

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009336	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/21/2024
NAME OF PROVIDER OR SUPPLIER CARLINVILLE REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 751 NORTH OAK STREET CARLINVILLE, IL 62626		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation: 2449544/IL181301	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.661 Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the health Care worker Background Check Code. This Requirement is NOT MET as evidence by: Based on interview and record review, the facility failed to terminate an employee for disqualifying offenses discovered during pre-employment screening and results of fingerprint checks which would disqualify them for employment. This had the potential to affect all of the 77 residents living in the facility. Findings include: 1. The facility's Abuse Prevention and Prohibition Policy, dated 1/2017, documents the following: This facility will not knowingly employ individuals who have been found guilty of abusing, neglecting or mistreating residents or misappropriating their properties. All employees will have criminal background checks, state and federal required checks. This facility will make reasonable efforts to uncover information about any past criminal prosecutions.	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

12/06/24

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S9999	<p>Continued From page 1</p> <p>On 11/21/24, employee files were reviewed for background checks with the following noted: V13, Dietary, was hired by the facility on 10/30/24. The IDPH (Illinois Department of Public Health) Health Care Worker Registry, undated, documents V13 has disqualifying offenses for employment with dates of 8/19/99, 1/10/19, and 10/10/19. An email, dated 11/7/24 at 2:22 PM, documents the facility was notified by IDPH that V13 had disqualifying convictions that cause the individual to be ineligible to be hired, employed or retained by a health care employer or long term care facility. V13's Time Detail Report, documents V13 worked in the facility on 11/8/24, 11/11/24, 11/12/24, 11/13/24, 11/14/24, 11/16/24, 11/17/24, 11/19/24, and 11/20/24.</p> <p>On 11/21/24 at 9:38 AM, V16, AP/PR, stated she was doing the background checks up until a couple of weeks ago and a new recruiter started and she is still learning. V16 stated the new recruiter is out sick so she (V16) is trying to work on getting the background checks done. V16 stated the IDPH website is down right now, so as soon as it comes back up, she will finish them up. V16 stated the prior administrator walked out on Friday (11/15/24) and hadn't forwarded any resulted background checks to her (V16) so they didn't know V13 had disqualifying offenses until V3 got into the administrator's email and saw the report on his background check. V16 stated V13 is supposed to come into work today and shouldn't be.</p> <p>On 11/21/24 at 12:25 PM, V1, Interim Administrator, stated R13 was terminated today due to his background check.</p> <p>The Facility Census Report, dated 11/21/24, documents that the facility has 77 residents living</p>	S9999			

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S9999	Continued From page 2 in the facility. (C)	S9999			