(X6) DATE

Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MARSHALL REHAB & NURSING (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) TAG SUMMARY STATEMENT OF DEFICIENCING MARSHALL, IL 62441 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) TAG SOUD Initial Comments SOUD Investigation of Facility Reported Incident of 02/23/25/IL188519 300.615e)f) and 300.625g) Investigation of Facility Reported Incident of 02/24/25/IL188520 - 300.615e)f) and 300.625g) Complaint #2562598/IL188803 - 300.615e)f) and 300.625g) S9999 Final Observations STREET ADDRESS, CITY, STATE, ZIP CODE A BUILDING: B. WING B. WING B. WING B. WING C O4/01/ A BUILDING: C C O4/01/ B. WING B. WING B. WING B. WING B. WING C PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 S 000	(X3) DATE SURVEY COMPLETED									
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300.625g)										
S0000 Final Observations										
Saaaa Final Observations Saaaa Saaaa										
Statement of Licensure Violations										
300.615e) 300.615f) 300.625g)										
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										

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

04/08/25 **Electronically Signed**

TITLE

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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			
		IL6001291	B. WING			C 01/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	·			
MARSHALL REHAB & NURSING 410 NORTH SECOND STREET MARSHALL, IL 62441								
()(1) ID	STIMMA DV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	PRECTION	(VE)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE		
S9999	99 Continued From page 1		S9999					
	page at www.idoc.s	rections sex registrant search state.il.us to determine if the s a registered sex offender.						
	Section 300.625 Id	entified Offenders						
		naintain written documentation Section 300.615 of this Part.						
	These REQUIREM evidenced by:	ENTS are not met as						
	review, the facility for criminal history back registered sex offer	on, interview, and record ailed to conduct required kground checks on the nders websites. This failure affect all 55 residents residing						
	Findings include:							
		etails Report documents R2 e facility on 12/31/24.						
	Response Process criminal history repo completed. R2's me	iminal History Information (CHIRP), name based ort dated 12/31/24 was edical records did not contain ecks of the required websites						
	wheelchair into his transferred himself bed. R2 stated he is activities of daily liv physical therapy.	o pm, R2 propelled his room and over to his bed. R2 from his wheelchair to his independent with his ing as he is completing						
	2. R4's Census Re	eport documents R4 was						

Illinois Department of Public Health

STATE FORM 6899 1MW811 If continuation sheet 2 of 3

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					
		IL6001291	B. WING		04/0) 1/2025			
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	, , , , , , ,				
MARSHALL REHAB & NURSING 410 NORTH SECOND STREET									
(VA) ID	MARSHALL, IL 62441								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE			
S9999	999 Continued From page 2								
	admitted to the facility 11/24/23. R4's CHIRP, name based criminal history report dated 11/23/23 was completed. R4's medical records did not contain any background checks of the required websites for sex offender registration.								
	propelled his wheel	pm R4 independently chair outside to the smoking e main entrance to the facility.							
	Director stated "I d (Preadmission Screbut I don't do resident (R2 and R4) backg	pm V7, Social Service o the CHIRP and the PASSR eening and Resident Review), ent background check. I know ground checks were done V8), Admission Coordinator."							
On 3/27/25 at 2:55 pm V8, Admission Coordinator stated "(R2's) background check not get run (website checked) until today becawhen he admitted (12/31/24), when I was off swith Covid. It should have been done within 24 hours, before they (residents) are in the buildin (R4) background check, I just ran today becait was not on file from when he admitted (11/24/23). That was long before I started here six months ago."									
		ent Roster dated 3/25/25 dents residing in the facility."							
	(C)								

6899

Illinois Department of Public Health STATE FORM

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