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							
IL6016075		B. WING		02/06/2025								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  111 EAST ILLINOIS STREET												
CLINTON MANOR LIVING CENTER-DD NEW BADEN, IL 62265												
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE							
Z 000 COMMENTS			Z 000									
	Annual Licensure S	Survey										
Z9999	FINDINGS		Z9999									
	Statement of Licens 350.625e) 350.625f)	sure Violations:										
	Screening and Req History Record Info e) In addition to the 2-201.5(a) of the Ad shall, within 24 hou resident, request a check pursuant to t Information Act for to the facility. Back on the resident's na identifiers as requir Police. (Section 2-1)	escreening required by Section ct and this Section, a facility rs after admission of a criminal history background he Uniform Conviction all persons seeking admission ground checks shall be based ame, date of birth, and other ed by the Department of State										
	website at www.isp Department of Corr page at www.illinois	state.il.us and the Illinois rections sex registrant search s.gov/idoc/Pages/default.aspx ndividual is listed as a										
	This REQUIREMEN	NT is not met as evidenced by:										
	failed to provide evi of Corrections (IDC five of five individu failed to provide evi	view and interview, the facility idence of Illinois Department IC) sex registrant search for als, (R3, R7, R9-R11), and idence of a criminal history within 24 hours of admission										

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

(X6) DATE TITLE

Illinois Department of Public Health

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		IL6016075	B. WING		02/0	6/2025				
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE						
CLINTON MANOR LIVING CENTER-DD  111 EAST ILLINOIS STREET  NEW BADEN, IL 62265										
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	SHOULD BE COMPLÉTE					
	who reside at the far Findings include: Resident Roster da individuals reside at Admission screening criminal history providoes not include IE R3, R7, and R9-R1 Admission Record of date of 3/19/24. Criticheck for R10 docu	impacting all 51 individuals acility, (R1-R51).  ted 1/31/25, identifies 51 the facility, (R1-R51).  ag documentation for resident vided by facility on 2/4/25, DOC sex registrant search for								
	3/19/24, and confirr criminal history bac on 3/22/24. E17 wa	med the request for R10's kground check was performed s unable to provide facility ne IDOC sex registrant search								

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