

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000621		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/19/2025	
NAME OF PROVIDER OR SUPPLIER MASCOUTAH REHAB AND NURSING				STREET ADDRESS, CITY, STATE, ZIP CODE 201 SOUTH 10TH STREET , MASCOUTAH, Illinois, 62258			
(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) COMPLETION DATE	
S0000	Initial Comments		S0000			01/13/2026	
	Annual Health Licensure Survey						
S9999	Final Observations		S9999			01/13/2026	
	Statement of Licensure Violations:						
	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.						
	This Requirement is NOT MET as evidence by:						
	Based on interview and record review, the facility failed to obtain conduct pre-employment screening / background checks to determine if employees had a prior criminal history which would disqualify them for employment. This has the potential to affect all the 33 residents living in the facility.						
	Findings include:						
	1. The Background Investigations Policy, with a revision date of 11/5/19, documents the following: The HR (Human Resources) Director will conduct any applicable background investigation on each individual making application for employment with this facility and on any current employee if such background investigation is appropriate in light of the position for which the individual has applied. For any individual applying for a position, the HR Director will consult the nurse aide registry of the state in which the individual was certified and/or previously employed to determine the applicant's employment eligibility.						
	On 12/17/25 six employee files were reviewed for pre-employment screening. The following was documented:						
	V9, Certified Nurse's Aide (CNA), was hired on 8/22/25, the facility did not initiate an employee background						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 check until 9/9/25. V10, Cook, was hired on 9/18/25, the facility did not initiate an employee background check until 10/10/25. V11, CNA, was hired on 8/4/25, the facility did not initiate an employee background check until 8/21/25. V12, CNA, was hired on 8/13/25, the facility did not initiate an employee background check until 8/21/25. V13, CNA, was hired on 12/8/25, the facility did not initiate an employee background check until 12/16/25. V14, CNA, was hired on 11/6/25, the facility did not initiate an employee background check until 11/10/25. On 12/18/25 at 9:20 AM, V1, Administrator stated their Human Resources Department is to complete the health care worker background checks prior to hire. The Centers for Medicare & Medicaid, Form 671, dated 12/16/25, documents there are 33 residents residing in the facility. (C)			S9999			