

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/29/2025
NAME OF PROVIDER OR SUPPLIER CASEY REHAB AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 100 N.E. 15TH CASEY, IL 62420		
(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 2560634/IL185130	S 000			
S9999	Final Observations Statement of Licensure Violations: Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act). f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to conduct a criminal history background check and offender registry search within 24 hours of admission for one of five residents (R1)	S9999			

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

02/09/25

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S9999	Continued From page 1 reviewed for resident background checks on the sample list of five residents. This failure has the potential to affect all 50 residents living in the facility. Findings include: The Facility Policy dated 10/13/2020 titled "Identified Offender" documents the following statement: "To ensure that a criminal history background check is performed on all resident applicants in order to ensure the protection and safety of current residents." "Criminal Background Check Upon Admission" "The Facility shall, within 24 hours after admission, request a criminal history background check for all residents seeking admission to the Facility." R1's Base Line Care Plan dated 11/29/24 documents R1 was admitted to the facility on 11/29/24. R1's Medical Record does not document a criminal history background check. R1's Medical Record does not document that R1's name was checked on the Illinois Sex Offender Registration website and the Illinois Department of Corrections sex registrant search page to determine if R1 is listed as a registered sex offender. On 1/29/25 at 12:30 PM V1, Administrator stated "I thought we sent in the information, but I am unable to find any documents to prove we did do the background check." The Facility's Midnight Census dated 1/29/25 documents 50 residents reside in the building. (C)	S9999		