Illinois De	epartment of Public	Health			FORM	APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004055		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED
		IL6004055	B. WING		03/2	28/2024
NAME OF P	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
SHAWNE	E ROSE CARE CENT	TFR	ST SLOAN ST BURG, IL 629			
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETI DATE
S9999	Final Observations		S9999			
	Statement of Licen	sure Violations:				
	300.661					
	Section 300.661 He Check	ealth Care Worker Background	I			
	A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.					
	(225 ILCS 46/33) Sec. 33. Fingerprint-based criminal history records check.					
	check is not require who have been cor	based criminal history records ed for health care employees ntinuously employed by a				
	have met the require background checks	rer since October 1, 2007, rements for criminal history s prior to October 1, 2007, and				
	and received a wai	ng convictions or requested ver of those disqualifying employees shall be retained				
	they remain active.	Worker Registry as long as Nothing in this subsection (a)				
	employer from initia	to prohibit a health care ating a criminal history records				
	employees seek a	ployees. Should these new position with a different				
	criminal history rec (b) On October 1	er, then a fingerprint-based ords check shall be required. , 2007 or as soon thereafter as	;			
	Director of Public H	ical, in the discretion of the lealth, and thereafter, any				
	included on the De	or employee who desires to be partment of Public Health's				
	Department of Pub	er Registry shall authorize the lic Health or its designee to nt-based criminal history				
	ment of Public Health					()(0) 5
	DIRECTOR'S OR PROVIE cally Signed	DER/SUPPLIER REPRESENTATIVE'S SIC	SNATURE	TITLE		(X6) DATE 04/10/24
			6899 R	RX611	If continu	ation sheet 1

						E SURVEY PLETED					
			A. BUILDING:								
		IL6004055			03/	28/2024					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
SHAWN		FR	ST SLOAN ST BURG, IL 6294								
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)					
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE					
S9999	Continued From pa	ige 1	S9999								
	conviction for a disc authorization shall a Health to request a assistance from an agency. Each indivi fingerprints to the II electronic format the manner for request history record inform Illinois State Police under this Section a fingerprint records a Illinois State Police databases. The Illin fee for conducting t check, which shall the records check. as the designee for entities, or health c of Illinois State Police state Police shall p any criminal convic against the individu (c) On October 1, is reasonably pract Director of Public H educational entity, o conducting a nurse initiate a fingerprint check required by t individual into the tr (d) On October 1 is reasonably pract Director of Public H care employer who employment to an a	, 2007 or as soon thereafter as ical, in the discretion of the lealth, and thereafter, an other than a secondary school, aide training program shall -based criminal history records his Act prior to entry of an									

RRX611

TATEMEN	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6004055						
		IL6004055	B. WING		03/2	28/2024
IAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, ST			
HAWNE		FR	ST SLOAN ST BURG, IL 6294			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLE DATE
S9999	Continued From pa	ige 2	S9999			
	such a background previously conducts and organizations p services may initiat history record check employment has no background check conducted for an in disqualifying convic from a workforce in providing pro bono (e) When initiating requested by the D educational entity, H workforce intermed provides pro bono leectronically subm Health the student's social security num disclosure, and aut format prescribed b Health within 2 wor authorization is sec or employee shall h collected electronic Illinois State Police educational entity, H workforce intermed provides pro bono I necessary informat vendor and Illinois S days after receipt o information and the record checks shal Department of Pub Worker Registry. 955.165b)	tion and is receiving services termediary or an organization legal services. g a background check epartment of Public Health, an health care employer, liary, or organization that egal services shall it to the Department of Public s, applicant's, or employee's ber, demographics, horization information in a by the Department of Public				
i. D.	955.165f) tment of Public Health					

STATE FORM

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If continuation sheet 3 of 6

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6004055	B. WING		03/	28/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SHAWNE		FR	ST SLOAN ST BURG, IL 6294			
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 3	S9999			
	955.165i)					
	Section 955.165 Fin History Records Ch	ngerprint-Based Criminal neck				
	check or is not activ Worker Registry, th shall initiate a finge	has not had a background we on the Health Care the health care employer rprint-based criminal ck. (Section 33(g) of the Act)				
	conditional offer of who is not exempt unde position as an emp	ployer who makes a employment to an applicant r Section 955.130, for a loyee, shall initiate a riminal history records check				
	check has not beer health care employ fingerprint-based co process provided ir initiate background employment position	n previously conducted. A				
	a livescan vendor a fingerprints collecter transmitted to the D within 10 working d authorization and d shall submit his or D	ed electronically and Department of State Police ays after signing the isclosure form. Each individua her fingerprints in an electronic by the Department of				
	review, the facility f checks were comp	, observation and record ailed to ensure background leted on all new employees he facility. This has the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		IL6004055			03/2	28/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST ST SLOAN ST			
SHAWNE	EE ROSE CARE CENT	FR	BURG, IL 6294			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC ¹	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	potential to affect a facility.	I 19 residents residing at the				
	This requirement w	as not met as evidenced by:				
	1. V4's (Housekeeping) employee screening documents were reviewed in their entirety. V4 was documented as having a hire date of 2/2/2024. V4's file with the "Illinois Department of Public Health Healthcare Registry" was dated 2/6/24. The State Sex Offender registries were not checked until 3/26/24.					
	employee screening their entirety. V5 wa hire date of 11/13/2 "Illinois Department Registry" form whic for employment. Th	lurse Assistant/CNA) g documents were reviewed in as documented as having a 023. The file contained an c of Public Health Healthcare h documented V5 was eligible ie State Sex Offender checked until 3/26/24.				
	were reviewed in the documented as have The file contained a Public Health Healt documented V6 wa	loyee screening documents eir entirety. V6 was ring a hire date of 3/12/2024. an "Illinois Department of hcare Registry" form which s eligible for employment. The registries were not checked				
	were reviewed in th documented as hav The file contained a Public Health Healt documented V7 wa	ving a hire date of 11/13/2023. an "Illinois Department of hcare Registry" form which s eligible for employment on ate Sex Offender registries				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: IL6004055		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING				
					03/	28/2024
AME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
HAWNE	E ROSE CARE CENT	FR	ST SLOAN STI BURG, IL 6294			
(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 ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 5	S9999			
	 V8's (CNA) employee screening documents were reviewed in their entirety. V8 was documented as having a hire date of 11/6/2009. The file contained an "Illinois Department of Public Health Healthcare Registry" which documented V8 was eligible for employment as 3/4/2009. The State Sex Offender registries were not checked until 3/26/24. On 3/26/2024 at 11:12 AM, V1 (Administrator) stated that she has only checked the "Illinois 					
	on the newly hired of ran the sex offende they were unable to completed on time.					
	Check Policy and F documents5. In a conduct Internet se including without lin Offender Engine; th Inmate Search Eng Corrections Wanted national Sex Offend the Health and Hun Inspector General th has been adjudicate prison inmate, or ha Medicaid fraud.	care Worker Background Procedure" dated 6/2012 all cases, the facility shall arches on certain websites, nitation: the Illinois Sex ne Department of Corrections' ine; the Department of d Fugitives Search Engine; the der Registry and the website of nan Services Office of o determine if the applicant ed a sex offender, has been a as committed Medicare or	F			
		Term Care Facility Application ledicaid" dated 3/27/24 ity census of 19.				

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