Illinois De	epartment of Public	Health			FORM	APPROVE
		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI			(X3) DATE SURVEY COMPLETED 01/09/2025	
	IL6006712		B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
RENAISS	ANCE CARE CENTE	R	ST ASH STRE	ET		
		CANTON	l, IL 61520			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	TION SHOULD BE COMPLE THE APPROPRIATE DATE	
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Statement of Licen 300.615e) 300.615f)	sure Violations:				
		etermination of Need uest for Resident Criminal rmation				
	2-201.5(a) of the Ad shall, within 24 hou resident, request a check pursuant to t Information Act for seeking admission background check pursuant to the Hos Background checks resident's name, da identifiers as requir	e screening required by Section ct and this Section, a facility rs after admission of a criminal history background he Uniform Conviction all persons 18 or older to the facility, unless a was initiated by a hospital spital Licensing Act. s shall be based on the ate of birth, and other ed by the Department of State 201.5(b) of the Act)				
	on the Illinois Sex ( at www.isp.state.il.u of Corrections sex	check for the individual's name Offender Registration website us and the Illinois Department registrant search page at s to determine if the individual ered sex offender.				
	This REQUIREME	NT is not met as evidenced by				
	failed to complete (	view and interview the facility Criminal History Background Offender Registry Checks,				
	ment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SIG		TITLE		(X6) DATE
	cally Signed					01/24/25
			6899	8GKI11	If continu	ation sheet 1 c

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6006712		B. WING		01/09/2025	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
RENAISS	SANCE CARE CENTE	R	ST ASH STREE I, IL 61520	ĒT		
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S9999	Continued From page 1		S9999			
	and Illinois Department of Corrections Sex Registry Checks within 24-hour of admission for five of five residents (R107, R108, R109, R110, R157) reviewed for Abuse Prevention in the sample of 38.					
	Findings include:					
	The Abuse Prevention Program Policy dated 8/11/17 documents "Policy It is the policy of this facility to prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property. The following procedures shall be implemented when an employee or agent becomes aware of abuse or neglect of a resident, or of an allegation of suspected abuse or neglect of a resident by a 3rd (third) party. II. Pre-Admission Screening of Potential Residents: This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Prior to the admission of a new resident to the facility, this facility will: Check for the resident's name on the Illinois Department of Corrections sex registrant search page. Within 24 hours after admission of a new resident to the facility, this facility will: Initiate a Criminal History Background Check according to the Facility Identified Offender Policy and Procedure."		,			
	was admitted on 1- R107's Criminal His	story Background check, r Registry, and Illinois				

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		IL6006712	B. WING		01/09/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
RENAIS	SANCE CARE CENTE	R	ST ASH STREE N, IL 61520	ĒT		
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S9999	Continued From pa	age 2	S9999			
	2. R108's Admission Record documents R108 was admitted on 1-3-25.					
	R108's Criminal History Background check, Illinois Sex Offender Registry, and Illinois Department of Corrections Registry document being completed on 1-6-25 (three days after R108's admission).					
	3. R109's Admission Record documents R109 was admitted on 12-27-24.					
	Illinois Sex Offende Department of Corr	story Background check, er Registry, and Illinois rections Registry document n 12-30-24 (three days after				
	4. R110's Admission was admitted on 12	on Record documents R110 2-20-24.				
	Illinois Sex Offende Department of Corr	story Background check, er Registry, and Illinois rections Registry document n 12-23-24 (three days after				
	5. R157's Admission was admitted on 1-	on Record documents R157 2-25.				
	Department of Corr	Offender Registry and Illinois rections Registry document n 1-7-25 (five days after				
	Coordinator) stated	AM V8 (Admission's I R107-R110's and R157's ickground Checks, Illinois Sex Checks, and Illinois				

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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 A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			
		IL6006712	B. WING		01/0	09/2025
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
ENAISS	SANCE CARE CENTE	R	ST ASH STREE I, IL 61520	ET		
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S9999	Continued From page 3 Department of Corrections Registry Checks were not completed prior to admission or within 24 hours of admission. V8 stated, "Me and (V9/Vice President of Operations) are responsible to do the resident background checks, however me and (V9) were off when (R107-R110 and R157) were admitted, so their background checks did not get done within 24 hours of their admission."					
	(C)					

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