identifiers	ne screening required of the Act and this S 24 hours after admis criminal history back the Uniform Convictionall persons 18 or older cility, unless a backg by a hospital pursua Act. Background chesident's name, date of as required by the Police. (Section 2-2)	ection, a sion of a ground on er seeking round nt to the ecks shall of birth,				
	name on the Illinois website at www.isp Department of Corr page at www.idoc.s	all check for the indiving Sex Offender Regis state.il.us and the Illipections sec registrare state.il.us to determing a registered sex of	tration inois nt search e if the				
	This requirement w	as not met as eviden	iced by:				
	failed to submit bac	view and interview the ekground checks, che of Corrections (IDOC	eck the				

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

05/18/24 **Electronically Signed** 

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6008106	B. WING		04/2	5/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ROCHEL	LE REHAB & HEALTI	H CARE CENTER	TH 3RD STRI LE, IL  61068			
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S9999	Continued From pa	ge 1	S9999			
	website, and check the Illinois State Police website within 24 hours of admission.					
	This applies to 4 of 9 residents (R13, R24, R225, R228) reviewed for criminal backgrounds in the sample of 9.					
	The findings include:					
	The admission summary sheet shows R13 was admitted to the facility on 12/21/23. The background check, Illinois sex offender, and IDOC website checks were completed on 4/24/24.					
	The admission summary sheet shows R24 was admitted to the facility on 1/14/24. The background check was completed on 4/24/24.					
	The admission summary sheet shows R225 was admitted on 12/19/23 and no sex offender or IDOC website checks were completed.					
	admitted to the faci	th record shows R228 was lity on 11/16/23 and the was not completed until				
	Statement of Licens 300.625c)1)2)	(C) sure Violations 2 of 3:				
	Section 300.625 Ide	entified Offenders				
	background check identified offender a	f a resident's criminal history reveal that the resident is an as defined in Section 1-114.01 ty shall do the following:				
	1) Immediately no	otify the Department of State				

Illinois Department of Public Health

STATE FORM 6899 H5B511 If continuation sheet 2 of 8

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE COMP	SURVEY	
		IL6008106	B. WING		04/2	25/2024
	PROVIDER OR SUPPLIER	H CARE CENTER 900 NORT	DRESS, CITY, S TH 3RD STRI .E, IL 61068			
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\$9999	Police, in the form a Department of Static identified offender.  2) Within 72 hour fingerprint-based or be requested on the The inquiry shall be sex, race, ate of bir other identifiers req State Police. The inthrough the files of Police and the Fedelocate any criminal my exist regarding Bureau of Investiga Department of Static inquiry under this substory record information. This requirement with Based on record refailed to schedule firesidents (R17, R22 background checks)  The findings include R226's CHIRP (Crimal Report Process) region of follow fingerprints were fingerprinting was considered to the second control of the second c	and manner required by the e Police, that the resident is an an armonia in armonia in an armonia in armo	\$9999			

Illinois Department of Public Health

STATE FORM 6899 H5B511 If continuation sheet 3 of 8

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP		
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ROCHEL	ROCHELLE REHAB & HEALTH CARE CENTER 900 NOR ROCHEL					
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S9999	Continued From pa	age 3	S9999			
	fingerprinting was o	completed.				
	V26 (corporate) conchecks for the resident is complete the necession background check report, the Illinois some Department of Correport, we will call a within 3 days. Once of the files are uplost the final report after determined if the residence of the corporation of the resident and the resid					
	Statement of Licens 300.661	(C) sure Violations 3 of 3:				
	Section 300.661 He Check	ealth Care Worker Background				
	A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.  This REQUIREMENT was not met as evidenced by:  Based on interview and record review, the facility failed to ensure background checks were completed prior to allowing staff to work in the facility.					
	This has the potent residing in the facili	tial to affect all residents ity.				

Illinois Department of Public Health

STATE FORM 6899 H5B511 If continuation sheet 4 of 8

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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ROCHEL	LE REHAB & HEALT	H CARE CENTER	TH 3RD STRI LE, IL 61068			
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S9999	Continued From pa	age 4	S9999			
	The findings includ	e:				
	The Long-Term Ca Medicare and Medi showed 22 residen  On 4/24/24 staff ba requested for 10 er were among the Ba V12 (Business Offic to provide a list sho employees reviewe  The document prov	are Facility Application for icaid form dated 4/23/24 tts resided in the facility.  Cackground checks were imployees. V8 and V16-V19 ackground Checks reviewed. Icackground Checks reviewed. Icackground Checks reviewed. Icackground Checks for the 10 ackground checks for the 10 ackground checks.				
	showed V8 was hir documentation provinclude a check of registry. On 4/25/24 registry check for V12 provided V19's check instead of V8 after exiting the faction 4/26/24 that the registry check was opportunity to provincegistry check for V					
	hired on 3/25/24. T the facility showed registry was checked	vided by V12 showed V16 was the documentation provided by the state health care worker ed for V16 on 4/25/24.				
	hired on 3/29/24. T the facility showed	vided by V12 showed V17 was the documentation provided by the state health care worker ed for V17 on 4/25/24.				
		vided by V12 showed V18 was The documentation provided by				

Illinois Department of Public Health

STATE FORM 6899 H5B511 If continuation sheet 5 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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ROCHELLE REHAB & HEALTH CARE CENTER			'H 3RD STRI .E, IL 61068			
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S9999	Continued From pa	ge 5	S9999			
		the state health care worker ed for V18 on 4/25/24.				
	hired on 2/2/24. The the facility showed	rided by V12 showed V19 was e documentation provided by the state health care worker ed for V19 on 4/25/24.				
	On 4/24/24 at 4:00 PM, V5 (Director of Nursing-DON) said V27 (the facility's previous Administrator) did the background checks for the other employees when she was the Administrator. V5 said V27 was not very organized. V5 said now V12 does the background checks for the employees. V5 said the background checks are dated today because they could not find the background checks for the residents or staff that were requested.					
	started on 4/1/24. At that V28 (the facility the background che personnel) know will information Respor completed for new soon as he hears a information needed gives V26 the inform CHIRP. V12 said the 4/24/24 were probasaid he and V1 are aware that they were important to make a residents' safety; so hires have anything	PM, V12 (BOM) stated he /12 said it does not appear /'s previous BOM) was doing ecks or letting V26 (Corporate nen a CHIRP (Criminal Historynse Process) needed to be staff or residents. V12 said as bout a new hire, he gets the to do background checks and mation so she can do the le background checks dated lbly not ran until today. V12 both new and they were not re not completed. V12 said it is sure they are done for the po, we know if any potential new in their background history.				
	background checks	as informed that the s provided for V8, and ve the health care worker				

Illinois Department of Public Health

STATE FORM 6899 H5B511 If continuation sheet 6 of 8

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Illinois Department of Public Health

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\$9999	registry checks incl The health care wo requested for V8, a health care worker The health care wo requested for V8. A care worker registry health care worker for V8.  The facility's policy Background Check "Under the Health of Check Act (225 ILC) request a fingerpring records check for e employment applicate the resident or acce quarters, or the final records of the resid Worker Registry. It request a background As of October 1, 20 must initiate fingerpring record checks for a contact with the resident's living qua or personal records must have their fing live scan vendor wi employment."  The facility's policy Prevention Program 11/28/2016, showed 1. Pre-Employment EmployeesThe fa any staff convicted the Illinois Healthca	uded in the documentation. rker registry checks were nd V16-V19. V12 provided the registry checks for V16-19. rker registry check was a second copy of V19's health y check was provided. No registry check was provided and procedure titled Policy, dated 5/2021, showed Care Worker Background and S 46), we are required to out-based criminal history	S9999			

Illinois Department of Public Health

STATE FORM 6899 H5B511 If continuation sheet 7 of 8

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S9999	Act), or with finding Health Care Worke employee starting a willCheck the Illin Registry on all indiv position and potenti individual is known in, based on the individual	ge 7 s of abuse listed on the Illinois r Registry. Prior to a new a work schedule, this facility ois Health Care Worker riduals being hired for a fally bordering states that the to have been licensed/certified lividuals resume or other ation available to the facility"  (C)	S9999			

Illinois Department of Public Health

STATE FORM 6899 H5B511 If continuation sheet 8 of 8