(X6) DATE

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   |   | ` ′  | E CONSTRUCTION |   | (X3) DATE SURVEY<br>COMPLETED |                  |  |  |
|--|---|---|--|----------------|---|-------------------------------|------------------|--|--|
|  |   | IL6007090   |  | B. WING        |   | 07/2                          | 24/2024          |  |  |
| NAME OF F  | PROVIDER OR SUPPLIER  |   | STREET AD  | DRESS, CITY, S | STATE, ZIP CODE   |                               |                  |  |  |
| PARIS H  | PARIS HEALTH AND REHAB CENTER  1011 NORTH MAIN STREET PARIS, IL 61944   |   |  |                |   |                               |                  |  |  |
| (X4) ID  | SUMMARY STA   | TEMENT OF DEFICIEN  |  | ID             | PROVIDER'S PLAN OF CORRE  |                               | (X5)             |  |  |
| PREFIX<br>TAG  | (EACH DEFICIENCY  | MUST BE PRECEDED<br>SC IDENTIFYING INFO                                     | BY FULL  | PREFIX<br>TAG  | (EACH CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE AP<br>DEFICIENCY) | HOULD BE                      | COMPLETE<br>DATE |  |  |
| S 000  | Initial Comments  |   |  | S 000          |   |                               |                  |  |  |
|  | Annual Licensure a  | nd Certification S  | urvey  |                |   |                               |                  |  |  |
| S9999  | Final Observations  |   |  | S9999          |   |                               |                  |  |  |
|  | Statement of Licens   | sure Violations   |  |                |   |                               |                  |  |  |
|  | 1 of 3  |   |  |                |   |                               |                  |  |  |
|  | 300.615f)   |   |  |                |   |                               |                  |  |  |
|  | Section 300.615 Do<br>Screening and Req<br>History Record Info  | uest for Resident   |  |                |   |                               |                  |  |  |
|  | f) The facility shall on the Illinois Sex C<br>at www.isp.state.il.u<br>of Corrections sex r<br>www.idoc.state.il.us<br>is listed as a register | Offender Registra us and the Illinois registrant search to determine if the | tion website<br>Department<br>page at<br>he individual |                |   |                               |                  |  |  |
|  | This requirements v   | vas not met as e  | videnced by:   |                |   |                               |                  |  |  |
|  | Based on interview<br>failed to conduct a r<br>Sex Offender Regis<br>resident (R133) out<br>offender review, out                                | required check of<br>stration website for<br>of ten on the ide              | the Illinois or one ntified                            |                |   |                               |                  |  |  |
|  | Findings include:   |   |  |                |   |                               |                  |  |  |
|  | On 7/23/24 at 10:04<br>Check File did not of<br>facility had checked<br>website for R133.   | contain any evide   | nce that the   |                |   |                               |                  |  |  |
|  | On 7/23/24 at 11:40<br>Business Developm  |   |  |                |   |                               |                  |  |  |

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

**Electronically Signed** 08/15/24

TITLE

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION (X |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                    |   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |  |                              | (X3) DATE SURVEY<br>COMPLETED |  |
|--|--|--|---|--|--|------------------------------|-------------------------------|--|
|  |  | IL60070  | 90  | B. WING                                  |  | 07/                          | 24/2024                       |  |
|  | PROVIDER OR SUPPLIER   | CENTER   |   | TH MAIN ST                               | STATE, ZIP CODE  |                              |                               |  |
| (X4) ID<br>PREFIX<br>TAG                               | SUMMARY STA<br>(EACH DEFICIENCY<br>REGULATORY OR L   |  | CIENCIES<br>EDED BY FULL  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CO<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY) | N SHOULD BE<br>E APPROPRIATE | (X5)<br>COMPLETE<br>DATE      |  |
| S9999  | Communication page 1   |  |   | S9999                                    |  |                              |                               |  |
|  | computer files and<br>else but I guess I d<br>Offender search."  |  |   |  |  |                              |                               |  |
|  | (C)  |  |   |  |  |                              |                               |  |
|  | 2 of 3   |  |   |  |  |                              |                               |  |
|  | 300.650c)  |  |   |  |  |                              |                               |  |
|  | Section 300.650 P  | ersonnel Polic   | ies   |  |  |                              |                               |  |
|  | c) Prior to employin<br>that requires a Stat<br>contact the Illinois I<br>Professional Regul<br>individual's license<br>shall be placed in the | e license, the<br>Department of<br>ation to verify<br>is active. A co    | facility shall<br>Financial and<br>that the<br>ppy of the license |  |  |                              |                               |  |
|  | This requirement w   | as not met as  | evidenced by:   |  |  |                              |                               |  |
|  | Based on interview failed to look up the employment, of two out of three reviewed. This failure has the residents residing in                  | e license status<br>o licensed nurs<br>ed for backgro<br>potential to af | s, prior to<br>ses (V7 and V31)<br>und checks.                    |  |  |                              |                               |  |
|  | Findings include:  |  |   |  |  |                              |                               |  |
|  | The facility's Form Application for Med 7/22/24, documents facility.   | icare and Med  | licaid, dated   |  |  |                              |                               |  |
|  | 1. The facility's Emprovided by V30, H<br>Coordinator, docum<br>Nurse, was hired fo<br>V7's license look-u                                     | uman Resourd<br>nents V7, Lice<br>or employment                          | ces and Payroll<br>nsed Practical<br>on 6/17/24.                  |  |  |                              |                               |  |

Illinois Department of Public Health

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Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|---|--|---|--|-------------------------------|--------------------------|
|   |   |  | A. BUILDING.                            |  |                               |                          |
|   |   | IL6007090  | B. WING                                 |  | 07/2                          | 4/2024                   |
| NAME OF F   | PROVIDER OR SUPPLIER  | STREET AD  | DRESS, CITY, S                          | STATE, ZIP CODE  |                               |                          |
| PARIS H   | EALTH AND REHAB (   | CENTER 1011 NOR<br>PARIS, IL   | RTH MAIN ST<br>61944                    | REET   |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY  | NTEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | .D BE                         | (X5)<br>COMPLETE<br>DATE |
| S9999   | Continued From pa   | <br>ige 2  | S9999                                   |  |                               |                          |
|   | Department of Fina<br>Regulation (IDFPR)  | ancial and Professional<br>) was dated 7/1/24.   |   |  |                               |                          |
|   | 2. The facility's Employee Roster (undated) documents V31, Registered Nurse, was hired 11/30/22. V31's license look-up through IDFPR was dated 6/24/24. |  |   |  |                               |                          |
|   | stated, "V7 works a does work here sor  | O AM, V1, Administrator,<br>at (sister facility name) and she<br>metimes but she gets paid<br>ame) when she works here."   |   |  |                               |                          |
|   | (C)   |  |   |  |                               |                          |
|   | 3 of 3  |  |   |  |                               |                          |
|   | 300.661   |  |   |  |                               |                          |
|   | Section 300.661 Health Care Worker<br>Background Check  |  |   |  |                               |                          |
|   | Worker Background   | oly with the Health Care<br>d Check Act and the Health<br>ground Check Code.   |   |  |                               |                          |
|   | These requirement by:   | s were not met as evidenced  |   |  |                               |                          |
|   | failed to check the lathrough the secure employees (V25, V) out of seven review   | and record review, the facility<br>Health Care Worker Registry<br>login portal for six unlicensed<br>27, V32, V33, V34, and V35)<br>yed for background checks.<br>the potential to affect all 85<br>in the facility. |   |  |                               |                          |
|   | Findings include:   |  |   |  |                               |                          |

Illinois Department of Public Health

The facility's Form 671, Long Term Care Facility

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Illinois Department of Public Health

| IIIIIIOIS L   | epartment of Public  | neailli  |                     |   |      |                          |
|---|--|--|---------------------|---|------|--------------------------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  |  | E CONSTRUCTION      | (X3) DATE SURVEY<br>COMPLETED   |      |                          |
|   |  | A. BUILDING:   |                     | OOWIF LL I LD   |      |                          |
|   |  | IL6007090  | B. WING             |   | 07/2 | 4/2024                   |
| NAME OF   | PROVIDER OR SUPPLIER   | STREET AD  | DRESS, CITY, S      | STATE, ZIP CODE   |      |                          |
| DARIS H   | EALTH AND REHAB (  | CENTER 1011 NOF  | RTH MAIN ST         | REET  |      |                          |
| 1 AIXIO II  | EACITIAND NEITAD   | PARIS, IL  | 61944               |   |      |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY) | D BE | (X5)<br>COMPLETE<br>DATE |
| S9999   | Continued From pa  | ge 3   | S9999               |   |      |                          |
|   |  | licare and Medicaid, dated<br>s 85 residents reside in the   |                     |   |      |                          |
|   | provided on 7/24/24<br>and Payroll Coordin<br>Business Office Ma<br>V25's Health Care N  | aployee Roster, undated but<br>4 by V30, Human Resources<br>nator, documents V25,<br>anager, was hired 2/23/24.<br>Worker Registry check<br>login portal was dated 6/7/24. |                     |   |      |                          |
|   | 2. The facility's Employee Roster (undated) documents V27, Certified Nursing Assistant, was hired 2/8/24. V27's Health Care Worker Registry check through the secure login portal was dated 6/10/24. |  |                     |   |      |                          |
|   | documents V32, Ce<br>hired 5/18/24. V32's  | iployee Roster (undated)<br>ertified Nursing Assistant, was<br>s Health Care Worker Registry<br>secure login portal was dated  |                     |   |      |                          |
|   | documents V33, Ce  | ployee Roster (undated)<br>ertified Nursing Assistant, was<br>s Health Care Worker Registry<br>/7/24.  |                     |   |      |                          |
|   | documents V34, Ce  | ployee Roster (undated)<br>ertified Nursing Assistant, was<br>Health Care Worker Registry<br>/4/24.  |                     |   |      |                          |
|   | documents V35, Ur  | iployee Roster (undated)<br>nit Aide, was hired 3/22/24.<br>Worker Registry check was  |                     |   |      |                          |
|   |  | ) am, V30 stated, "We did a<br>une (2024) because our  |                     |   |      |                          |

Illinois Department of Public Health

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Illinois Department of Public Health

|  | PROVIDER/SUPPLIER/CLIA<br>DENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |                          |
|--|---|---|---|-------------------------------|--------------------------|
|  | IL6007090   | B. WING                                 |   | 07/2                          | 4/2024                   |
| NAME OF PROVIDER OR SUPPLIER   | STREET ADI  | DRESS, CITY, S                          | TATE, ZIP CODE  |                               |                          |
| PARIS HEALTH AND REHAB CENTE   | ER 1011 NOR<br>PARIS, IL  | TH MAIN ST<br>61944                     | REET  |                               |                          |
| (X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEN   | BE PRECEDED BY FULL   | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROF<br>DEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |
| Continued From page 4 corporate Office told me to re-run all of the employee started working here in Janot have an access code Worker) Registry until Junchecks should have been had access so I am send to ask for these backgroup PM V30 stated, "Our corporate (V27's) Registry check 6/10/24."  On 7/24/24 at 12:40 PM, stated, "(V30) did not have Registry, he was using the golook up (public access login portal), so he was downs told to do." V1 continuent the access in June (2024 employees registry check (public access) to make to work when they were here I can do about the situation (C) | e background checks. I anuary (2024) and I did for the (Health Care ne. The background new run by corporate until I ling them a list by email and checks." At 12:40 porate office only sent ck and it was dated  V1, Administrator, we the access to the new one that anybody can be website, not the secure loing exactly what he nued, "So when (V30) got he re-ran all of the cs. We did use the sure they were eligible nired, but there is nothing | \$9999                                  |   |                               |                          |

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Illinois Department of Public Health STATE FORM