STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

(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 Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure violation 1 of 2 1. 300.610a) 300.1210b) 300.1210d)5 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

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ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

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S9999	Continued From page 1	S9999		

care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

These Requirements were not met as evidenced by:

Based on observation, interview, and record review, the facility failed to develop and implement specific pressure relieving interventions to prevent pressure ulcer development and worsening, conduct a pressure ulcer risk assessment once a week for four weeks after admission as directed by the facility's Wound and Ulcer Policy for one of four residents (R9) reviewed for facility acquired pressure ulcers in the sample of 33. These failures resulted in R9 developing a painful pressure ulcer to the right heel that deteriorated from a blister to a stage four pressure ulcer to R9's right heel, that required surgical debridement.

Findings include:

The Wound and Ulcer Policy and Procedure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

(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
S9999	Continued From page 2	S9999		

dated 3/28/24 documents "It is the policy of this facility to provide nursing standards for assessment, prevention, treatment, and protocols to manage residents at any level of risk for skin breakdown and for wound management. Procedure: All residents will be assessed to determine the degree of risk of developing a pressure ulcer using the Braden Scale- Ulcer Risk Assessment. The resident will be assessed upon admission, once a week for four weeks, quarterly, and any significant change in condition after admission. A skin assessment ("skin check") will be documented at admission, once a week for four weeks, quarterly, and any significant change in condition after admission. A skin assessment ("skin check") will be documented on the ETAR (electronic treatment administration record). A skin assessment ("skin check") will be documented daily for residents assessed by the Braden Scale - Ulcer Risk Assessment to be "moderate" or "high" risk for development of pressure ulcer(s). Moderate Risk Protocol: Daily skin check-completed by direct care staff. The "Skin Observation Report" may be used to communicate skin observation(s) or changes to the nurse. Mattresses with documented pressure reduced/relieving properties may be placed on the resident's bed. Equipment, Prevention, and Treatment Resources: Equipment- Positioning aids; special mattress and/or chair cushion (low air loss, alternating pressure, etc. (example) with pressure reducing/relieving properties. Prevention: The following prevention measures may be initiated to address pressure, moisture, friction, and/or shearing. The facility may also implement additional measures. Pressure: Support heels on pillow or in splints."

R9's Admission Record, dated 2/4/25, documents R9 was admitted to the facility on 8/13/2024. This

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

(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
S9999	Continued From page 3	S9999		

same record documents R9 has the following, but not limited to diagnoses: Type Two Diabetes Mellitus, Nontraumatic Intracerebral Hemorrhage in Hemisphere, Personal History of Other Venous Thrombosis and Embolism, Weakness, Hypertension, Unsteadiness of Feet, Muscle Wasting and Atrophy.

R9's Admission MDS (Minimum Data Set) Assessment, dated 8/20/24, documents R9 was moderately cognitively impaired. This same assessment documents R9 had no pressure ulcers on admission, R9 was at risk for developing pressure ulcers, R9 required substantial to maximal assistance with transfers, lower body dressing, and taking off shoes, and required partial to moderate assistance with rolling left to right or right to left.

R9's Admission Progress Note, dated 8/13/24, documents "Skin: Skin warm and dry, skin color WNL (within normal limits) and turgor is normal. Skin Issue: New. Issue type: Lesion. Location: Right ear. New. Issue type: Lesion. Location: Mandible (lower jaw). Skin note: Has one area of skin cancer on left side of face and right ear." No other skin issues were documented."

R9's Braden Scale for Predicting Pressure Sore Risk Assessment, dated 8/28/24, documents "2. Sensory Perception (ability to respond meaningfully to pressure-related discomfort)-slightly limited: responds to verbal commands but cannot always communicate discomfort or the need to be turned or has some sensory impairment which limits ability to feel pain or discomfit in one or two extremities. 5. Mobility-very limited: Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently. 7.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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
S9999	Continued From page 4	S9999		

Friction and Shear: problem- requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent reposition and maximum assistance. Spasticity, contractures, or agitation leads to constant friction."

R9's Assessment Outcomes for Braden Scale, dated 2/5/25, documents "8/14/24- Braden Score 15: At risk. 8/22/24- Braden Score 13: Moderate risk. 8/28/24- Braden Score 15: At risk." R9's Medical Record has no evidence of a Braden Scale for Predicting Pressure Sore Risk Assessment being completed the fourth week after R9's admission.

R9's Plan of Care, dated 8/15/24, documents R9 is at risk for skin impairment/Deep Tissue Injury related to fragile aged skin, need for assistance with mobility and transfers, and use of an indwelling catheter. Interventions dated 8/15/24 document: Administer medications as ordered. Monitor/document side effects and effectiveness. Administer treatments as ordered and monitor for effectiveness. Follow facility policies/protocols for the prevention/treatment of skin breakdown. Inform R9/R9's family/caregivers of any new area of skin breakdown. Monitor nutritional status. Serve diet as ordered, monitor intake and record. Obtain and monitor lab/diagnostic work as ordered. Report results to MD (Medical Doctor) to follow up as indicated. Provide incontinence care after each episode according to facility protocol. R9 requires the bed as flat as possible to reduce shear. R9 requires the use of pressure relieving mattress for his bed to adequately relieve pressure. There are no individualized specific interventions documented to prevent pressure ulcers from developing to R9's heels after a risk

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

(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
S9999	Continued From page 5	S9999		

for skin breakdown was noted from the Braden Scale on 8/14/24, 8/22/24, and 8/28/24.

R9's Ulcer/Wound Documentation, dated 9/12/24, documents an in-house wound/ulcer was identified on 9/12/24. This same form documents "Site: right heel. Type: Blister: Length 8.5cm (centimeters). Width 7cm. Peri-wound skin: Clear fluid-filled blister with 2.5cm x 2.5cm purple area in center."

R9's Wound Evaluation and Management Summary, dated 11/4/24 and signed by V17/Wound Physician, documents "Stage three Pressure Wound of the Right Heel Full Thickness. Etiology: Pressure. Wound Size 7cm x 6cm x 0.1cm. Exudate: Light Serous (yellowish/clear fluid). Slough (non-viable tissue) 5% (percent). Wound Progress: Not at goal. Dressing Treatment Plan: Betadine apply once daily for 16 days. To eschar only, Leptospermum honey apply once daily for 16 days. Alginate with silver apply once daily for 16 days. Secondary Dressing: Abdominal pad once daily for 16 days. Gauze roll (stretch) 4 inches apply once daily for 16 days. Recommendations: Off-load wound; float heels in bed; no shoe on right foot for now; elevate leg(s) for one hour after meals three times a day; Cleanse with wound cleanser at time of dressing change; (pressure relieving boot) to use when out of bed."

R9's Wound Evaluation and Management Summary, dated 1/14/25 and signed by V17/Wound Physician, documents "Stage four Pressure Wound of the Right Heel Full Thickness. Etiology: Pressure. Wound Size: 5cm x 6cm x 0.2cm. Exudate: Moderate Sero-Sanguinous (pinkish-red fluid). Wound Progress: Not at goal. Primary Dressing: Santyl

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

(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
S9999	Continued From page 6	S9999		

applies once daily for two days. Alginate Calcium is applied once daily for 23 days. Secondary Dressing(s): Abdominal pad applied once daily for 16 days. Gauze roll 4.5 inches apply once daily for 23 days. Recommendations: Off-load wound; float heels in bed; no shoe on the right foot for now; elevate leg(s) for one hour after meals three times a day; Cleanse with wound cleanser at time of dressing change; (pressure relieving boot) to use when out of bed; No (pressure relieving boot) while in bed."

R9's Wound Evaluation and Management Summary, dated 2/4/25 and signed by V17/Wound Physician, documents "Stage 4 Pressure Wound of the Right Heel Full Thickness. Etiology: Pressure. Wound Size: 6cm x 5.8cm x 0.2cm. Exudate: Moderate (pinkish-red fluid). Today Wound bed is mostly subcutaneous sloughy/necrotic tissue, although some granulation is visible. There is some new peri area erythema-marked for continued assessments. Area is not warm or tender suspect it may be from wound vac adhesive. Edges are macerated (softened). Necrosis and slough remain very adherent. Will take a break from vac and return to Santyl and alginate to assist with breaking down necrosis/slough. Wound bleeds easily with debridement. Cauterized to stop bleeding. Recommendations: Off-Load Wound: Please float heels on two pillows while in bed; Float heels in bed; Elevate Leg(s): For one hour after meals, three times a day; Cleanse with wound cleanser at time of dressing change; (pressure relieving boot) to use when out of bed; No (pressure relieving boot) while in bed. The wound was cleansed with normal saline, and anesthesia was achieved using topical benzocaine. Then with clean surgical technique, 15 blade pick-ups were used to surgically excise

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

(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
S9999	Continued From page 7	S9999		

6.96 cm² of devitalized tissue and necrotic muscle level tissues along with slough and biofilm were removed at a depth of 0.21 cm and healthy bleeding tissue was observed."

On 2/2/25 from 9:45 AM to 9:58 AM R9 was lying in bed in his room. R9's bilateral heels were lying directly on the mattress without offloading of pressure.

On 2/2/25 from 1:45 PM to 2:00 PM R9 was sitting in his wheelchair in the dining room. Residents right heel was sitting directly on the floor with a sock on. No (pressure relieving boot) was observed to R9's right heel.

On 02/03/25 from 9:00 AM to 9:15 AM R9 was sitting in his wheelchair in his room. R9's right heel was sitting directly on the floor with a sock on. No (pressure relieving boot) was observed to R9's right heel. R9 stated "I have a wound on my right heel. It is very painful. I kept telling staff my foot was hurting but they just thought it was the way my shoes were fitting. No one looked at my foot for a while when I was complaining about it. Finally, someone looked at it and said I had a spot on my right heel. The staff have not been putting my (pressure relieving boot) on my right heel or putting my feet on pillows while I am in bed. They were doing it sometimes but haven't been for a while. I just figured they didn't have to do it anymore."

On 2/4/25 at 11:55 AM V5/Registered Nurse/Infection Preventionist stated, "I monitor the wounds in the facility for the most part. (R9) has not had his (pressure relieving boot) on the past two days at least because no one could find it. We (the facility) just found it last night and put it on (R9) today. (R9) should not have any pressure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

(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
S9999	Continued From page 8	S9999		

to his right heel and should be always wearing the boot while out of bed to prevent (R9's) right heel wound from worsening." V5 also verified R9's left and right heels should be offloaded while in bed.

On 2/4/25 at 2:40 PM, V17/Wound Physician stated, "When I consulted with my company, they stated (R9's) right heel should be classified as pressure. V17 stated, "I changed (R9's) wound documentation to classify (R9's) right heel area to pressure. If (R9) is not wearing his (pressure relieving boot) it can cause the wound to worsen. (R9) should always have his heels floated while in bed and should never wear his (pressure relieving boot) while in bed."

On 2/4/25 at 2:45 PM V5/Registered Nurse/Infection Preventionist, V17/Wound Physician, and V18/CNA (Certified Nursing Assistant) were preparing treatment for R9's right heel. R9 was lying in bed with a (pressure relieving boot) on R9's right heel. V17 verified R9 had his (pressure relieving boot) on his right foot while in bed. V17 stated, "I have told the facility (R9) is to not have his (pressure relieving boot) on while in bed. (R9) needs to have his left and right heel offloaded on a pillow while in bed to help with healing." V17 cleansed R9's right heel and measured the area. R9's right heel wound was 6cm x 5.8cm x 0.2. R9's right heel wound bed was 100 percent necrotic (dead tissue). V17 proceeded to surgically debride R9's right heel wound. Blood drainage was observed to R9's right heel.

On 2/5/25 at 10:00 AM V5/Registered Nurse/Infection Preventionist verified specific interventions were not implemented to relieve pressure to R9's right and left heel after a Braden assessment was completed and indicated R9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

(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
S9999	Continued From page 9 was at risk for pressure ulcers. V5 also verified a Braden assessment should have been completed once a week for four weeks after R9's admission and was not. V5 stated "(R9) should not have had his heel resting directly on the floor or had his boot on while in bed since (R9's) wound to his right heel was caused from pressure." (A) 2 of 2 300.661 Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (225 ILCS 46/15) Sec. 15. Definitions. In this Act: "Initiate" means obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for the Department of Public Health or its designee to request a fingerprint-based criminal history records check; transmitting this information electronically to the Department of Public Health; conducting Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the List of Excluded Individuals and Entities database on the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

(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
S9999	Continued From page 10	S9999		

prison inmate, or has committed Medicare or Medicaid fraud, or conducting similar searches as defined by rule; and having the student, applicant, or employee's fingerprints collected and transmitted electronically to the Illinois State Police.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to complete the required background website checks prior to a new employee starting a work schedule for four employees (V13/CNA/Certified Nursing Assistant, V14/Environmental Service Director, V15/CNA and V16/CNA) and ensure a fingerprint-based criminal history records check was conducted for one employee (V13/CNA) in the mandated time frames reviewed for employee background checks. This has the potential to affect all 96 residents in the building.

Findings include:

The Resident Care Policy and Procedure Regarding Abuse and Neglect, Involuntary Seclusion, Exploitation, Misappropriation of Resident Property, Injuries of Unknown Origin, and Social Media dated 3/15/2018 documents "This facility, for the protection of the residents, utilizes the seven stages of the CMS (Centers for Medicare and Medicaid Services) STRIIPP abuse prohibition protocol. These stages include: S, screening potential hire; T, training new and existing employees; R, reporting of incidents, investigations, and facility response to the result of the investigations; I, identification of possible incidents or allegations which need investigation; I, investigation of incidents and allegations; P, Protection of residents during investigations; and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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
S9999	Continued From page 11	S9999		

P, Prevention policies and procedures." "Screening -Prevention of Abuse 1. Screening of potential employees will be conducted and hiring will be dependent upon the screening result. Screening shall include: (a) A Uniformed Criminal Information Act (UCLA) non-fingerprint conviction information check for every potential employee through the IDPH (Illinois Department of Public Health) web portal. If there is nothing to keep you from hiring the individual (disqualifying convictions) and if the individual has not previously had a FEE_APP (Fee Application Inquiry) or CAAPP (Criminal Activity on Applicant) background check, then you must initiate a new fingerprint background check. (b) Fingerprinting of all personnel per the State background-check implementation schedule. (c) Reference checks/checks with appropriate licensing boards and/or registries when applicable."

The facility's CMS (Centers for Medicare and Medicaid Services) Long Term Care Facility Application for Medicare and Medicaid Form 671 dated 2/2/25 and signed by V2/Administrator in Training documents 96 residents currently reside within the facility.

The facility Employee Roster documents V13/CNA was hired on 9/4/24.

V13's Employee File does not contain evidence of an Illinois Department of Public Health Care Worker Registry Check. V13's employee file also does not contain evidence of the following required background website checks: Illinois sex offender, DOC (Department of Corrections) sex offender, DOC inmate search, DOC wanted fugitives, and National sex offender.

The facility's Employee Roster documents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

(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
S9999	Continued From page 12	S9999		

V14/Environmental Service Director was hired on 9/25/24.

V14's Employee file does not contain evidence of the following required background website checks: Illinois sex offender, DOC sex offender, DOC inmate search, DOC wanted fugitives, and National sex offender.

The facility's Employee Roster documents V15/CNA was hired on 8/21/24.

V15's Employee File also does not contain evidence of the following required background website checks: Illinois sex offender, DOC sex offender, DOC inmate search, DOC wanted fugitives, National sex offender, and HHS (Health and Human Services OIG (Office of Inspector General).

The facility's Employee Roster documents V16/CNA was hired on 9/18/24.

V16's Employee File also does not contain evidence of the following required background website checks: Illinois sex offender, DOC sex offender, DOC inmate search, DOC wanted fugitives, National sex offender, and HHS OIG.

On 2/3/25 at 10:32 AM V2/Administrator in Training verified V13/CNA's Health Care Worker Registry Check has not been completed as of 2/3/25. V2 also verified V13/CNA, V14/Environmental Service Director, V15/CNA, and V16/CNA required background website checks have not been completed as of 2/3/25. V2 stated, "My old business office manager retired around the time (V13), (V14), (V15), and (V16) were hired so I believe that is why the background check for (V13) got missed and the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

(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
S9999	Continued From page 13 required website checks got missed for those employees." (C)	S9999		