Illinois D	enartment of Public	Health			FORM	APPROVED	
		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	IL6008528		B. WING		C 03/14/2024		
					03/	14/2024	
			H STREET	STATE, ZIP CODE			
SHAWNE	E SENIOR LIVING	HERRIN,	IL 62948				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Complaint investiga	ation 2451980/IL170758					
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.650d) 300.661						
		ersonnel Policies check the status of all Health Care Worker Registry					
	Check A facility shall comp Worker Backgroun	ealth Care Worker Background bly with the Health Care d Check Act and the Health ground Check Code.	1				
	These Regulations	are not met as evidenced by:					
	failed to ensure the and all required bac checked for employ	and record review, the facility Healthcare Worker Registry ckground check websites were yees. This has the potential to ths residing at the facility.					
	Findings Include:						
		sheet, dated March 12, 2024, dents reside at the facility.					
	Office Manager) en contained a docum Administrative Une	ded V3's (Former Business nployee file. V3's employee file ent from (Name of 3rd Party mployment Company) which ire date of 02/25/21, and a					
	tment of Public Health / DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIC	GNATURE	TITLE		(X6) DATE	
	ically Signed	······································				03/18/24	
	M		6899	L3CY11	If continu	ation sheet 1 of	

Illinois Department of Public Health   STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED C 03/14/2024		
		IL6008528					
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	E SENIOR LIVING	1901 131	H STREET				
		HERRIN,	IL 62948				
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S9999	Continued From page 1		S9999				
	Reason for Separa Under "Please prov documents to expla documents to expla documents "disqua not include backgro facility for the Healt Department of Corr and Human Service (OIG) website, or the offender. On 03/13/24 at 1:19 she was contacted Resources departm problem with her bac corporate Human F her to check V3's e Worker Registry an V1 said when she w file, there was no fil corporate Human F V3 had stuff on her her from working at V3 to let her know s related to her backs that nothing was su background check. unless it was remov couldn't work in hea The Healthcare Wo on 03/14/24 at 11:2 "Work Eligibility: Ine Department of Pub	D2/28/24. Under "Specific tion" discharge is circled. vide details and supporting ain the above answer" it lifying conviction." V3's file did bund checks provided by the hcare Worker Registry, rections (DOC) website, Health es Office of Inspector General ne state and national sex 5PM, V1 (Administrator) stated by the corporate Human nent about V3 having a ackground. V1 said the Resources department asked mployee file for the Healthcare d for the background check. went to check V3's employee le to be found. V1 stated Resources department told her background that disqualified t the facility. V1 said she called she had to terminate her ground. V1 said V3 told her ould have been sealed, and upposed to show up on her V1 said she told V3 that wed from her background, she althcare or at the facility.					
		loyee Handbook and Benefit					
	tment of Public Health						

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
	IL6008528		B. WING		03/14/2024	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE		
SHAWNI	EE SENIOR LIVING		H STREET IL 62948			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From page 2 Guide", revised 10/1/2019, documents in part under Criminal background checks "Any conviction may be considered as justification for the refusal, suspension, revocation, or termination of employment to the greatest extent permitted by law. The Human Resources department will initiate and complete the processing of all criminal background checks within the time frames mandated by state guidelines for the company. The applicant will not be hired, or the employee, if hired conditionally, may be terminated if the criminal record indicates conviction history of a disqualifying nature. Likewise, if conviction history is verified, a job offer will be withdrawn, or termination of employment will occur."					
	documents, "Initia student, applicant, of security number, de statement, and an a Department of Publ request a fingerprin records check; tran electronically to the conducting Internet sites, including with Offender Registry, f Sex Offender Searc Corrections' Inmate Department of Corr Search Engine, the Registry, and the Li Entities database o and Human Service to determine if the a a sex offender, has committed Medicar	orker Background Check Act ate" means obtaining from a or employee his or her social emographics, a disclosure authorization for the lic Health or its designee to at-based criminal history smitting this information Department of Public Health; searches on certain web out limitation the Illinois Sex the Department of Corrections ch Engine, the Department of e Search Engine, the rections Wanted Fugitives National Sex Offender Public ist of Excluded Individuals and n the website of the Health es Office of Inspector General applicant has been adjudicated been a prison inmate, or has e or Medicaid fraud, or searches as defined by rule;				

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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		
		IDENTIFICATION NOMBER.	A. BUILDING:			
		IL6008528	B. WING			C 14/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
HAWNE	E SENIOR LIVING		H STREET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 3	S9999			
	fingerprints collecte electronically to the care employer files, shall retain on file for of criminal records The health care em the disclosure and a the livescan request resulting from the fit history records che for the duration of the The files shall be su agency responsible certifying the health \$500 may be impost for failure to mainta Department of Puble electronic record of checks for an indivi	lent, applicant, or employee's ad and transmitted Illinois State PoliceHealth . The health care employer or a period of 5 years records requests for all employees. uployer shall retain a copy of authorization forms, a copy of at form, all notifications ngerprint-based criminal ck and waiver, if appropriate, he individual's employment. ubject to inspection by the for inspecting, licensing, or a care employer. A fine of up to sed by the appropriate agency in these records. The lic Health must keep an foriminal history background dual for as long as the active on the Health Care				

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