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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		II 6006878	B. WING		06/00/0004		
VAME OF PROVIDER OR SUPPLIER STREE			ADDRESS, CITY, STATE, ZIP CODE		00/	06/28/2024	
	ALTH AND REHAB C	FNTFR	EN STREET				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	ID PROVIDER'S PLAN OF CC PREFIX (EACH CORRECTIVE ACTIO		DN SHOULD BE COMPLET IE APPROPRIATE DATE	
S 000	Initial Comments		S 000				
	Annual Licensure S	Survey					
\$9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.625a) 300.625b) 300.625c)2						
	Section 300.625 Id	entified Offenders					
	criminal history bac upon receipt of the b) The facility shall steps necessary to while the results of check or a fingerpri- while the results of fingerprint-based c the Identified Offen Recommendation i c) If the results of background check identified offender of the Act, the facili 2) Within 72 hours, fingerprint-based c be requested on th The inquiry shall be sex, race, date of the other identifiers rec State Police. The in through the files of Police and the Fed locate any criminal	be responsible for taking all ensure the safety of residents a name-based background int-based check are pending; a request for a waiver of a heck are pending; and/or while der Report and s pending. a resident's criminal history reveal that the resident is an as defined in Section 1-114.01 ty shall do the following:	e) ,				
	ment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE	

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Illinois Department of Public STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6006878	B. WING		06/2	28/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
DDIN HE	ALTH AND REHAB C	ENTER 300 GRE ODIN, IL	EN STREET 62870			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC'	TION SHOULD BE COMPLE THE APPROPRIATE DATE	
S9999	Continued From pa	ige 1	S9999			
	Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.					
	These Requirements were NOT MET as evidenced by:					
	failed to conduct the Registry and the Illi Corrections website	and record review, the facility e Illinois Sex Offender nois Department of e checks for 4 (R21, R38, R44 lents reviewed for background ble of 46.	3			
	Findings include:					
	date to the facility on not have document	documented an admission on 1/30/2022. R21's record did ation of an Illinois Sex check, or Illinois Department o e check.				
	date to the facility o not have document	documented an admission on 6/13/23. R38's record did ation of the Illinois Sex check, or Illinois Department o e check.	f			
	date to the facility o not have document	documented an admission on 12/31/21. R44's record did cation of the facility checking tent of Corrections website.				
	this facility on 6/20/	documented admission date to 23. R67's record did not have In Illinois Department of e check.				
	On 6/27/2024 at 2:3	30 PM, V1 (Administrator)				

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If continuation sheet 2 of 3

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Ilinois Department of Public Health STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6006878	B. WING		06/	28/2024
ME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
DIN HE	ALTH AND REHAB C	ENTER 300 GRE ODIN, IL	EEN STREET 62870			
X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		
RÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLE ⁻ DATE
S9999	Continued From page 2		S9999			
	stated that the 'corporate office' does the					
		s now that they have dissolved on that was in charge of doing				
	background checks and this was all she was able					
	to find in the resident records. V1 further states that it is her expectation that all residents are					
		ation that an residents are itely prior to admission to				
	ensure they are saf	e to reside in the facility along				
	with the safety of of (C)	ther residents.				
	(0)					

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