Illinois Department of Public Health

		(X1) PROVIDER/SUP IDENTIFICATION		` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
	6016539		B. WING		01/	01/11/2024	
NAME OF F	PROVIDER OR SUPPLIER	0010000	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	1 01/	11/2024
			T WEBB STREET				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN / MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
S 000	Initial Comments			S 000			
	Annual Licensure a	nd Certification					
S9999	Final Observations			S9999			
	Statement of Licens 300.650d) 300.661	sure Violations:					
	Section 300.650 P	ersonnel Policies					
	d. The facility shall applicants with the prior to hiring.						
	Section 300.661 H Background Check		er				
	A facility shall comp Worker Background Care Worker Backg	d Check Act and t	he Health				
	These Regulations	are not met as ev	idenced by:				
	Based on interview failed to ensure the and all required bac checked for employ affect all 46 residen	Healthcare Work ckground check wees. This has the	er Registry ebsites were potential to				
	Findings Include:						
	The "Long-Term Ca Medicare and Medi documents 46 resid	caid" dated 1/8/20)24				
	1. The facility providemployee list with edocuments, V17's (employee hire date					

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

Electronically Signed

(X6) DATE TITLE 02/05/24

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Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	6016539		B. WING		01/11/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
CARMIN	MANOR REHAB & NR	SG CTR 615 WES	T WEBB STR L 62821	REET		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
\$9999	Nursing Assistant-08/17/2021. V17's bathe facility did not in Registry Check, De (DOC) website che General (OIG) web national sex offendor. 2. The facility provide employee list with edocuments, V20's (V20's background did not include the check, DOC wanternational sex offendocheck. 3. The facility provide employee list with edocuments V18's (I3/23/2020. V18's bathe facility did not in and wanted fugitive sex offender check check. 4. The facility provide employee list with edocuments V8 (Socion 11/10/2015. V8's by the facility did not offender, DOC wand offender, DOC wand offender, state sex website checks. 5. The facility provide the facility provide employee list with edocuments V8 (Socion 11/10/2015. V8's by the facility did not offender, bocks.	eping Supervisor/Certified CNA) date of hire as ackground checks provided by nolude a Healthcare Worker epartment of Corrections cks, the Office of Inspector site check, or the state or er checks. ded untitled, undated employee hire dates (CNA) date of hire as 3/7/2016. Checks provided by the facility DOC sex offender website d fugitive website check, a er check, or an OIG website ded untitled, undated employee hire dates Dietary) date of hire as ackground checks provided by nolude the DOC sex offender e website checks, the national, and/or the OIG website ded untitled, undated employee hire dates cial Service Director was hired as background checks provided by include the DOC sex offender details service Director was hired as background checks provided by include the DOC sex offender and/or the OIG	\$9999			
	documents V19 (CI	employee hire dates NA) was hired on 5/4/21. V19's s provided by the facility did not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
6016539		6016539	B. WING		01/11/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE		
		615 WEST	CWEBB STR			
CARMI N	MANOR REHAB & NR	SG CTR CARMI, IL				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 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	Continued From pa	ge 2	S9999			
	include the DOC sex offender, DOC wanted fugitive, DOC inmate search, or the OIG website search.					
	stated she knew the background information and V20 because the complaint survey for they haven't had the deficient practice. V 6/5/2017 as a CNA V1 stated V20 then on 8/17/21 as the E	S PM, V1 (Administrator) bey didn't have the requested ation on V8, V17, V18, V19, hey just got a deficiency on a sor the same thing. V1 stated be opportunity to correct the V1 stated V20 was hired on then terminated employment. The returned to work at the facility Business Office Manager. V1 to current background checks				
	documents, "Initia student, applicant, a security number, do statement, and an a Department of Pub request a fingerprin records check; tran electronically to the conducting Internet sites, including with Offender Registry, Sex Offender Search Corrections' Inmate Department of Corr Search Engine, the Registry, and the Li Entities database of and Human Service to determine if the a sex offender, has committed Medicar	orker Background Check Act ate" means obtaining from a or employee his or her social emographics, a disclosure authorization for the lic Health or its designee to at-based criminal history smitting this information. Department of Public Health; a searches on certain web tout limitation the Illinois Sex the Department of Corrections' che Engine, the Department of Esearch Engine, the rections Wanted Fugitives. National Sex Offender Public aist of Excluded Individuals and in the website of the Health es Office of Inspector General applicant has been adjudicated been a prison inmate, or has the or Medicaid fraud, or searches as defined by rule:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
	6016539		B. WING		01/	01/11/2024	
NAME OF	PROVIDER OR SUPPLIER	\$	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CARMI MANOR REHAB & NRSG CTR 615 WEST CARMI, IL				T WEBB STR - 62821	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
\$9999	fingerprints collected electronically to the care employer files shall retain on file for of criminal records. The health care employer and the livescan request resulting from the finistory records che for the duration of the files shall be stagency responsible certifying the health \$500 may be impostor failure to maintate Department of Pubelectronic record of checks for an individual remains a Worker Registry." The facility Policy and Investigations dated Personal reference investigations, and investigations may making application facility 2. For any position, the HR (huconsult the nurse and which the individual previously employed employment eligibilication and investigations or all of depending upon the care investigation or all of the care in	dent, applicant, or emped and transmitted Illinois State Police The health care emplor a period of 5 years requests for all employaployer shall retain a coauthorization forms, a st form, all notifications ngerprint-based criminck and waiver, if approche individual's employed for inspection by for inspecting, licensing care employer. A fine sed by the appropriate in these records. The lic Health must keep a foriminal history backgodual for as long as the active on the Health Cand Procedure Backgrod 11/5/2019 documents checks, driving record/background financial	Health loyer records yees. Opy of copy	S9999			

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Illinois Department of Public Health

A. BUILDING:					
6016539 B. WING	01/11/2024				
NAME OF PROVIDER OR SUPPLIER CARMI MANOR REHAB & NRSG CTR STREET ADDRESS, CITY, STATE, ZIP CODE 615 WEST WEBB STREET CARMI, IL 62821	DDRESS, CITY, STATE, ZIP CODE ST WEBB STREET				
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORF	R'S PLAN OF CORRECTION (X5) RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DATE DEFICIENCY)				
S9999 Continued From page 4 state, and/or federal law enforcement agencies; b. Department of public safety; c. Professional licensing boards; d. State registries of nurse aides; e. Banks or other financial institutions; f. Consumer reporting agencies; and g. Other agencies as deemed appropriate in determining eligibility." (C)					

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