

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNSET REHABILITATION &amp; HLTH C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 SOUTH 1ST AVENUE CANTON, IL 61520</b>		
(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  Annual Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.625 a) 300.625 b) 300.625 c)1) 300.625 c)2) 300.625 d) 300.625 e) 300.625 f)1) 300.625 f)2) 300.625f)3)A) 300.625 f)3)B) 300.625 f)4) 300.625 g) 300.625 h) 300.625 i) 300.625 j) 300.625 k) 300.625 l) 300.625 m) 300.625 n) 300.625 o) 300.625 p) 300.625 q)  Section 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

12/06/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNSET REHABILITATION &amp; HLTH C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 SOUTH 1ST AVENUE CANTON, IL 61520</b>		
(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
S9999	Continued From page 1  waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending. 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: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. d) The facility shall comply with all applicable provisions contained in the Uniform Conviction Information Act. e) All name-based and fingerprint-based criminal history record inquiries shall be submitted to the Department of State Police electronically in the form and manner prescribed by the Department of State Police. The Department of State Police may charge the facility a fee for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Services Fund. The fee shall not exceed the	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNSET REHABILITATION &amp; HLTH C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 SOUTH 1ST AVENUE CANTON, IL 61520</b>		
(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
S9999	Continued From page 2  actual cost of processing the inquiry. (Section 2-201.5(c) of the Act) f) If identified offenders are residents of a facility, the facility shall comply with all the following requirements: 1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense who are residents of the facility. If a resident of a licensed facility is an identified offender, any federal, State, or local law enforcement officer or county probation officer shall be permitted reasonable access to the individual resident to verify compliance with the requirements of the Sex Offender Registration Act, to verify compliance with the requirements of Public Act 94-163 and Public Act 94-752, or to verify compliance with applicable terms of probation, parole, or mandatory supervised release. (Section 2-110(a-5) of the Act) Reasonable access under this provision shall not interfere with the identified offender's medical or psychiatric care. 2) The facility staff shall meet with local law enforcement officials to discuss the need for and to develop, if needed, policies and procedures to address the presence of facility residents who are registered sex offenders or are serving a term of parole, mandatory supervised release, or probation for a felony offense, including compliance with Section 300.695 of this Part. 3) Every licensed facility shall provide to every prospective and current resident and resident's guardian, and to every facility employee, a written notice, prescribed by the Department, advising the resident, guardian, or employee of his or her right to ask whether any	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNSET REHABILITATION &amp; HLTH C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 SOUTH 1ST AVENUE CANTON, IL 61520</b>		
(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
S9999	Continued From page 3  residents of the facility are identified offenders. The facility shall confirm whether identified offenders are residing in the facility. A) The notice shall also be prominently posted within every licensed facility. B) The notice shall include a statement that information regarding registered sex offenders may be obtained from the Illinois State Police website, <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> , and that information regarding persons serving terms of parole or mandatory supervised release may be obtained from the Illinois Department of Corrections website, <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> . (Section 2-216 of the Act) 4) If the identified offender is on probation, parole, or mandatory supervised release, the facility shall contact the resident's probation or parole officer, acknowledge the terms of release, update contact information with the probation or parole office, and maintain updated contact information in the resident's record. The record must also include the resident's criminal history record. g) Facilities shall maintain written documentation of compliance with Section 300.615 of this Part. h) Facilities shall annually complete all the steps required in subsection (f) of this Section for identified offenders. This requirement does not apply to residents who have not been discharged from the facility during the previous 12 months. i) For current residents who are identified offenders, the facility shall review the security measures listed in the Identified Offender Report and Recommendation provided by the Department of the State Police. j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement,	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNSET REHABILITATION &amp; HLTH C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 SOUTH 1ST AVENUE CANTON, IL 61520</b>		
(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
S9999	Continued From page 4  shall specifically address the resident's needs in an individualized plan of care. k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act) l) If the identified offender is a convicted (see 730 ILCS 150/2) or registered (see 730 ILCS 150/3) sex offender or if the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act reveals that the identified offender poses a significant risk of harm to others within the facility, the offender shall be required to have his or her own room within the facility subject to the rights of married residents under Section 2-108(e) of the Act. (Section 2-201.6(d) of the Act) m) The facility's reliance on the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act shall not relieve or indemnify in any manner the facility's liability or responsibility regarding the identified offender or other facility residents. n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review. The facility shall modify the care plan, if necessary, in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents. o) Incident reports shall be submitted to the Division of Long-Term Care Field Operations in the Department's Office of Health Care Regulation in compliance with Section 300.690 of this Part. The facility shall review its placement determination of identified offenders based on incident reports involving the identified offender.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNSET REHABILITATION &amp; HLTH C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 SOUTH 1ST AVENUE CANTON, IL 61520</b>		
(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
S9999	<p>Continued From page 5</p> <p>In incident reports involving identified offenders, the facility shall identify whether the incident involves substance abuse, aggressive behavior, or inappropriate sexual behavior, as well as any other behavior or activity that would be reasonably likely to cause harm to the identified offender or others. If the facility cannot protect the other residents from misconduct by the identified offender, then the facility shall transfer or discharge the identified offender in accordance with Section 300.3300 of this Part.</p> <p>p) The facility shall notify the appropriate local law enforcement agency, the Illinois Prisoner Review Board, or the Department of Corrections of the incident and whether it involved substance abuse, aggressive behavior, or inappropriate sexual behavior that would necessitate relocation of that resident.</p> <p>q) The facility shall develop procedures for implementing changes in resident care and facility policies when the resident no longer meets the definition of identified offender.</p> <p>(Source: Amended at 35 Ill. Reg. 11419, effective June 29, 2011)</p> <p>Thses requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to obtain fingerprints within 72 hours after notification of a "Hit" on the Illinois State Police Bureau of Identification Criminal History Record (CHIRP) for one resident (R229) out of ten residents; failed to provide (lost) a Criminal History Record Check, (CHAR) for one resident (R17) out of four residents; failed to incorporate the Identified Offender Report and Recommendation into the Care Plan for four (R13,R17,R33,R229) out of ten residents in a sample of 37.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNSET REHABILITATION &amp; HLTH C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 SOUTH 1ST AVENUE CANTON, IL 61520</b>		
(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
S9999	<p>Continued From page 6</p> <p>Findings include:</p> <p>The document Sex Offender/Identified Offender Policy for Admission, undated, states, "The facility will conduct complete reviews of sexual offenders/identified offenders already residing in the facility or continued placement. Each facility will prescreen all residents prior to admission to ensure appropriate placement."</p> <p>1. R13's medical record documents his admission on 4/11/14. The facility provided background check for R13 is dated 4/10/14. The Illinois State Police Bureau of Identification Criminal History Record (CHIRP) was dated 4/10/14, indicating a "HIT." The Nursing Home Resident Applicant Fingerprint Consent Form was dated and signed by R13 on 10/06/14. The Criminal History Record Check, (CHAR), dated 11/07/14, states, "(R13) is a LOW RISK." R13's Care Plan does not document he is an identified offender, no portions specific to the identified offense or any goals, recommendations, measures, or target goals for R13.</p> <p>2. R17's medical record documents his admission on 5/22/19. The facility provided background check for R17 is dated 5/22/19. The Illinois State Police Bureau of Identification Criminal History Record (CHIRP) was dated 5/22/19, indicating a "HIT." The Nursing Home Resident Applicant Fingerprint Consent Form was dated and signed by R17 on 6/17/19. The Criminal History Record Check, (CHAR), is not available. On 11/21/24 at 10:15 AM, V11, Business Office Manager, states the facility does not have R17's CHAR (it is lost). R17's Care Plan does not document he is an identified offender, no portions specific to the identified</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNSET REHABILITATION &amp; HLTH C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 SOUTH 1ST AVENUE CANTON, IL 61520</b>		
(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
S9999	Continued From page 7  offense or any goals, recommendations, measures, or target goals for R17.  3. The Facility Room Roster, dated 11/18/24, states, "(R33) resides in Room (#) with a roommate, (R16), in (Room #)."  R33's medical record documents his admission on 9/11/17. The facility provided background check for R33 is dated 9/11/17. The Illinois State Police Bureau of Identification Criminal History Record (CHIRP) was dated 9/11/17, indicating a "HIT." The Nursing Home Resident Applicant Fingerprint Consent Form was dated 9/12/17 and signed by R33. The Criminal History Record Check, (CHAR), dated 10/13/17, states, "(R33) is a MODERATE risk. (R33's) criminal convictions for: criminal trespass to land; aggravated battery/police/fire; domestic violence/bodily harm; aggravated assault; battery; and trespass to residence. His diagnosis cited dementia, drug abuse and medical disorders. Nursing staff stated: "have had difficulty with him urinating and masturbating in other resident's rooms...medication has been changed...has single room due to facility policy." The Resident Interview noted: "appeared confused." His compliance with psychiatric/medical treatment and abstinence from alcohol/drug use should be closely monitored. In view of his psychiatric/medical condition, incidents of inappropriate behavior, and confusion, a moderate risk supervision status is recommended." Noted that R33 does share a room with another (R16). On 11/21/24, V1, Administrator stated, "(R33) had been moved into the room with (R16) because of behaviors that were present with his last (unknown) roommate (R33 was urinating on unknown resident). (R33) isn't having the same behavior with (R16), but we	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNSET REHABILITATION &amp; HLTH C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 SOUTH 1ST AVENUE CANTON, IL 61520</b>		
(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
S9999	<p>Continued From page 8</p> <p>will get (R33) into a private room."</p> <p>4. R229's medical record documents her admission on 7/24/24. The facility provided background check for R229 is dated 7/22/24. This included the Illinois State Police Bureau of Identification Criminal History Record (CHIRP), which indicated a "HIT." The Nursing Home Resident Applicant Fingerprint Consent Form was not completed within 72 hours of receiving the CHIRP. R229's Care Plan does not document she is an identified offender, no portions specific to the identified offense or any goals, recommendations, measures, or target goals for R229. V11, Business Office Manager, stated, "We did not have (R229) fingerprinted and we do not have a Criminal History Record Check, (CHAR) for (R229)."</p> <p>On 11/21/24 at 11:20 AM, V10, Regional Director, explained the process for Identified Offender Background Checks stating, "Every resident should have the Illinois State Police Bureau of Identification Criminal History Record (CHIRP) and the Illinois, the Department of Corrections and the Office of Inspector General checks will be done (Fee Application). If any resident has a "HIT" on their CHIRP, then we will immediately have the resident's fingerprints taken and sent to the appropriate facility. If the resident has issues and the safety of other residents is in question, the admitting resident will be in a private room. Once the Criminal History Record Check, (CHAR) returns we will follow the guidelines set forth by the Illinois Department of Public Health. We want to protect all of our residents."</p> <p>On 11/21/24 at 11:30 AM, V1, Administrator, confirmed the above deficiencies, stating, "I have recently taken over this facility and have begun</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>11/21/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNSET REHABILITATION &amp; HLTH C</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>129 SOUTH 1ST AVENUE CANTON, IL 61520</b>		
(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	
S9999	Continued From page 9  doing audits on all of the residents who live here. I will make sure the Identified Offender background checks are going to be done correctly from now on."  The facility's Long-Term Care Facility Application for Medicare and Medicaid Form CMS (Centers for Medicare and Medicaid Services) 671, dated 11/18/24, signed by V11, Business Office Manager, documents 75 residents currently reside within the facility.  (C)	S9999			