(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPL IDENTIFICATION N		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				A. BOILDING.			
		IL6000939		B. WING		05/	08/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
FLANAG	AN REHABILITATION	I & HCC		FALCON HI AN, IL 61740			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000				
	Annual Licensure S	Survey					
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations:					
	1 of 2						
	300.625c)1)2) 300.625g)						
	Section 300.625 Identified Offenders						
	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:						
	Police, in the form a	tify the Department and manner require e Police, that the re	d by the				
	sex, race, date of bother identifiers req State Police. The inthrough the files of Police and the Fedolocate any criminal may exist regarding Bureau of Investiga	riminal history recore identified offender be based on the subjectiff, fingerprint imaguired by the Department of Seral Bureau of Investistory record information shall furnish to e Police, pursuant tubsection (c)(2), an	resident. ect's name, ges, and ment of essed State stigation to mation that ederal the o an y criminal				

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

05/22/24 **Electronically Signed**

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6000939	B. WING		05/	08/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
FLANAG	AN REHABILITATION	& HCC	Γ FALCON HI AN, IL 61740			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
		naintain written documentation Section 300.615 of this Part.				
	These Requirements were not met as evidenced by:					
	failed to obtain finge obtaining Criminal I identified offenders	eview and interview the facility er prints within 72 hours of History Record (CHRP) on for 2 residents (R28, R22) of wed for Identified offenders in residents.				
	Findings Include:					
	medical record doc 3/4/24. R28's CHR CHRP received a m	contained in R28's electronic uments R28 was admitted P is dated 2/29/24. R28's nultihit response. R28's obtained until 3/20/24.				
	medical record doc 9/22/23. R28's CHI CHRP received a m	contained in R20's electronic uments R2 was admitted RP is dated 4/11/24. R28's nultihit response. R28's ot obtained until 4/15/24.				
	6/2022 states "If the	Identified Offenders dated e results of a resident's CHRP dent is an identified offender the following:				
	Police, in the form a	he Department of State and manner required by the e Police, that the resident is an				
		range for a fingerprint-based ord inquiry to be requested on				

Illinois Department of Public Health

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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) A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		II 000000	B WING		05/0	00/0004	
		IL6000939	_		05/0	8/2024	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST FALCON HIGHWAY						
FLANAG	AN REHABILITATION	N& HCC	AN, IL 61740				
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
S9999	the identified offend be based on the su of birth, fingerprint required by the Dep inquiry shall be pro- Department of Stat Bureau of Investiga history record infor- regarding the subje Investigation shall f State Police, pursu	der resident. The inquiry shall ubject's name, sex, race, date images, and other identifiers partment of State Police. The cessed through the files of the te Police and the Federal ation to locate any criminal mation that may exist ect. The Federal Bureau of furnish to the Department of lant to an inquiry any criminal mation that may exist	S9999				
		(C)					
	2 of 2						
	300.661						
	Section 300.661 H Background Check						
	Worker Backgroun	ply with the Health Care d Check Act and the Health ground Check Code.					
	These requirement by:	ts were not met as evidenced					
	failed to complete t Background checks employee working.	and record review the facility the Healthcare Worker s on an employee prior to that This failure has the potential dents residing in the facility.					
	Findings Include:						
	The facility's Emplo	ovee Directory provided by V3					

Illinois Department of Public Health

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6000939	B. WING		05/0)8/2 02 4
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00.0	
FLANAGAN REHABILITATION & HCC 201 EAST FALCON HIGHWAY FLANAGAN, IL 61740						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	Regional Director d Nurse was hired on Background Check documents V18's b completed on 2/12/ The Illinois departm Professional Regula documents V18's L checked on 2/12/24 On 5/7/24 at 1:42 P that V18 started wo	ocuments V18 Registered 2/6/24. The facility's Criminal Request and Results report ackground check was 24. Tent of Financial and ation Lookup Detail View icense information was	S9999	DEPICIENCY)		

6899

Illinois Department of Public Health STATE FORM

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