Illinois D	epartment of Public	Health	-			APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010664 NAME OF PROVIDER OR SUPPLIER STREET AL		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED	
		B. WING		12/	12/06/2024	
		ADRESS, CITY, STATE, ZIP CODE			00/2024	
	S WELLNESS REHA	1251 EA				
		CRETE,	IL 60417			
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure a	nd Certification				
S9999	Final Observations		S9999			
	Statement of Licens 300.615e) 300.615f) 300.661)	sure Violations:				
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information					
	Section 2-201.5(a) facility shall, within resident, request a check pursuant to t Information Act for admission to the fa check was initiated Hospital Licensing a be based on the res and other identifiers	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)				
	name on the Illinois website at www.isp Department of Com page at www.idoc.s	shall check for the individual's s Sex Offender Registration .state.il.us and the Illinois rections sex registrant search state.il.us to determine if the us a registered sex offender.				
	Section 300.661 He Check	ealth Care Worker Background	Ŀ			
	A facility shall comp	bly with the Health Care				
	tment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SI	SNATURE	TITLE		(X6) DATE
	cally Signed					12/24/24
ATE FORM			6899	′K6811	If continu	ation sheet 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6010664	B. WING		12/06/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE	•	
ST JAME	ES WELLNESS REHA	B VILLAS 1251 EAS	ST RICHTON F	ROAD		
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S9999	Continued From page 1		S9999			
	Worker Background Check Act and the Health Care Worker Background Check Code.					
	This requirement was NOT met as evidence by:					
	A. Based on interview and record review, the facility failed to complete the required background checks within 24 hours of admission and obtain required finger printing for a resident with hits on the CHIRP (Criminal History Information Response Process). This applies to 9 of 10 residents (R244, R243, R24, R10, R90, R73, R21, R71) in a sample of 30. B. Based on interview and record review the facility failed to provide documentation of complete employee background checks for 4 unlicensed staff members prior to working in the facility. This applies to all 80 residents that reside in the facility.					
	Findings include:					
	background checks Admissions Directo R244 face sheet do	11:15 AM, the resident s were reviewed with V11 or. ocuments an admission date o RP was done on 9/24/24.	f			
		omes to the facility for respite. ackground check completed ission.				
	of 11/20/24. The Cl 12/5/24 and did not information. No do	documents an admission date HIRP provided was dated t include identifiers or result ocumentation of review of of Correction was provided.				
	R24's face sheet do of 3/9/2. The facility tment of Public Health	ocuments an admission date y did not provide				

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S9999	Continued From pa	ge 2	S9999				
	offender Registry o Corrections) review felony theft convicti provide documenta R10's face sheet do of 12/19/23. The fa documentation got Offender registry of R90's face sheet do	review of the Illinois Sex r IDOC (Illinois Department of v. R24's CHIRP returned with ons. The facility did not tion of resident finger printing. Documents an admission date acility did not provide the review of the Illinois Sex r IDOC websites.					
	of 6/25/24. The CH The facility did not	ocuments an admission date IIRP was done on 9/25/24. provide documentation for s Sex Offender registry or the					
	of 8/3/24. The CHI facility did not provi	ocuments an admission date RP was done on 9/24/24. The de documentation for their s Sex Offender Registry or					
		ocuments an admission date CHIRP was done on 9/24/24.					
		ector stated residents' s should generally be done admission.					
	Offender Facility Po the policy of this fac sensitive and reside accordance with the	v provided policy Identified blicy and Procedure states it is cility to establish a resident ent secure environment in e provisions of the Nursing s facility shall check the					

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S9999	Continued From pa	age 3	S9999		
	seeking admission identify previous cri criminal history bac hours of admission (Uniform Conviction history background birth and other iden Department of Stat seeking admission Once the facility de identified offender, hours for the reside and FBI (Federal b	ckground on any resident to the facility in order to iminal convictions. Conduct a ckground check withing 24 or, request a name based UCIA in Information Act criminal check based on name date or otifiers required by the re Police for any resident to the facility. etermines the resident is an the facility must request in 72 ent to undergo a live scan state ureau of Investigation) in premises within five business	f		
		ackground review was 3 (Regional VP of Human			
	was 3/11/24. The h Illinois sex offender offender, were revie did not provide doc	Nursing Assistant) hire date ealthcare worker registry, r registry, National Sex ewed on 6/22/24. The facility sumentation of the Department nted Fugitives or Office of website review.			
	Health Care worked National Sex offend General, were revie eligibility status was	re date was 8/1/00. The r registry, Illinois Sex Offender der, Office of Inspector ewed on 12/4/24. V29's work s not determined. The facility sumentation of Illinois rections review.	,		
		s 6/25/24. The Health Care office of Inspector General,			

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S9999	Continued From page 4		S9999			
	websites were revie did not provided do Corrections wanted Corrections Inmate corrections sex offe V31's hire date was provide documenta website review or f V28 stated the Hur have been complet prior to new hires w reviewing the Healt to update the recor the facility. The Facilities unda states the HR Direct background checks required by the res operations. Illinois background checks	s 4/2/15. The facility did not ation of any background check, inger printing. nan Recourse manager should ting the background reviews vorking in the facility and thcare worker Registry yearly ds if the employee is still with ted policy Background Checks ctor will ensure completion of s for all new employees and as pective State of Center non licensed employees s will be completed in the IDPH t of Public Health) health care	1			

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