Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: NAME OF PROVIDER OR SUPPLIER B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SOKOMIS REHAB & HEALTH CARE CENTER NOKOMIS, IL 62075 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	(X3) DATE SUI COMPLET 11/18/2	ED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NOKOMIS REHAB & HEALTH CARE CENTER 505 STEVENS STREET (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT	11/18/2	<u>202</u> 4
NOKOMIS REHAB & HEALTH CARE CENTER 505 STEVENS STREET NOKOMIS, IL 62075 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT	·	
NOKOMIS REHAB & HEALTH CARE CENTER NOKOMIS, IL 62075 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT		
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOU TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPRODE DEFICIENCY) TAG DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
S 000 Initial Comments S 000		
Annual Health Survey		
Complaint Investigation 2448846/IL180029		
S9999 Final Observations S9999		
Statement of Licensure Violations:		
1 of 2		
300.610 a) 300.650c) 300.650d) 300.660a) 300.660c)1 300.661		
Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.		
Section 300.650 Personnel Policies c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license		
nois Department of Public Health 30RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE) DATE
Electronically Signed	12	2/04/24

	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	IL6006555		B. WING		11/	18/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
юкомі	S REHAB & HEALTH	CARE CENTER	VENS STREET IS, IL 62075			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
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	d) The facility shall	he individual's personnel file. check the status of all Health Care Worker Registry				
	nursing assistant, h services rehabilitati individual who may resident's living qua financial, or medica the facility has inqu Health Care Worke listed on the Health eligible to work for a c) The facility shall assistant complies conditions: 1) Is approv Health Care Worke that the nurse aide equivalency require this Part and does criminal backgroun Section 300.661 He Check A facility shall comp Worker Backgroun	ursing Assistants t employ an individual as a nome health aide, psychiatric ion aide, or newly hired as an have access to a resident, a arters, or a resident's personal al records, nurse aide unless ired of the Department's er Registry and the individual is a care Worker Registry as a health care employer. I ensure that each nursing with one of the following yed on the Department's er Registry. "Approved" means has met the training or ements of Section 300.663 of not have a disqualifying d check without a waiver. ealth Care Worker Background oly with the Health Care d Check Act and the Health ground Check Code.	5			
	by:	ts are NOT MET as evidence				
	failed to obtain con screening, including	and record review, the facility duct pre-employment g the Illinois Sex Offender Department of Corrections				

	Pepartment of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
	IL6006555		B. WING		11/ [.]	18/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
окомі	S REHAB & HEALTH	CARE CENTER	VENS STREET IS, IL 62075			
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET
S9999	Continued From pa	ige 2	S9999			
	checks, to determir criminal history whi	d obtain results of fingerprint ne if employees had a prior ch would disqualify them for nad the potential to affect all ing in the facility.				
	Findings include:	Findings include:				
	dated 11/28/16, doe the right out of our abuse, neglect, mis property, and explo- includes, but is not corporal punishmen any physical or che treat the resident's facility therefore pro exploitation, neglec This will be done by	e Prevention Program Policy, cuments, "This facility affirms residents to be free from sappropriate of resident bitation as defined below. This limited to, freedom from nt, involuntary seclusion and emical restraint not required to medical symptoms. This ohibits mistreatment, et or abuse of our residents. y conducting required creening of employees."				
	Check Policy and F documented it is th persons employed to be free of convic attempting to comm Health Care Worke facility will request a employees. Employ background check Care Worker Regis ineligibility. Persons be hired conditione appropriate background	A Care Worker Background Procedure, dated 2/28/12, e policy of the facility that all in the care facility are required tion of committing, or nit any crime listed in the er Background Check Act. The a background check on all yees will be terminated if the or the results of the Health stry reveal a finding of s applying for employment will d upon results of the ound check as follows: A riminal history records check				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	IL6006555		B. WING		11/18/2024		
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		11/	10/2024	
		505 STE	VENS STREET				
NOKOM	IS REHAB & HEALTH	CARE CENTER NOKOMI	S, IL 62075				
(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 ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	nge 3	S9999				
	residents, hereinaft Applicant." A UCIA background check individuals licensed Financial and Profe Department of Pub this state, hereafter Applicant." It contin Administrator/desig of an employee by Worker Registry. W criminal history rece been conducted is "Fee App" or "CAAI cases, the facility s on certain web sites the Illinois Sex Offe of Corrections' Sex Department of Corr Engine; The Depar Fugitives Search E Offender Registry a and Human Service to determine if the a adjudicated a sex of inmate, or has com fraud. On 11/12/24, fourter reviewed for pre-en following was docu V13, Certified Nurs 7/29/24. The facilit Registry check, an an Illinois Departme an inmate/wanted f facility did not have	nee confirms the certification checking the Health Care /hether a fingerprint-based ords check has previously indicated by the identifier of PP." It continues, 5. In all hall conduct internet searches s, including without limitation: ender Registry; the Departmen Offender Search Engine; the rections Inmate Search tment of Correction Wanted ngine; the National Sex and the website of the Health es Office of Inspector General applicated has been offender, has been a prison imitted Medicare of Medicaid	t				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	IL6006555		B. WING		11/	18/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
юкомі	S REHAB & HEALTH	CARE CENTER	VENS STREET S, IL 62075			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	age 4	S9999			
	disqualifying convid	ction.				
	facility did not initia check, an Office of search, a fingerprir check, an Illinois So Illinois Department	r, was hired on 9/27/24. The te a Health Care Registry Inspector General (OIG) at based criminal background ex Offender registry, or the of Corrections (DOC) tive search to determine if V5 conviction.				
	stated the facility fa background checks hire. V1 stated she Office Manager) V7 background checks completed the back missed. V1 stated s because she discor convictions after th	25 AM, V1, Administrator, ailed to complete the required s for V5, Activity Director, upor thought her BOM (Business 12 completed the required s and V12 thought V1 had kground checks, so they were she terminated V5 this am, vered V5 has disqualifying e surveyor requested V5's background checks.				
	did not initiate a He OIG search, a finge background check, registry search, nor	tive search to determine if V8				
	supposed to go and check, but she did V8 she must get th	5 PM, V1 stated V8 was d get a fingerprint background not. V1 stated she will inform e fingerprint background check e will not be able to work lone.	ς.			
		ed on 11/11/24. The facility are Registry check, an Illinois				

	Department of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	IL6006555		B. WING		11/	18/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NOKOMI	IS REHAB & HEALTH	CARE CENTER	VENS STREET IS, IL 62075			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ige 5	S9999			
	Corrections (DOC), fugitive search on 1 have an Office of Ir to determine if V14 V15, CNA, was hire initiated a Health C did not have an Illin search, an Illinois E search, nor an OIG V16, CNA, transfer facility on 6/25/24. new Health Care W facility did not have registry search, an fugitive search, nor On 11/13/24 at 2:08	red to this facility from a sister The facility failed to complete a /orker Registry check. The an Illinois Sex Offender Illinois DOC inmate/wanted an OIG search. 3 PM V1 stated the facility did	y			
	because V16 transistated this facility a separate payrolls. V18, CNA, was hire initiated a Health C Sex Offender search Corrections (DOC),	ed on 10/15/24. The facility are Registry check, an Illinois ch, an Illinois Department of , and an inmate/wanted				
	have an Office of Ir to determine if V18 V19, CNA, was hire failed to check the Illinois Sex Offende and an inmate/wan 9/24/24. The facility	10/15/24. The facility did not aspector General (OIG) search has a disqualifying conviction ed on 6/24/24. The facility Health Care Worker Registry, er Registry, and Illinois DOC, ted fugitive search until / did not have any wing the facility completed an				

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6006555		B. WING		11/18/2024	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
юкомі	S REHAB & HEALTH	CARE CENTER	VENS STREET			
0(4) 15			IS, IL 62075	PROVIDER'S PLAN OF		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 6	S9999			
	failed to check the to ensure V23 was The facility did not I registry, the Illinois (DOC) inmate/want	ed on 6/25/23. The facility Health Care Worker Registry eligible to work until 12/29/23. have an Illinois Sex Offender Department of Corrections ted fugitive search, nor an OIG e if V23 had a disqualifying				
	transferred to the fa facility. The facility to Health Care Worke Offender registry se	ce Manger and CNA, acility on 6/25/24 from a sister failed to complete a new or Registry check, Illinois Sex earch, an Illinois DOC tive search, nor an OIG				
	transferred from a s complete any new b the Health Care Wo did not think it was transfers to a sister	88 AM, V1 stated V12 sister facility, and she did not background checks including orker Registry. V1 stated she required when an employee facility. V1 stated these two not on the same payroll.				
	8/15/24. The facility (Illinois Department Registry) to ensure	ed Nurse), was hired on v failed to check the IDFPR t of Financial and Professional V17's RN license is active the surveyor requested the				
	6/14/24. The facility ensure V2's RN lice	ctor of Nursing), was hired on a failed to check the IDFPR to cense is active until 11/13/24 equested the information.				
) PM, V1 stated only 1 nurse had proof that the IDFPR was				

	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	IL6006555		B. WING		11/18/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NOKOMI	S REHAB & HEALTH	CARE CENTER	VENS STREET IS, IL 62075			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	age 7	S9999			
	she did not have ar checked the IDFPF V2 had active RN li On 11/14/24 at 11:0 the facility to compl	nursing licenses. V1 stated nything showing the facility R website to ensure V17 and icenses prior to hire. 06 AM, V1 stated she expects lete employee background employee working the floor.				
	stated she expects	07 AM, V11, Regional Nurse, the facility to complete und checks per the regulations				
	(C)					
	2 of 2					
	300.610 a) 300.615 e) 300.615 f) 300.625 c)2)					
	a) The facility procedures govern facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal by this committee, and dated minutes Section 300.615 De	advisory physician or the committee, and representatives er services in the facility. The ly with the Act and this Part. is shall be followed in operating l be reviewed at least annually documented by written, signed of the meeting. etermination of Need juest for Resident Criminal	; ,			

STATE FORM

	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
IL6006555		B. WING		11/18/2024		
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
IOKOMI	S REHAB & HEALTH	CARE CENTER 505 STE	VENS STREET			
	S REHAD & HEALTH	NOKOMI	S, IL 62075			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO	THE APPROPRIATE	DATE
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S9999	Continued From pa	ige 8	29999			
		to the screening required by				
		of the Act and this Section, a				
		24 hours after admission of a				
		criminal history background				
		he Uniform Conviction all persons 18 or older seeking	,			
		cility, unless a background				
		by a hospital pursuant to the				
		Act. Background checks shall				
		sident's name, date of birth,				
		s as required by the				
		e Police. (Section 2-201.5(b)				
	of the Act).					
		shall check for the individual's				
		Sex Offender Registration state.il.us and the Illinois				
		rections sex registrant search				
		state.il.us to determine if the				
		is a registered sex offender.				
	Section 300.625 Ide					
	/	s of a resident's criminal				
	, 0	check reveal that the resident				
		nder as defined in Section , the facility shall do the				
	following:	, the facility shall do the				
		72 hours, arrange for a				
		riminal history record inquiry to				
		e identified offender resident.				
		e based on the subject's name,				
		irth, fingerprint images, and				
		uired by the Department of				
		nquiry shall be processed				
		the Department of State				
		eral Bureau of Investigation to history record information that				
		the subject. The Federal				
		ation shall furnish to the				
		e Police, pursuant to an				

Illinois D	epartment of Public	Health			-	_
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		(X3) DATE COMP	SURVEY LETED
		IL6006555	B. WING		11/1	8/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NOKOM	S REHAB & HEALTH	CARE CENTER	'ENS STREE 3, IL 62075	Т		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROINDEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 9	S9999			
	history record inform	mation contained in its files.				
	These Requiremen by:	ts are NOT MET as evidence				
	failed to arrange for resident with a Crin Response Process residents (R27) rev	and record review, the facility r fingerprint-based check for a ninal History Information (CHIRP) search hit for 1 of 10 iewed for Resident s in the sample of 20.				
	Findings include:					
		with a print date of 11/14/24, is admitted on 9/6/24.				
	a result of "HIT". Th	ch, dated 9/5/24, documented ne facility failed obtain after the hit was resulted.				
	Administrator, state	proximately 2:00 PM, V1, ed she did not get R27's ecause she was told he did not				
	Procedure, with rev documented once t resident is an Ident request in 72 hours live scan State and Investigation (FBI) business days. The and Recommendat	fingerprint check within five Identified Offender Report ions shall be incorporated into care. Maintain written				
llineis Dere	(C) tment_of Public Health					

Illinois Department of Public	Health			TORWATTROVED					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
AND I LAN OF CONTLECTION	IDENTIFICATION NOMBER.	A. BUILDING:							
	IL6006555	B. WING		11/18/2024					
NAME OF PROVIDER OR SUPPLIER									
	505 STEVENS STREET								
NOKOMIS REHAB & HEALTH	NOKOM	IS, IL 62075							
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE					
llinois Department of Public Health									