(X6) DATE

Illinois Department of Public Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED			
		IL6005417	B. WING		06/0	7/2024	
NAME OF I	DPOVIDED OD SLIDDLIED		I INDESS CITY S	STATE ZID CODE	1 00/0	772024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 405 WEST CARPENTER							
MCLEAN	ISBORO REHAB & HL	TH C CTR	SBORO, IL				
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Annual Licensure C	Certification Survey					
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations 1 of 2					
	300.625a) 300.625b)2						
	Section 300.625 Ide	entified Offenders					
	steps necessary to while the results of check or a fingerpri while the results of fingerprint-based of the Identified Offend Recommendation is 2) Within 72 hours, fingerprint-based or be requested on the The inquiry shall be sex, race, date of bother identifiers required State Police. The inthrough the files of Police and the Fedelocate any criminal may exist regarding Bureau of Investigating Department of State inquiry under this states.	s pending.					
	These Requiremen evidenced by:	ts were NOT MET as					

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

Electronically Signed 06/20/24

TITLE

STATE FORM 6899 K9F411 If continuation sheet 1 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED		
		IL6005417	B. WING		06/0	07/2024	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
MCLEAN	ISBORO REHAB & H	LIHCCIR	ST CARPENT NSBORO, IL(
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE	
S9999	Continued From page 1		S9999				
	failed to conduct th Response Process Sex Offender Regis of Corrections web R171, R172) of 5 re	v and record review, the facility and record review, the facility is (CHIRP) check, the Illinois stry and the Illinois Departme site checks for 4 (R122, R12) esidents reviewed for s in the sample of 23.	nt				
	Findings include:						
	R122's Face Sheet documented an admission date to the facility on 1/2/2024. R122's record did not have documentation of a CHIRP (Criminal History Information Response Process) report, no report of Illinois Sex Offender Registry check, or Illinois Department of Corrections website check. R125's Face Sheet documented an admission date to the facility on 10/11/2023. R125's record did not have documentation of a CHIRP report, no report of Illinois Sex Offender Registry check, or Illinois Department of Corrections website check.		10				
			,				
	date to the facility of	t documented an admission on 5/6/2016. R171's record did tation of the facility checking ender Registry.	Ė				
	to this facility on 10 not have document report of Illinois Se:	t documented admission date 0/25/2023. R172's record did tation of a CHIRP report, no x Offender Registry check, or of Corrections website check					
	stated that the "hor background checks	0 PM, V1 (Administrator) me office" is who does the s on residents and staff. V1 locumentation presented to th	ne l				

Illinois Department of Public Health

STATE FORM 6899 K9F411 If continuation sheet 2 of 6

NAME OF PROVIDER OR SUPPLIER MCLEANSBORO REHAB & HITH C CTR MCLEANSBORO, REHAB & HITH C CTR MCLEANSBORO, IL 62859 SUMMARY STATEMENT OF DEFOLICIONES (EACH) DEFOLICIONES (LECAN) (EACH PROVIDER PLAN OF CORRECTION PART (EACH DEFOLICIONES) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 2 S9999 Sate surveyor was all she had on file. A "Resident Background Check Checklist" dated 2/15/12 provided by V1 lists the following items to be checked off the resident's name on the Illinois Department of Corrections sex registrant search page, Requested a uniform conviction information act name based criminal history background check based on name, date of birth and other identifiers within 24 hours of admission, check the identified offender conviction list, and check the sex offenses list. (C) Licensure Violations 2 of 2 300.6501) 300.6501 Section 300.650 Personnel Policies d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to birring. Section 300.661 Health Care Worker Background Check Act and the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This requirement is not met as evidenced by: Based on interview and record review, the facility	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
MCLEANSBORO REHAB & HLTH C CTR MAJ 10			IL60054	417	B. WING		06/	07/2024
X4 ID SUMMARY STREMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6)	NAME OF I	PROVIDER OR SUPPLIER						
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 state surveyor was all she had on file. A "Resident Background Check Checklist" dated 2/15/12 provided by V1 lists the following items to be checked off: checked for the resident's name on the Illinois Sex Offender Registrations website, checked for the resident's name on the Illinois Department of Corrections sex registrant search page, Requested a uniform conviction information act name based criminal history background check based on name, date of birth and other identifiers within 24 hours of admission, check the identified offender conviction list, and check the sex offenses list. (C) Licensure Violations 2 of 2 300.650d) 300.661 Section 300.650 Personnel Policies d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring. Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This requirement is not met as evidenced by: Based on interview and record review, the facility	MCLEAN	ISBORO REHAB & HI	LTH C CTR					
state surveyor was all she had on file. A "Resident Background Check Checklist" dated 2/15/12 provided by V1 lists the following items to be checked off: checked for the resident's name on the Illinois Sex Offender Registrations website, checked for the resident's name on the Illinois Department of Corrections sex registrant search page, Requested a uniform conviction information act name based criminal history background check based on name, date of birth and other identifiers within 24 hours of admission, check the identified offender conviction list, and check the sex offenses list. (C) Licensure Violations 2 of 2 300.650d) 300.650 Personnel Policies d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring. Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check This requirement is not met as evidenced by: Based on interview and record review, the facility	PRÉFIX	(EACH DEFICIENC)	MUST BE PREC	EDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHORE) CROSS-REFERENCED TO THE APP	OULD BE	COMPLETE
failed to ensure the Healthcare Worker Registry and all required background check websites were	S9999	state surveyor was A "Resident Backgr 2/15/12 provided by be checked off: che on the Illinois Sex C checked for the res Department of Corr page, Requested a act name based cri check based on na identifiers within 24 identified offender of sex offenses list. (C) Licensure Violation 300.650d) 300.661 Section 300.650 P d) The facility shall applicants with the prior to hiring. Section 300.661 He Check A facility shall comp Worker Background Care Worke	all she had on all she had on a cound Check of V1 lists the exced for the offender Registed for the offender sex of the constant of the consta	Checklist" dated following items to resident's name istrations website, on the Illinois egistrant search viction information background irth and other nission, check the, and check the worker Registry orker Background ealth Care and the Health & Code.	S9999			

Illinois Department of Public Health

STATE FORM 6899 K9F411 If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6005417	B. WING		06/0	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MCLEANSBORO REHAB & HLTH C CTR			CARPENTE SBORO, IL 6			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	potential to affect a facility. Findings Include: 1. V12's (Housekee documented a date 12/1/23. V12's file of checking the Nation website and this way V12 did not have a background check, Department of Corn DOC Inmate search Healthcare Human Inspector General (Consumented a Consumented a Healthcare Human Inspector General (Consumented a Consumented a Consumented a Consumented a Healthcare Human Inspector General (Consumented a Consumented a Consumented a Healthcare Action of the Consumented a Healthcare Action of the Consumented a Healthcare Consumented Action Consumented Consum	eping) personnel file of hire at the facility as only includes documentation of nal Sex Offender public as not completed until 6/4/24. Healthcare Worker Registry fee app, Illinois Sex Offender, rections (DOC) Sex Offender, h, DOC Wanted Fugitive, or Services (HHS) Office of (OIG) Search. urse Assistant/CNA) personnel date of hire at the facility as cuments a Healthcare Worker and check and a National Sex heck were completed, but not not have Illinois Sex Offender, , DOC Inmate search, DOC	S9999			
	of hire at the facility	onnel file documented a date v as 4/21/20. V6's file Ithcare Worker Registry				

background check and National Sex Offender

STATE FORM 6899 K9F411 If continuation sheet 4 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
				A BOLDING.			
		IL60054	117	B. WING		06/0	7/2024
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MCLEAN	ISBORO REHAB & HI	TH C CTR		CARPENTE SBORO, IL 6			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From particles website check were 6/4/24. V6 did not hoffender, DOC Sex search, DOC Wantsearch. 5. V7's (Dietary) per date of hire at the fadocumented a Hear background check website check were 6/4/24. V7 did not hoffender, DOC Sex search, DOC Wantsearch. 6. V13's (CNA) persof hire at the facility documented a Hear background check website check were 6/4/24. V13 did not Offender, DOC Sex search, DOC Wantsearch. 7. V11's (CNA) persof hire at the facility documented a Hear background check website check were 6/4/24. V11 did not Offender, DOC Sex search, DOC Wantsearch. On 06/4/24 at 10:22	e completed, lave a fee apple of Fugitive, or resonnel file de acility as 5/4/2 lthcare Worke and National e completed, lave a fee apple of Fugitive, or sonnel file do as 1/31/24. Very lathcare Worke and National e completed, lave a fee apple of Fugitive, or sonnel file do as 7/11/22. Very lathcare Worke and National e completed, lave a fee apple of file do as 7/11/22. Very lathcare Worke and National e completed, lave a fee apple of file do as 7/11/22. Very lathcare Worke and National e completed, lave a fee apple of file do as 7/11/22. Very lathcare worke and National e completed, lave a fee apple of file do as 7/11/22. Very lathcare worke and National e completed, lave a fee apple of file do as 7/11/22. Very lathcare worke and National e completed, lave a fee apple of file do acidity and file	o, Illinois Sex OC Inmate or HHS OIG coumented a 21. V7's file er Registry Sex Offender out not until o, Illinois Sex OC Inmate or HHS OIG cumented a date /13's file er Registry Sex Offender out not until op, Illinois Sex OC Inmate or HHS OIG cumented a date /11's file er Registry Sex Offender out not until op, Illinois Sex OC Inmate or HHS OIG cumented a date /11's file er Registry Sex Offender out not until op, Illinois Sex OC Inmate or HHS OIG cumented a date /11's file er Registry Sex Offender out not until op, Illinois Sex OC Inmate or HHS OIG	S9999			
	confirmed that she Worker Registry ch and no further back	only had the lecks complet	Healthcare ed on the staff				

Illinois Department of Public Health

STATE FORM 6899 K9F411 If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6005417	B. WING		06/0	7/2024
	PROVIDER OR SUPPLIER	THIC CTR 405 WEST	CARPENTE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	available for V6 (CN V10 (CNA), V11 (CNA), V11 (CNA). The facility policy tit Healthcare Worder with a revised date documentedpersowill be hired conditional appropriate background fingerprint based or UCIA (Uniform Connon-fingerprint convaringerprint convar	NA), V7 (Dietary), V9 (CNA), NA), V12 (Housekeeping), and led, "(Facility Name) - Background Check Policy" of 4/30/12 ons applying for employment oned upon the results of the bund check as follows: a iminal history records check, a viction Information Act) viction background check, and	\$9999			

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