PRINTED: 11/06/2024 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _				
		IL6004477	B. WING		10/18/2024		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
HILLTOP S	HILLTOP SKILLED NSG & REHAB 910 WEST POLK STREET CHARLESTON, IL 61920						
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)		
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
S 000	Initial Comments		S 000				
	Annual Licensure and	l Certification Survey					
S9999	Final Observations		S9999				
	Statement of Licensu	re Violations					
	300.615e)						
	Section 300.615 Dete Screening and Reque History Record Inform	est for Resident Criminal					
	Section 2-201.5(a) of facility shall, within 24 resident, request a cricheck pursuant to the Information Act for al seeking admission to background check wapursuant to the Hospi Background checks s resident's name, date identifiers as required Police. (Section 2-20 This REQUIREMENT Based on interview ar failed to obtain the rechistory background checkground checkg	I persons 18 or older the facility, unless a as initiated by a hospital tal Licensing Act. hall be based on the of birth, and other by the Department of State					
		tial to affect all 61 residents					
	Findings include:						
	1. R38's Census Det	ail documents R38 was					
	nent of Public Health		,		· · · · · · · · · · · · · · · · · · ·		

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

(X6) DATE TITLE 11/06/24 **Electronically Signed**

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		1 ' '	(X3) DATE SURVEY COMPLETED	
		11 000 4 4 7 7	B. WING		40	V/4.0/000.4	
		IL6004477		TE 710 0005	10	/18/2024	
NAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, STA T POLK STREET				
HILLTOP	SKILLED NSG & REHAB		STON, IL 61920				
(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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
\$9999	Census Detail sheet of birth. R38's Criminal I Response Process (Codocuments R38's crim submitted utilizing the documented "no recodated 3/28/24 was lik incorrect birth date aron file." This Census subsequent discharge readmission 5/10/24, 5/15/24. This Census readmitted to the facilidated 9/12/24 docum criminal history was sbirth date and docum which included severa for the identified offer Department of Public dated 10/1/24 notified registered sex offendin a private room. On 10/16/24 at 1:27 Find Director, confirmed R been submitted with the stated, "(R38) is mobine recently was released the has been walking. R26's Census Detain and the facility dated 8/29/24 docum was not submitted undocuments R26 had a qualify for the identified. On 10/16/24 at 1:27 Find Comments R26 had a qualify for the identified.	e facility 2/26/24. This documents R38's date of History Information CHIRP) dated 2/26/24 minal history request was a incorrect birth date and rd on file." R38's CHIRP ewise resubmitted with the rid documented "no record Detail documents R38 had a refrom the facility 5/8/24 and followed by a discharge on Detail documents R38 was lity 9/12/24. R38's CHIRP ents R38's request for submitted with the correct ented R38's criminal history all offenses which qualified inder program. R38's Illinois Health Private Room Notice If the facility R38 was a refront and required placement. PM, V4, Social Services 38's original CHIRPs had he wrong birth date. V4 ille in his wheelchair and just it to start walking again, so around the facility." ail documents R26 was a 7/23/24. R26's CHIRP ents R26's criminal history til 8/29/24. This CHIRP criminal offenses which	\$9999				

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		IL6004477	B. WING		10	0/18/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
HILLTOP	SKILLED NSG & REHAB		T POLK STREE [.] STON, IL 61920				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
\$9999	was on a jury summo On 10/16/24 at 1:27 F Consultant, stated, "V me and I will run the 0 On 10/18/24 at 1:50 F one other thing with (I assisted living facility.	PM, V3, Social Services We do have facilities contact CHIRPs." PM, V4 stated, "I found out R26), she came from an Usually our admissions al and the CHIRPs get run	S9999				

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