PRINTED: 02/27/2024 FORM APPROVED

(X6) DATE

Illinois Department of Public Health

	AND DIAM OF CORRECTION		CONSTRUCTION	(X3) DATE SUR		
			A. BUILDING:			
		IL6005961	B. WING		02/09/2	2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ELMWOO	D NURSING & REHAB C	ENTER 152 WILMA MARYVILL	DRIVE E, IL 62062			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure and	d Recertification.				
S9999	Final Observations		S9999			
	Statement of Licensu	re Violations				
	300.661 300.625					
	Section 300.661 Hea Check	lth Care Worker Background				
	A facility shall comply Worker Background C Care worker Backgro	Check Act and the health				
	This Requirement is I	NOT MET as evidence by:				
	failed to obtain/conduscreening prior to em employment. This fail					
	Findings include:					
		ig of employees and				
	· ·	oloyees' files were reviewed creening. The following was				
		on 1/29/2024. Background 4. The facility failed to initiate				

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

Electronically Signed 02/20/24

TITLE

STATE FORM 6899 If continuation sheet 1 of 5 PCB811

Illinois Department of Public Health

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		IL6005961	B. WING		02	2/09/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
ELMWOO	DD NURSING & REHAB O	ENTER	MA DRIVE ILLE, IL 62062			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
\$9999	background check provided background check provided background check provided background check dated as 3/23/initiate background check dated as 3/23/initiate background check dated to initiate background check dated to initiate background check dated as 2/28/initiate background check dated as 2/28/initiate background check dated as 2/28/initiate background check dated, "When did that do that thorough of a employees. Only on to be done in 24 hou. The Resident Censuresidents, CMS 671 that the facility has 6 facility. Section 300.625 - Ida A facility shall comply Background Checks.	rior to employee's hire date. Assistant, (CNA), hired on ad check dated as 1/9/2024. Initiate background check hire date. B/16/2023. Background (2023. The facility failed to sheck prior to employee's hire hired on 8/31/2023. The facility ground check prior to employee's hire check prior to employee's hire hired as 9/6/2023. The facility ground check prior to employee's hire check prior to employee's hire empl	S9999			

Illinois Department of Public Health

STATE FORM PCB811 If continuation sheet 2 of 5

Illinois Department of Public Health

IL6005961 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED		
SUMMARY STATEMENT OF DEFICIENCES DEFICIENCES DEACH DEFICIENCES DEACH DEFICIENCE DEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION PROFIX REGULATORY OR LSC IDENTIFY REGULATORY O	IL6005961			B. WING			02/09/2024	
(X4) ID PREFIX (EACH DETICIENCY) S9999 Continued From page 2 failed to conduct background checks and offender registry searches of residents living in the facility prohibits mistreatment, neglect or abuse of its residents by: conducting pre-employment screening of residents." It continues, "Check for the residents by: conducting pre-employment screening of residents." It continues, "This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions." It continues, "Offender Registration Website." It continues, "Within 24 hours of admission to the facility in order to identify previous criminal convictions." It continues, "Check for the resident's name on the lillinois Sex Offender Registration Website." It continues, "Within 24 hours, conduct a Criminal History Background Check according to the Facility Identified Offender Policy and Procedure." On 2/7/24 and 2/8/24, a total of eight resident files were reviewed for background checks. The following was documented: R10 was admitted to the Facility on 11/28/23. R10's offender registry search was not	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 failed to conduct background checks and offender registry searches of residents within 24 hours of admission. This had the potential to affect all of the 65 residents living in the facility. Findings include: 1. The Facility's undated Abuse Prevention Program Policy, documented, "This facility prohibits mistreatment, neglect or abuse of its residents by: conducting pre-employment screening of employees and pre-admission screening of residents." It continues, "This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions." It continues, "Which 24 hours, conduct a Criminal History Background Check according to the Facility Identified Offender Policy and Procedure." On 2/7/24 and 2/8/24, a total of eight resident files were reviewed for background checks. The following was documented: R10 was admitted to the Facility on 11/28/23. R10's background check was not completed until 11/30/23. R10's offender registry search was not	ELMWOO	D NURSING & REHAB O	ENTER					
failed to conduct background checks and offender registry searches of residents within 24 hours of admission. This had the potential to affect all of the 65 residents living in the facility. Findings include: 1. The Facility's undated Abuse Prevention Program Policy, documented, "This facility prohibits mistreatment, neglect or abuse of its residents by: conducting pre-employment screening of employees and pre-admission screening of residents." It continues, "This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions." It continues, "Check for the resident's name on the Illinois Sex Offender Registration Website." It continues, "Within 24 hours, conduct a Criminal History Background Check according to the Facility Identified Offender Policy and Procedure." On 2/17/24 and 2/8/24, a total of eight resident files were reviewed for background checks. The following was documented: R10 was admitted to the Facility on 11/28/23. R10's background check was not completed until 11/30/23. R10's offender registry search was not	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETE	
R58 was admitted to the Facility on 12/2/23. R58's background check was not completed until 12/11/23, and his offender registry search was not run until 2/7/24. R59 was admitted to the Facility on 12/16/23. R59's background check was not run until 12/28/23, and her offender registry search was	\$9999	failed to conduct bacoffender registry sea hours of admission. affect all of the 65 refered for the 65 refer	kground checks and riches of residents within 24 This had the potential to sidents living in the facility. atted Abuse Prevention umented, "This facility in the facility in the sea and pre-admission is." It continues, "This facility in admission to the facility in the resident's name on the Registration Website." It is hours, conduct a Criminal Check according to the ender Policy and Procedure." It, a total of eight resident or background checks. The ented: The Facility on 11/28/23. Heck was not completed until ender registry search was not the Facility on 12/12/23. Heck was not completed until ender registry search was not the Facility on 12/16/23. Heck was not run until	S9999				

Illinois Department of Public Health

STATE FORM PCB811 If continuation sheet 3 of 5

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005961	B. WING		02/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ELMWOO	D NURSING & REHAB C	ENTER 152 WILMA MARYVILL	DRIVE E, IL 62062			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
S9999	Continued From page	3	S9999			
	background check wa offender registry sear 2/7/24. R163 was admitted to	the Facility on 1/30/24.				
	R163's offender regis until 2/7/24.	try search was not done				
	R269's background cl	o the Facility on 10/27/23. heck was not run until ender registry search was				
	R270's background cl	o the Facility on 1/11/24. heck was not run until nder registry search was not				
		o the Facility on 1/22/24. try search was not done				
	Activities Director state background checks for	, V16, Social Services and ted that she conducts the price residents, but was be done within 24 hours of				
	that she was unaware	, V1, Administrator stated the background checks searches had to be done mission.				
	Medicare and Medica	Facility Application for id (CMS 671) dated 2/6/24 65 residents living in the				

Illinois Department of Public Health

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE: COMPI		SURVEY LETED		
IL6005961			B. WING		02/	09/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ELMWOO	D NURSING & REHAB C	FNIFR	MA DRIVE LLE, IL 62062			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From page	2 4	S9999			
ı	(B)					

Illinois Department of Public Health

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