(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 SURVEY COMPLETED						
			A. BUILDING.								
6016539		B. WING		02/28/2025							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
CARMI MANOR REHAB & NRSG CTR 615 WEST WEBB STREET CARMI, IL 62821											
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE						
S 000	Initial Comments		S 000								
	Annual Licensure a	nd Certification Survey									
S9999	Final Observations		S9999								
	Statement of Licensure Violations: 300.661										
	Section 300.661 Health Care Worker Background Check										
	Worker Background	oly with the Health Care d Check Act and the Health ground Check Code.									
	This requirement is not met as evidenced by:										
	failed to ensure em and website checks for employees. This	and record review, the facility ployee background checks were completed as required a failure has the potential to ats living in the facility.									
	The Findings Include:										
	documented a date only includes evide registry was checked evidence that V21 I check, or that webs Illinois Sex Offender, Department Search, Department	eping) personnel file of hire as 9/13/23. This file nce that the healthcare worker ed. V21's file did not contain nad a fee app/background sites were checked for the er, Department of Corrections artment of Corrections Inmate at of Corrections Wanted care Human Services Office of									
		Nurse Assistant) personnel file of hire as 11/7/23. This file									

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

03/24/25 **Electronically Signed**

TITLE

Illinois Department of Public Health

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED						
CARMI MANOR REHAB & NRSG CTR 615 WEST WEBB STREET CARMI, IL 62821 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 615 WEST WEBB STREET CARMI, IL 62821 ID PROVIDER'S PLAN OF CORRECTION (X5) COMPL TAG CROSS-REFERENCED TO THE APPROPRIATE DATI		6016539	B. WING		02/2	28/2025						
CARMI MANOR REHAB & NRSG CTR CARMI, IL 62821 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATI												
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	PREFIX (EACH DEFICIEN	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION SHOULD BE COMPI CROSS-REFERENCED TO THE APPROPRIATE DATE		(X5) COMPLETE DATE						
only includes evidence that the healthcare worker registry was checked. V22's file did not contain evidence that V22 had a fee app/background check, or that websites were checked for the Illinois Sex Offender, Department of Corrections Sex Offender, Department of Corrections Inmate Search, Department of Corrections Inmate Search, Department of Corrections Wanted Fugitive, or Healthcare Human Services Office of Inspector General. On 2/28/25 at 1:30 PM, V23 (Business Office Manager) stated that the healthcare worker registry check was the only documentation that she found in the personnel folders for V21 and V22. V3 stated that she started the job a month ago, so she only aware of what is available in the personnel files. The facility Midnight Census Report dated 2/22/25 documents 54 residents reside at the facility. A Criminal/Sanction Background Checks Policy and Procedure documents: The Purpose: To establish and maintain the safety of (Name of Facility) residents and to comply with the Illinois Health Care Worker Criminal Background Check Act and the Medicare-Medicaid Anti-Fraud and Abuse Amendments and any other governmentally mandated programs requiring certification of non-exclusive background checks on all the facility prospective employees who have the potential for contact with residents. (C)	only includes evice registry was check evidence that V22 check, or that welllinois Sex Offender, Desearch, Department Fugitive, or Health Inspector General On 2/28/25 at 1:3 Manager) stated registry check was she found in the pV22. V3 stated the ago, so she only apersonnel files. The facility Midnig 2/22/25 document facility. A Criminal/Sancti and Procedure doestablish and mark Facility) residents Health Care World Act and the Medic Abuse Amendment governmentally more certification of not conducting crimin on all the facility presidents and the facility procedure of the conducting crimin on all the facility procedure of the conducting crimin on all the facility procedure of the conducting crimin on all the facility procedure of the conducting crimin on all the facility procedure of the conducting crimin on all the facility procedure of the conducting crimin on all the facility procedure of the conducting crimin on all the facility procedure.	ence that the healthcare worker ked. V22's file did not contain had a fee app/background besites were checked for the ler, Department of Corrections Inmate ent of Corrections Wanted bear Human Services Office of look of the half had been to Gorections Wanted bear Human Services Office of look of the half had been to Gorections Wanted bear Human Services Office of look of the half had been to Gorections Wanted bear Human Services Office of look of the half had been to Gorections Wanted bear to Gorections Wanted bear to Gorections Wanted bear to Gorections Wanted bear of look of the half had been to Gorections of the look of look of the look of loo	S9999									

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