(X6) DATE

(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION N		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6001275	B. WING		02/0	7/2025
			SCOTT STE	STATE, ZIP CODE REET		
(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		S 000			
	Annual Licensure S	urvey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations 1 of 3				
	300.615e) 300.615f)					
	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)					
	on the Illinois Sex C at www.isp.state.il.u of Corrections sex r	check for the individual's name Offender Registration website us and the Illinois Department registrant search page at sto determine if the individual ered sex offender.				
	These Requirement evidenced by:	ts were NOT MET as				
	Based on interview	and record review, the facility				

(X2) MULTIPLE CONSTRUCTION

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

02/21/25 **Electronically Signed**

TITLE

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6001275	B. WING		02/0	7/2025
		SCOTT STE	STATE, ZIP CODE REET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	failed to conduct the Response Process Offender Registry, Corrections website resident admission and R239) of 10 response packground checks. Findings include: 1. R81's Resident Fadmission date of 1 Police background completed until 12/the Illinois Sex Offeof Corrections looks 12/13/24. 2. R238's Resident admission date of 1 documents the Illinois Sex Obepartment of Corrections looks 12/13/24. 3. R29's Resident Fadmission date of 1 the Illinois State Pocompleted on 12/13 Illinois Sex Offende Corrections lookups 12/13/24. 4. R239's Resident admission date of 1 documents the Illinois Sex Offende Corrections lookups 12/13/24.	e Criminal History Information (CHIRP), the Illinois Sex and the Illinois Department of e checks within 24 hours of for 5 (R29, R81, R236, R238, sidents reviewed for in the sample of 50. Face Sheet documented an 12/10/24. R81's Illinois State check documents it was not 12/24. R81's file documents ander, and Illinois Department tups were not completed until process of the sample of 50. Face Sheet documented an 12/24/24. R238's file ois State Police background Diffender, and Illinois rections lookups were not 26/24. Face Sheet documented an 12/9/24. R29's file documents lice background check was 13/24. R29's file documents the er, and Illinois Department of swere not completed until process of the pro	S9999			

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Illinois Department of Public Health STATE FORM

NMTH11 If continuation sheet 2 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
IL6001275		B. WING		02/07/2025			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•		
RICHLAN	ND NURSING & REHA	B 900 EAST OLNEY, IL	SCOTT STF	REET			
(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 APPROPERTION OF T	.D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 2	S9999				
	5. R236's Resident Face Sheet documented an admission date of 11/7/24. R236's file documents the Illinois State Police background check was not completed until 11/15/24.						
	On 2/6/25 at 11:13 AM, V28 (Business Office Manager) said all residents should have Illinois State Police background checks, Illinois Sex Offender, and Illinois Department of Corrections website searches completed within 24 hours of a residents admission. (C) Statement of Licensure Violations 2 of 3						
	300.650c) 300.840						
	Section 300.650 Pe	ersonnel Policies					
	that requires a Stat contact the Illinois I Professional Regul- individual's license	ng any individual in a position e license, the facility shall Department of Financial and ation to verify that the is active. A copy of the license ne individual's personnel file.					
	Section 300.840 P	ersonnel Policies					
	300.650, Section 30	cies required in Section 00.651, and other personnel I by the facility, shall be ration of the facility.					
	These Requiremen evidenced by:	ts were NOT MET as					
	failed to verify licen licenses from the III	and record review, the facility sed nurses had active linois Department of Financial egulation. This failure has the					

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE COMF	SURVEY PLETED
			B. WING			
		IL6001275	B. WING		02/0	7/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RICHLA	ND NURSING & REHA	AB 900 EAS OLNEY, I	T SCOTT STR L 62450	(EE I		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 3	S9999			
	potential to affect all 78 residents residing in the facility.					
	Findings include:					
	Manager) said she verifying and printir Illinois Department Regulation (IDFPR Nursing/ DON) was keeping nursing lice shot from the facilit documenting V17's of hire being 12/10, Practical Nurse/ LF V28 was not able to documentation evice	AM, V28 (Business Office was not responsible for an nursing licenses from the of Financial and Professional). V28 said V2 (Director of s responsible for printing and enses. V28 provided a screen by electronic payroll system (Registered Nurse/ RN) date (24 and V18's (Licensed PN) date of hire being 12/25/24. To provide reproducible dence of V17 and V18's g licenses from IDFPR.				
	responsible for prin hired licensed nurs IDFPR. V2 said wh hired V2 would lool print them. V2 was reproducible docum V18's professional The revised Decem Policy documented responsibility for su when position has	nentation evidence of V17 and nursing licenses from IDFPR. hber 2016 Background Check in part " Business office irveying background checks been accepted by the new				
	we will check profe all will be contained office and personne Facility's Long-Terr	be done prior to orientation: ssional license's on nurses d in a binder in the business el files" The Care Facility Application for icaid Form CMS-671 dated				

Illinois Department of Public Health

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	IL6001275		B. WING		02/07/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RICHLA	ND NURSING & REHA	B 900 EAST OLNEY, II	SCOTT STF	REET		
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	2/4/25 documents t the facility. (C)	here are 78 residents living in sure Violations 3 of 3				
	300.650d) 300.660a) 300.660c)1) 300.661 300.840					
	Section 300.650 Pe	ersonnel Policies				
		check the status of all Health Care Worker Registry				
	Section 300.660 Nursing Assistants					
	a) A facility shall not employ an individual as a nursing assistant, home health aide, psychiatric services rehabilitation aide, or newly hired as an individual who may have access to a resident, a resident's living quarters, or a resident's personal, financial, or medical records, nurse aide unless the facility has inquired of the Department's Health Care Worker Registry and the individual is listed on the Health Care Worker Registry as eligible to work for a health care employer.					
		ensure that each nursing with one of the following				
	Worker Registry. "Anurse aide has met					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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RICHLAI	ND NURSING & REHA	AB 900 EAST OLNEY, II	SCOTT STF	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 5	S9999			
	Section 300.661 He Check	ealth Care Worker Background				
	A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.					
	Section 300.840 Personnel Policies					
	The personnel policies required in Section 300.650, Section 300.651, and other personnel policies established by the facility, shall be followed in the operation of the facility. These Requirements were NOT MET as evidenced by: Based on interview and record review, the facility failed to check the Health Care Worker Registry prior to hiring Certified Nursing Assistants. This failure has the potential to affect all 78 residing in the facility.					
	Findings include:					
	On 2/6/25 at 11:13 AM, V28 (Business Office Manager) provided background check information and screen shots from the electronic payroll system documenting the following:					
	on 10/3/24. V23's II Health (IDPH) Heal Office of Inspector	sing Assistant/ CNA) was hired Ilinois Department of Public Ith Care Worker Registry, General (OIG), Illinois Sex onal Sex Offender websites until 11/29/24.				
		ed on 10/5/24. V20's IDPH er Registry, OIG, Illinois Sex				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED	
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NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 0=.0		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	nge 6	S9999				
	Offender, and Nation	onal Sex Offender websites until 12/5/24.					
	V21 (CNA) was hired on 11/1/24. V21's IDPH Health Care Worker Registry, OIG, Illinois Sex Offender, and National Sex Offender websites were not checked until 12/4/24.						
	Health Care Worke	ed on 11/25/24. V22's IDPH er Registry, OIG, Illinois Sex onal Sex Offender websites until 12/4/24.					
	On 2/6/25 at 11:13 AM, V28 said the Health Care Worker Registry, OIG, Illinois Sex Offender, and National Sex Offender websites should be checked prior to the CNA starting. V28 said she was not sure why the websites had not been checked prior to V20, V21, V22, and V23 starting.						
	Check Policy docur office responsibility checks when post the new employee orientation: check staff on the health of must have background of the staff or	d December 2016 Background mented in part " Business of for surveying background sition has been accepted by this will be done prior took nurses, CNA's & all other care worker registry. All staff bund checks done all will be er in the business office and					
	Medicare and Medi	n Care Facility Application for icaid Form CMS-671 dated there are 78 residents living in					

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