STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010227				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/31/2024	
		IL6010227	B. WING			
IAME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE, ZIP CODE			
CASEYV	ILLE NURSING & REI	HAB CTR	T LINCOLN A	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	ANNUAL LICENSU SURVEY.	RE AND CERTIFICATION				
S9999	Final Observations		S9999			
	Statement of Licensure Violations (1 of 2):					
	300.615e) 300.615f) 300.615g)					
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information.					
	2-201.5(a) of the Ad shall, within 24 hou resident, request a check pursuant to t Information Act for admission to the fac check was initiated Hospital Licensing be based on the res and other identifiers	screening required by Section et and this Section, a facility rs after admission of a criminal history background he Uniform Conviction all persons 18 or older seeking cility, unless a background by a hospital pursuant to the Act. Background checks shall sident's name, date of birth, s as required by the e Police. (Section 2-201.5(b)				
	on the Illinois Sex C at www.isp.state.il.u of Corrections sex i	check for the individual's name Offender Registration website us and the Illinois Department registrant search page at s to determine if the individual ered sex offender.				
	inconclusive, the fa	ne background check are cility shall initiate a				
ois Depar ORATORY	tment_of Public Health ′ DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE
lectroni	cally Signed					06/21/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010227					(X3) DATE SURVEY COMPLETED	
		IL6010227	B. WING	VING		05/31/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
CASEYV	ILLE NURSING & RE	HAB CTR	ST LINCOLN AV ILLE, IL 6223			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 1	S9999			
	check is waived by based on verification resident is completed resident meets other resident's health or the existence of a se medical, or mental potential risk prese 2-201.5(b) of the Ad a fingerprint-based a waiver from the D		r			
	Based on interview	Not Met as evidenced by. and record review the facility				
		complete background check This has the potential to affect he facility.				
	Findings Include:					
		l check paperwork nly the Criminal History nse Process was checked for				
	documented that th (DOC) website was	d check paperwork ne Department of Corrections not completed for this admitted on 5/15/24.				
	(DOC) website was	I check paperwork the Department of Corrections to not completed for this to admitted on 5/2/24.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		II 6040227	B. WING		05/04/00004	
					05/	31/2024
	PROVIDER OR SUPPLIER	601 WES	DDRESS, CITY, ST ST LINCOLN A			
ASEYV	ILLE NURSING & RE	HAB CTR	ILLE, IL 62232			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 2	S9999			
	that the DOC webs	d Check paperwork documents ite was not completed for this admitted on 5/14/24.	;			
	document that the	d check paperwork did not DOC website was not resident. R140 was admitted				
	document that the	d check paperwork did not DOC website was checked for was admitted on 4/25/24.				
	that only the CHIRF this resident. This r	check paperwork documented P website was completed for resident had multiple hits on 2 was not reported so he could s Offenders list.				
		PM, V31, Receptionist, stated supposed to check the DOC, eck from today."				
	"I don't think I have checks, but I will co	PM, V1, Administrator, stated, a policy on background ontinue to look" (V1 sent over y which was not the same				
	and Medicaid Form	acility Application for Medicare n 671, dated 5/28/24, nere were 87 residents in the				
	Statement of Licen	sure Violations (2 of 2):				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6010227	B. WING		05/31/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ASEYV	ILLE NURSING & RE	HAB CTR	T LINCOLN AV			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 3	S9999			
	300.661					
	300.661 Health Ca	re Worker Background Check				
		bly with Health Care Worker Act and the Health Care d Check Code.				
	This Requirements is Not Met as evidence by:					
	failed to obtain compre-employment so fingerprint checks t a prior criminal hist them for employment	and record review, the facility duct a complete reening and obtain results of o determine if employees have ory which would disqualify ent. This had the potential to idents living in the facility.				
	Findings Include:					
	background check the background che document the Depa website was check Information Respor	rsing Assistant (CNA), paperwork was reviewed, and eck paperwork did not artment of Correction (DOC) ed. V23's Criminal History nse Process (CHIRP) was not 24, and her start date was				
	reviewed, and the k did not document th	round check paperwork was background check paperwork nat the DOC website was rt date was 5/22/24.				
		round check paperwork did not DOC Website was checked. s 5/22/24.				
	V27's CNA. backgr	ound check paperwork did not				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010227			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6010227	B. WING		05/31/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	1	
CASEYV	ILLE NURSING & RE	HAB CTR				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	CASETV ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ILLE, IL 6223 ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETI DATE
S9999	Continued From pa	ige 4	S9999			
	document that the l V27's date of hire v	DOC website was checked. vas 5/1/24.				
		, background check paperwork nat DOC website was	(
	V26's, Maintenance, background check paperwork, documented that the CHIRP was completed, and it documented multiple hits. Fee Fingerprints Requested, but background fingerprints were not completed. The DOC website was also not completed. V26's start date was 3/10/23.					
	was 4/1/24, and he not document that t	ctical Nurse (LPN), date of hire r background paperwork did the Illinois Department of ation was checked to obtain a nursing license.	;			
	background paperv Illinois Department	f hire was 3/20/24, and her vork did not document that the of Professional Regulation tain a copy of her current				
	stated, "I have not I will check it now. W	D PM, V12, Human Resources been checking the DOC site I /e didn't do a background 6 did do some DOC checks ack date them."	,			
	"I don't think I have checks, but I will co	PM, V1, Administrator, stated, a policy on background ontinue to look." (V1 sent over y which was not the same				
ala Darr	-	re Facility Application for				
iois Depar ATE FORI	rtment_of Public Health M		⁶⁸⁹⁹ 0	ZO111	If continu	ation sheet

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6010227	B. WING		05/	31/2024
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
ASEYV	ILLE NURSING & RE		T LINCOLN AV			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 5	S9999			
	Medicare and Medi documented there facility. (C)	icaid form 671, dated 5/28/24, were 87 residents living in the				