PRINTED: 10/10/2024 FORM APPROVED

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
		IL6016885	B. WING		09/1	2/2024	
NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CARBONDALE STREET ADDRESS, CITY, STATE, ZIP CODE 2940 W WESTRIDGE PLACE CARBONDALE, IL 62901							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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	
S 000	Initial Comments		S 000				
	Complaint investiga Complaint investiga Complaint investiga	ation 2456793/IL177150 ation 2456929/IL177373 ation 2456480/IL176776 ation 2456958/IL177414 ation 2456864/IL177301					
S9999	Final Observations		S9999				
	Statement of Licens 300.661	sure Violation:					
	Worker Background						
	This REQUIREMENT is not met as evidenced by:						
	review the facility fa eligible to work in a	on, interview, and record illed to ensure all staff were health care facility. This ntial to affect all 104 residents ty.					
	Findings include:						
	(Certified Nursing A Department of Publ Worker Registry do to work in a heath of Worker Registry, pr had a disqualifying and was granted a documented, V11 h offence on 4/12/202	AM, the facility produced V11's assistant/ CNA) Illinois lic Health (IDPH), Health Care cumenting V11 was ineligible care facility. V11's Health Care inted 9/4/24, documented V11 criminal offense on 9/27/2000 waiver on 8/20/2003. It also ad a disqualifying criminal 17 that was reported to the r Registry on 5/8/2017,					

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

Electronically Signed 09/26/24

TITLE

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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			
		II 6046995	B. WING		00/4			
120010000				2TATE 71D CODE	09/1	2/2024		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2940 W WESTRIDGE PLACE							
MANOR COURT OF CARBONDALE CARBONDALE, IL 62901								
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CTION SHOULD BE COMP O THE APPROPRIATE DATE			
\$9999	making V11 ineligible facility. It also docu facility was 3/31/20. FEE_APP (Fee Applingerprint-based or requested through 4/1/2021 with a results also documented, reported to the Registry on 8/9/202 had been revoked of the Company	ole to work in a health care mented, V11's start date at the 21 and the facility requested a clicant Inquiry, riminal history check the Illinois State Police) on ponse date of 4/13/2021. It new criminal offenses had e Health Care Worker 24 and V11's 8/20/2003 waiver on 8/9/2024. PM, V1 (Administrator) said ome earlier the same date 1 was ineligible. V1 said she 11 being ineligible to work in a until 9/4/24. AM, V11 said she did not er to work in a health care been revoked. V11 said she was ineligible to work in a until she was told by V1 on a leave the facility. PM, V12 (Public Service of PH Administrative Rules and 11's 4/12/2017 disqualifying and have made V11 ineligible care facility. PM, V13 (Human Resources) and the FEE_APP information from alth Care Worker Registry print was not employed at the facility was the person responsible lith Care Worker Registry	\$9999					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED	
		IL6016885	B. WING			C 12/2024	
NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CARBONDALE STREET ADDRESS, CITY, STATE, ZIP CODE 2940 W WESTRIDGE PLACE CARBONDALE, IL 62901							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
\$9999	On 9/5/24 at 1:25 P why V11's Health C was not in V11's pe not provide reprodu eligible to work in a was hired on 3/31/2	M, V1 said she was not sure are Worker Registry print out rsonnel file. The facility could cible evidence V11 was health care facility when V11	\$9999				

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