STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000723	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE HEALTH & REHAB CENTER	1200 UNIVERSITY AVENUE CARLINVILLE, IL 62626

(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 2541894/IL187621-300.615f)	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information (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. This requirement was not met as evidence by: Based on interview and record review, the facility failed to check if a newly admitted resident was on the Illinois Sex Offender Registry or the Illinois Department of Corrections Sex Registrant page for 1 of 4 residents (R2) reviewed for request for Resident Criminal History Record in the sample of 10. Findings include: R2's Face Sheet, undated, documents R2 was admitted to the facility on 1/11/25. There was no Illinois Sex Offender Registry check completed by the facility for this admission identified in R2's record.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000723	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE HEALTH & REHAB CENTER	1200 UNIVERSITY AVENUE CARLINVILLE, IL 62626

(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 On 3/6/25 at 12:30 PM, V1, Administrator, stated R2's registry checks would have been completed on the date on the sheet (9/13/24) and doesn't see where they were re-checked upon his new admission earlier this year. The facility's Identified Offender Guidelines, undated, documents to prevent abuse and promote the safety of residents, staff, and visitors from the risk of harm posed by residents with criminal backgrounds, Illinois long-term care facilities are required to conduct a background screening on all new admissions. (C)	S9999		