(X6) DATE

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 COM			SURVEY LETED
	IL6001374			B. WING		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PARKER	NURSING & REHAB	CENTER	FRECH ST R, IL 61364			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure a	nd Certification.				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations: (1 of 2)				
	300.615 e)					
	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.					
	This requirement is	not met as evidence by:				
	failed to ensure a bacompleted within 24	and record review the facility ackground check was hours of admission for two of R28) reviewed for background of 32.				
	Findings Include:					
	to the facility on 9-1	documents R9 was admitted 7-22. R9's Criminal History s were conducted on 11-23-22				

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

**Electronically Signed** 04/18/25

TITLE

Illinois Department of Public Health

IL6001374  B. WING		TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  516 WEST FRECH STREET  STREATOR, IL 61364   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 1 and were not conducted within 24 hours of R9's admission on 9-17-22.  2. R28's Face Sheet documents R28 was admitted to the facility on 10-28-24. R28's Criminal History Background Checks were conducted on 11-18-24 and were not conducted within 24 hours of R28's admission on 10-28-24.  On 4/9/2025 at 11:00 AM V10 (Corporate Representative) verified R9, and R28 did not have a background check done within 24 hours of their admission.				A. BUILDING:					
PARKER NURSING & REHAB CENTER  516 WEST FRECH STREET STREATOR, IL 61364  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 1  and were not conducted within 24 hours of R9's admission on 9-17-22.  2. R28's Face Sheet documents R28 was admitted to the facility on 10-28-24. R28's Criminal History Background Checks were conducted on 11-18-24 and were not conducted within 24 hours of R28's admission on 10-28-24.  On 4/9/2025 at 11:00 AM V10 (Corporate Representative) verified R9, and R28 did not have a background check done within 24 hours of their admission.		IL6001374			B. WING			04/09/2025	
STREATOR, IL 61364	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
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Statement of Licensure Violations: (2 of 2)  300.625 c)2)  Section 300.625 Identified Offenders  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:  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	\$9999	and were not conducted admission on 9-17-  2. R28's Face Sheet admitted to the facion Criminal History Batter Conducted on 11-18 within 24 hours of Four Park Park Park Park Park Park Park Par	et documents lity on 10-28-ckground Ch 3-24 and were R28's admiss 20 AM V10 (Crified R9, and check done sure Violation entified Offer resident's creveal that the as defined in the shall do the arrange for a siminal history e identified of e based on the irth, fingerpri uired by the lithe Department of the subject. It is shall further subject.	R28 was 24. R28's necks were e not conducted ion on 10-28-24. Corporate d R28 did not within 24 hours of as: (2 of 2)  Inders riminal history he resident is an Section 1-114.01 e following: a y record inquiry to ffender resident. he subject's name, nt images, and Department of he processed ent of State of Investigation to d information that The Federal nish to the		DELIVERY)			

Illinois Department of Public Health

STATE FORM 6899 0IQI11 If continuation sheet 2 of 4

Illinois Department of Public Health

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED			
			A. BUILDING:						
	IL6001374			B. WING			04/09/2025		
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PARKER NURSING & REHAR CENTER				FRECH ST R, IL 61364					
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S9999	Continued From page 2			S9999					
	history record information contained in its files.								
	This requirement is not met as evidence by:								
	Based on interview and record review the facility failed to arrange for a fingerprint-based criminal history record inquiry request on the identified offender resident within 72 hours for six of ten residents (R2, R9, R11, R24, R28, R51) reviewed for background checks in a sample of 32.								
	Findings Include:								
	1. R2's CHIRP (Criminal History Information Response Process) documents R2's CHIRP conducted on 8-8-2022. R2's fingerprint-based criminal history record inquiry was not conducted until 4-3-2024.								
	2. R9's CHIRP (Cri Response Process conducted on 11-23 criminal history recuntil 11-30-2024.	) documents I 3-2022. R9's	R9's CHIRP was fingerprint-based						
	3. R11's CHIRP (CI Response Process was conducted on fingerprint-based ci was not conducted	) documents I 3-19-2025.  R riminal history	R11's CHIRP 11's record inquiry						
	4. R24's CHIRP (C Response Process was conducted on fingerprint-based conducted	) documents i 11-18-2024.i riminal history	R24's CHIRP R24's record inquiry						
	5. R28's CHIRP (C Response Process was conducted on	) documents f	R28's CHIRP						

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1 ' '	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	IND PLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING:		COMPLETED	
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S9999	Continued From pa	nge 3	S9999			
	-	riminal history record inquiry				
	Response Process was conducted on	riminal history record inquiry				
		R28, and R51's CHIRP formation Response Process)				
	Representative) ve and R51 did not ha criminal history rec- hours of their HIT c	:00 AM V10 (Corporate rified R2, R9, R11, R24, R28, ve their fingerprint- based ord inquiry conducted within 72 on their CHIRP (Criminal Response Process).				
	(C)					

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