Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6008213 B. WING 04/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 902 EAST ARNOLD STREET SANDWICH REHAB & HCC SANDWICH, IL 60548 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULID BE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Initial Comments S 000 Annual Licensure Survey S9999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 300.615e) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This REQUIREMENT was not met as evidenced Attachment A by: Statement of Licensure Violations

Ilinois Department of Public Health

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois L	Department of Public		1				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (L6008213		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DAT	(X3) DATE SURVEY COMPLETED	
		B. WING			04/28/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADD		DRESS, CITY,	, STATE, ZIP CODE		LUILULL		
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(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETE DATE		
S9999	Continued From pa	ge 1	S9999				
	failed to complete re new admissions into ten of ten residents	and record review the facility esident background checks on the facility. This applies to 3,12,176,2,177,11) reviewed ers.		40			
	The findings include	<b>):</b>	· in	·			
	Manager said she is never had access to background checks and wasn't even aw V4 said she was nev told a sister facility w until she was trained	o PM, V4 Business Office onew to the facility and has the system to check new residents into the facility are they needed to be done, wer trained on this and was was completing them for her it. V4 was unable to find any the months to have been completed.	,			3 # X)	
	Director said the Busheing completing the residents. V2 said it	n new residents to protect	18 <del>5</del>				
	R174 was admitted that resident background completed until 4/27	to the facility on 3/31/2022 ound checks were not /2022.					
	R173 was admitted tand resident backgroompleted until 4/27	to the facility on 4/13/2022 bund checks were not /2022.		₩s	15		
	R14 was admitted to resident background until 4/27/2022.	the facility on 3/18/2022 and checks were not completed	·		0.0		
	R175 was admitted t	o the facility on 4/15/2022 bund checks were not					

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:				(X3) DA	(X3) DATE SURVEY COMPLETED	
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NAME	F PROVIDER OR SUPPLIER	STREET A	DDRESS CIT	Y, STATE, ZIP C	005	W = 3502=	1 04	/28/2022	
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		<u> </u>	170	Choss	DEFI	D TO THE APPRO CIENCY)	PRIATE	DATE	
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	completed until 4/27	7/2022	00000						
	I .			9.				1 -	
	R13 was admitted to	the facility on 2/24/2022 and	Sc						
	I resident background	checks were not completed							
	untii 4/27/2022.		1	1					
	R12 was admitted to	the facility on 3/14/2022 and		1					
	resident background	checks were not completed							
	until 4/27/2022.								
	R176 was admitted to	to the facility and to to to a				18 2.			
	and resident backgro	to the facility on 12/2/2021 bund checks were not	4.5					1	
Ø. 5	completed until 4/27/	/2022.							
								100	
	R2 was admitted to t	he facility on 12/6/2021 and							
	until 4/27/2022.	checks were not completed			**	-			
					1.01				
	R177 was admitted to	the facility on 3/15/2022							
	completed until 4/27/2	Und checks were not							
	Completed until 4/2//	2022.							
18 (	R11 was admitted to	the facility on 12/8/2021 and						1	
	resident background	checks were not completed							
	until 4/27/2022.	1					91		
60 J	(C)	. 1							
	2 of 2	1					1		
	300.661								
80	Section 300.661 Heal	Wh Com 144 1					- 1	1	
	Background Check	uri Care worker	*	l.					
- 1		1						J	
	Afacility shall comply	with the Health Care	I.				- 1		
40	Worker Background C	heck Act and the Health						i da	
	Care Worker Background	und Check Code.					1		
	This REQUIREMENT	was not met as evidenced						5 2	
	by:	The state of the office of the state of the	1				10.0		
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Illinois Department of Public Health					FORM	APPROVED	
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AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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		IL6008213	B. WING _			1 041	28/2022
NAMEO	F PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	, STATE, ZIP CODE		1 04/	2012022
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- OALID	TOTAL TAB & ACC		CH, IL 605				
(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 PL (EACH CORRECTI CROSS-REFERENCE DEF	IDRE	(X5) COMPLETE DATE	
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	Based on interview failed to perform he checks on new emp	and record review the facility alth care worker background ployees. This applies to 10 of r background checks.	03333				
	Manager said she is never had access to background checks wasn't even aware it said she was never sister facility was conshe was trained. V4 records showing the On 4/27/2022 at 2:48 Director said the Busbeing completing the staff. V2 said it is im check on new staff to potential harm.  V5 was hired by the finealthcare worker back on pleted on 6/22/20 employment at the factor worker back on the staff. V6 was hired by the finealthcare worker back on pleted on 4/27/20 completed on 4/27/20 c	o PM, V4 Business Office new to the facility and has the system to check on new employees and hey needed to be done. V4 trained on this and was told a mpleting them for her until was unable to find any m to have been completed.  o PM, V2 Corporate Clinical siness Office Manager is to background checks on new portant to do a background or protect the residents from facility on 3/10/22 and her ckground check was cility.  acility on 4/13/2021 and the ckground check was 122.					
		acility on 4/4/2022 and the					

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ IL6008213 B. WING 04/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 902 EAST ARNOLD STREET SANDWICH REHAB & HCC SANDWICH, IL 60548 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 V9 was hired by the facility on 11/12/2021 and the healthcare worker background check was completed on 4/27/2022. V10 was hired by the facility on 2/21/2022 and the healthcare worker background check was completed on 4/27/2022. V11 was hired by the facility on 3/7/2022 and the healthcare worker background check was completed on 4/27/2022. V12 was hired by the facility on 3/7/2022 and the healthcare worker background check was completed on 4/27/2022. V13 was hired by the facility on 1/20/2022 and the healthcare worker background check was completed on 4/27/2022. V1 was hired by the facility on 12/28/2021 and the healthcare worker background check was completed on 4/27/2022. (C)

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