

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2024
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NAME OF PROVIDER OR SUPPLIER CHARLESTON REHAB & HEALTH CC	STREET ADDRESS, CITY, STATE, ZIP CODE 716 EIGHTEENTH STREET CHARLESTON, IL 61920
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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 5: 300.615e) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) 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) f) 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. These requirements are NOT MET as evidenced by: Based on interview and record review, the facility failed to request resident criminal history	S9999		

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

TITLE

(X6) DATE
09/30/24

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S9999	<p>Continued From page 1</p> <p>background checks for R13, R60, R264, R265, and R266 within 24 hours of admission to the facility and failed to complete required sex offender registry checks for R13 and R264. These failures have the potential to affect all 60 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility Admission/Discharge To/From Report (9/6/2024) documents R13 admitted to the facility on 8/6/2024. R60 admitted to the facility on 7/9/2024. R264 admitted to the facility on 6/24/2024. R265 admitted to the facility on 7/30/2024. R266 admitted to the facility on 6/13/2024.</p> <p>On 9/6/2024 at 1:00PM, R13, R60, R264, R265, and R266's admission files document the facility did not complete R13, R60, R264, R265, and R266's criminal history background checks until 9/5/2024. The same records fail to document sex offender registry checks for R13 and R264.</p> <p>On 9/6/2024 at 10:20AM, V1 (Administrator) reported the facility did not complete R13, R60, R264, R265, and R266's criminal background checks within 24 hours of admission to the facility.</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid (9/3/2024) documents 60 residents reside in the facility.</p> <p>(C)</p> <p>Statement of Licensure Violations 2 of 5: 300.650c) 300.650d)</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Section 300.650 Personnel Policies</p> <p>c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.</p> <p>d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to verify with Illinois Department of Financial and Professional Regulation the license status of V2, V3, and V25 prior to employment and failed to maintain a copy of V2, V3, and V25's licenses in their personnel files. The facility also failed to check the status of V2, V3, V10, V25, V26, V27, and V29 with the Health Care Worker Registry prior to hiring. These failures have the potential to affect all 60 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility staff roster (undated) documents the following employment start dates for staff: V2 (Director of Nursing) on 5/6/2024, V3 (Assistant Director of Nursing) on 10/16/2023, V10 (Certified Nurse Aide) on 10/14/2021, V25 (Licensed Practical Nurse) on 8/12/2024, V26 (Laundry) on 6/27/2024, V27 (Dietary Aide) on 6/14/2024, and V29 (Certified Nurse Aide) on 8/16/2024.</p> <p>Facility personnel records document the facility</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>first completed Health Care Worker Registry checks for staff as follows: V2 on 9/5/2024, V3 on 9/5/2024, V10 on 5/3/2024, V25 on 9/5/2024, V26 on 7/16/2024, V27 on 7/16/2024, and V29 on 8/7/2024.</p> <p>On 9/5/2024 at 2:11PM, V2 (Director of Nursing), V3 (Assistant Director of Nursing), and V25's (Licensed Practical Nurse) personnel records did not document the facility verified their license statuses with the Illinois Department of Financial and Professional Regulation prior to employment at the facility. No copies of V2, V3, or V25's nursing licenses were located in their personnel records.</p> <p>On 9/5/2024 at 2:11PM, V1 (Administrator) reported V27's Health Care Worker Registry check was completed late by the facility after V27 was hired.</p> <p>On 9/5/2024 at 3:01PM, V1 reported the facility did not complete V25's Health Care Worker Registry check prior to V25 being hired on 8/12/2024.</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid (9/3/2024) documents 60 residents reside in the facility.</p> <p style="text-align: center;">(C)</p> <p>Statement of Licensure Violations 3 of 5: 300.660a)</p> <p>Section 300.660 Nursing Assistants</p> <p>a) A facility shall not employ an individual as a nursing assistant, home health aide, psychiatric services rehabilitation aide, or newly hired as an individual who may have access to a resident, a</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>resident's living quarters, or a resident's personal, financial, or medical records, nurse aide unless the facility has inquired of the Department's Health Care Worker Registry and the individual is listed on the Health Care Worker Registry as eligible to work for a health care employer.</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to verify with the Health Care Worker Registry the work eligibility status of V3, V26, V27, and V30 prior to employment in the facility. These failures have the potential to affect all 60 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility staff roster (undated) documents the following employment start dates for staff: V3 (Assistant Director of Nursing) on 10/16/2023, V26 (Laundry) on 6/27/2024, V27 (Dietary Aide) on 6/14/2024, and V30 (Certified Nurse Aide) on 3/17/2024.</p> <p>Facility Health Care Worker Registry inquiries document the following work eligibility statuses for staff: V3-not yet determined as of 9/5/2024, V26-not yet determined as of 7/16/2024, V27-not yet determined as of 7/16/2024, and V30-not yet determined as of 2/1/2023.</p> <p>On 9/6/2024 at 10:20AM, V1 (Administrator) reported the facility "just now" has access to the Health Care Worker Registry online portal to determine the work eligibility status of prospective employees.</p> <p>The facility's Long-Term Care Facility Application</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>for Medicare and Medicaid (9/3/2024) documents 60 residents reside in the facility.</p> <p style="text-align: center;">(C)</p> <p>Statement of Licensure Violations 4 of 5: 300.661 955.110 955.165a)1)A)2) 955.165b) 955.165f) 955.165i)4)5)</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>Section 955.110 Definitions</p> <p>"Initiate" - obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for a health care employer, an educational entity, or the Department or its designee to request a fingerprint-based criminal history records check; transmitting this information electronically to the Department or its designee; conducting Internet searches on certain web sites from links provided through the Health Care Worker Registry, and having the student's, applicant's, or employee's fingerprints collected directly by a livescan vendor and transmitted electronically to the Illinois State Police. (Section 15 of the Act)</p> <p>Section 955.165 Fingerprint-Based Criminal History Records Check</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>a) Educational entities, other than secondary schools, and health care employers are required to check the Health Care Worker Registry before allowing a student to enter a training program or hiring an employee to determine:</p> <p>1) Whether a fingerprint-based criminal history records check has previously been conducted, which is indicated by the identifier of "FEE_APP" or "CAAPP".</p> <p>A) As long as the student, applicant or employee has had a background check and stays active on the Health Care Worker Registry, no further fingerprint-based criminal history record checks are required. (Section 33(g) of the Act)</p> <p>2) Whether the individual is active on the Health Care Worker Registry.</p> <p>b) If the individual has not had a background check or is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history records check. (Section 33(g) of the Act)</p> <p>f) A health care employer who makes a conditional offer of employment to an applicant who is not exempt under Section 955.130, for a position as an employee, shall initiate a fingerprint-based criminal history records check on the applicant, if such a background check has not been previously conducted. A health care employer shall not use the fingerprint-based criminal history records check process provided in the Act and this Part to initiate background checks for applicants for employment positions to which the Act and this Part do not apply. (Section 33(d) of the Act)</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>i) The student, applicant, or employee shall go to a livescan vendor and have his or her fingerprints collected electronically and transmitted to the Department of State Police within 10 working days after signing the authorization and disclosure form. Each individual shall submit his or her fingerprints in an electronic manner prescribed by the Department of State Police. (Section 33(e) of the Act)</p> <p>4) If the student, applicant, or employee does not go to a livescan vendor and have his or her fingerprints collected electronically within 10 working days, the individual shall be suspended from participating in a training program if a student, or suspended from working if an employee, until such time as proof is provided that the individual has had his or her fingerprints collected electronically from a livescan vendor.</p> <p>5) If the student, applicant, or employee has not had his or her fingerprints collected electronically by a vendor within 30 days after being hired or beginning a training program, the employee shall be terminated or the student shall be dropped from the training program. The educational entity or health care employer shall withdraw the background check application from the Health Care Worker Registry.</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to initiate a fingerprint-based criminal history records check for V26 prior to allowing V26 to work in the facility. The facility also failed to terminate V26's employment after 30 days of V26 failing to submit fingerprints for the required fingerprint-based criminal history records check.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>This failure has the potential to affect all 60 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility staff roster (undated) documents V26 (Laundry) began working in the facility on 6/27/2024.</p> <p>V26's personnel records document the facility first completed a Health Care Worker Registry inquiry for V26 on 7/16/2024 and the inquiry documents V26 was not previously active on the Registry. The inquiry also documents V26's fingerprint authorization and disclosure form was already completed by 7/16/2024.</p> <p>On 9/5/2024 at 2:11PM, V1 (Administrator) reported V26 (Laundry Aide) was recently removed from the facility's work schedule until V26 gets required fingerprints completed for a fingerprint-based criminal history records check. V1 reported V26 had been working in the facility since 6/27/2024.</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid (9/3/2024) documents 60 residents reside in the facility.</p> <p style="text-align: center;">(C)</p> <p>Statement of Licensure Violations 5 of 5: 300.625b) 300.625c)1)2) 300.625d) 300.625f)3)A)B)4) 300.625i) 300.625j) 300.625k) 300.625m) 300.625n)</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Section 300.625 Identified Offenders</p> <p>b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <p>1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal 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.</p> <p>d) The facility shall comply with all applicable provisions contained in the Uniform Conviction</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Information Act.</p> <p>f) If identified offenders are residents of a facility, the facility shall comply with all of the following requirements:</p> <p>3) Every licensed facility shall provide to every prospective and current resident and resident's guardian, and to every facility employee, a written notice, prescribed by the Department, advising the resident, guardian, or employee of his or her right to ask whether any residents of the facility are identified offenders. The facility shall confirm whether identified offenders are residing in the facility.</p> <p>A) The notice shall also be prominently posted within every licensed facility.</p> <p>B) The notice shall include a statement that information regarding registered sex offenders may be obtained from the Illinois State Police website, www.isp.state.il.us, and that information regarding persons serving terms of parole or mandatory supervised release may be obtained from the Illinois Department of Corrections website, www.idoc.state.il.us. (Section 2-216 of the Act)</p> <p>4) If the identified offender is on probation, parole, or mandatory supervised release, the facility shall contact the resident's probation or parole officer, acknowledge the terms of release, update contact information with the probation or parole office, and maintain updated contact information in the resident's record. The record must also include the resident's criminal history record.</p> <p>i) For current residents who are identified</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police.</p> <p>j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.</p> <p>k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act)</p> <p>m) The facility's reliance on the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act shall not relieve or indemnify in any manner the facility's liability or responsibility with regard to the identified offender or other facility residents.</p> <p>n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review. The facility shall modify the care plan if necessary in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents.</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to immediately notify the</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>Department of State Police of R44's Felony Criminal Identified Offender status in order to obtain an Identified Offender Report and Recommendation (level of risk) for the development of R44's Care Plan, failed to develop R44's care plan, and failed to prominently post the right to ask the facility if an identified offender resides in the facility. These failures had the potential to affect all 60 residents that resident in the facility.</p> <p>Findings include:</p> <p>1. R44's Fingerprint Criminal Background check dated 3/14/24 documents R44 has the following identified offender qualifying "hits", that included: Battery/Bodily Harm, DUI (driving under the influence) Alcohol/Drugs, convictions, imprisonment with "Department of Corrections", and county jail with four years of "special probation.</p> <p>On 9/4/24 at 2:35 pm R44 was sleeping in bed, in his private room on the west hall of the facility.</p> <p>On 9/4/24 at 3:30 pm, V1, Administrator/Abuse Prevention Coordinator in reviewed R44 background check noted above and confirmed the multiple hits identified above qualified R44 as an identified offender. V1 stated she does not know what level of potential harm to others was determined by the State police, she would have to check.</p> <p>On 9/5/24 at 8:38 am V1 stated she does not find that R44 had a screening assessment by the State Police to determine what level of risk (Identified Offender Report and Recommendation) to other residents in he facility R44 may pose.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2024
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NAME OF PROVIDER OR SUPPLIER CHARLESTON REHAB & HEALTH CC	STREET ADDRESS, CITY, STATE, ZIP CODE 716 EIGHTEENTH STREET CHARLESTON, IL 61920
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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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 13</p> <p>2. R44's Fingerprint Criminal Background check dated 3/14/24 documents R44 has the following identified offender qualifying "hits", that included: Battery/Bodily Harm, DUI (driving under the influence) Alcohol/Drugs, convictions, imprisonment with "Department of Corrections", and county jail with four years of "special probation.. R44's Care Plan and electronic medical record was reviewed. There was no documentation of R44's identified offender status, goals or interventions documented.</p> <p>On 9/5/24 at 9:05 am V16, Care Plan/Minimum Data Set Coordinator stated V16 was not aware that any Identified Offenders residing in the facility. V16 confirmed there is nothing on R44's Care Plan. V16 stated there should be an Identified Offender care area with behavioral monitoring interventions documented on R44's care plan to prevent future incidents.</p> <p>3. R44's Fingerprint Criminal Background check dated 3/14/24 documents R44 has the following identified offender qualifying "hits", that included: Battery/Bodily Harm, DUI (driving under the influence) Alcohol/Drugs, convictions, imprisonment with "Department of Corrections", and county jail with four years of "special probation.</p> <p>On 9/5/24 at 12:00 pm V20, Regional Support/Administrator walked around all common areas, dining activity room, and assessed entryways to the facility. V20 confirmed there are no required Identified Offender Notification Procedure signs posted to alert other resident, family, visitors, and staff of their right to ask the facility administrator if there is any identified offenders residing in the facility. V20, stated the required identified offender notification procedure</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2024
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NAME OF PROVIDER OR SUPPLIER CHARLESTON REHAB & HEALTH CC	STREET ADDRESS, CITY, STATE, ZIP CODE 716 EIGHTEENTH STREET CHARLESTON, IL 61920
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S9999	Continued From page 14 signs should be posted in the facility. The facility's Long Term Care Facility Application for Medicare and Medicaid dated 09/03/24 documents 60 residents reside in the facility. (C)	S9999		