DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. UDI #3, L.L.C., D/B/A, SHELBYVILLE MANOR, Respondent.	)))))))))	Docket No. NH 20-S0388

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE; NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF CONDITIONAL LICENSE; NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS; NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Licensure Investigation conducted by the Department on 10/27/20, at Shelbyville Manor, 1111 W. North 12th Street, Shelbyville, Illinois 62565. On December 31, 2020, the Department determined that such violations constitute one or more Type "A" violations of the Act and the Skilled and Intermediate Care Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in The Statement of Licensure Violations which is attached hereto and incorporated herein as Attachment A and made a part hereof.

Pursuant to Section 3-303 of the Act, the above-referenced facility is hereby ordered to abate and/or eliminate the above violation(s) immediately.

A Type "A" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF CONDITIONAL LICENSE

In accordance with Sections 3-305 and 3-311 of the Act, the Department hereby issues a Conditional License for the operation of the Facility. This license replaces the unrestricted license issued to Shelbyville Manor, 1111 W. North 12th Street, Shelbyville, Illinois 62565 on 09/02/20. The Facility's current license number is 0047878. The term of the conditional license shall be from 02/01/21 through 07/31/21. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON 02/01/21.

The Conditional License will be withdrawn, and an unrestricted license will be issued to Respondent upon the expiration of the term of the Conditional License.

During the term of the Conditional License, Respondent will retain its status as a certified provider of Medicaid services so long as Respondent's facility complies with the applicable federal regulations.

If the Respondent timely requests a hearing to protest the basis for the issuance of the Conditional License, the terms of the Conditional License shall be stayed pending the issuance of the Final Order at the conclusion of the hearing and the facility may operate in the same manner as with an unrestricted license.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$25,000.00**, as follows:

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a),300.696a), 300.696b), 300.696c)7), 300.696d)1), 300.1210b), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high-risk designation: 300.696, 300.1210b), and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
Attn: Scott Hobson, 5th Floor LTC/QA
525 West Jefferson Street
Springfield, Illinois 62761

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

(A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department;

(B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license, the license shall not be renewed; or

(C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation.

Plans of Correction, Hearing and Waiver Requests can be emailed to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: State Licensure Violation, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.

Alfonso Cano III
Bureau Chief, Long-Term Care
Office of Health Care Regulation
Illinois Department of Public Health

Dated this ___8___ day of ___January___, 2020.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

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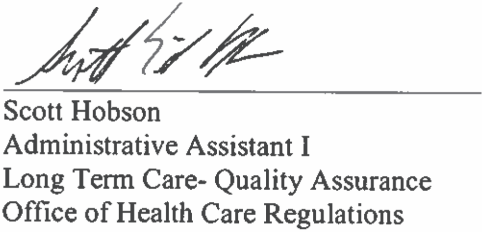
PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	Ronald Wilson
Licensee Info:	UDI #3, L.L.C.
Address:	285 South Farnham Street
	Galesburg, Illinois 61401

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the ________8____day of ______________January, 2020.



Scott Hobson
Administrative Assistant I
Long Term Care- Quality Assurance
Office of Health Care Regulations

AFC1300/20-S0388/Shelbyville Manor/10/27/20/S. Hobson

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008544	A. BUILDING: ______ B. WING ______	10/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBYVILLE MANOR	1111 WEST NORTH 12TH STREET SHELBYVILLE, IL 62565

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S 000	Initial Comments A Focused Infection Control Survey/ COVID 19 Focused Survey was conducted by the Illinois Department of Public Health. STATEMENT OF LICENSURE FINDINGS:	S 000		
S9999	Final Observations Statement of Licensure Findings: 300.610a) 300.696a)b)c)7)d)1) 300.1210b) 300.3240a) Section 300.610a) Resident Care Policies 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 300.696a)b)c)7)d)1) Infection Control Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies	S9999	**Attachment A** **Statement of Licensure Violations**	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE   TITLE   (X6) DATE

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and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.

A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.

Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):

Guidelines for Infection Control in Health Care Personnel

Each facility shall conduct testing of residents and staff for the control or
detection of communicable diseases when: the facility is experiencing an outbreak;

Section 300.1210b) General Requirements for Nursing and Personal Care

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

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care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

Section 300.3240a) Abuse and Neglect

An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)

There regulations are not met as evidenced by:

Based on interview and record review the facility failed to follow Centers for Disease Control and Prevention (CDC) guidance and the Facility's policy to send home healthcare personnel (HCP) who developed symptoms consistent with Covid-19 while at work and prior to reporting to work. The facility also failed to follow CDC guidance to confirm negative rapid (Antigen) Covid-19 test results for an employee with Covid-19 symptoms with a molecular (Reverse Transcriptase Polymerase Chain Reaction/RT-PCR) Covid-19 test. These failures resulted in HCP with Covid-19 symptoms providing direct care to residents which has the potential to affect all 52 residents in the facility.

Findings include:

A CDC Symptoms of Coronavirus document dated 5/13/20 states, "People with Covid-19 have had a wide range of symptoms reported-ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have Covid-19: Fever or chills, Cough, Shortness of breath,

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Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea."

A CDC Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic Infection Control Guidance dated 7/15/20 states to, "Properly manage anyone with symptoms of Covid-19 or who has been advised to self-quarantine: HCP should return home."

The Facility policy Covid-19-Screening, Prevention and Care dated 3/24/20 states, "If a HCP develop symptoms while at work, they will immediately don a facemask, inform the Administrator/ designee and leave the campus."

A CDC Interim Guidance for Rapid Antigen Testing for SARS-CoV-2 (Covid-19) dated 9/2/20 documents that the rapid antigen test used for testing for Covid-19 is not as accurate as the RT-PCR Covid-19 test. This guidance further states that confirming a negative rapid antigen test with a RT-PCR test should be performed when there is a high prevalence of the disease in the community because that increases the probability of the rapid antigen test giving a false negative.

A Facility Tracking sheet dated 10/15/20 documents that 36 residents in the facility have tested positive for Covid-19 between 9/3/20 and 10/12/20. A Facility Employee Covid Tracking Sheet (undated) documents that between 8/31/20 and 10/12/20 documents that 47 employees have tested positive for Covid-19.

On 10/22/20 at 2:57p.m. and 4:14p.m. an email sent from V1 (Administrator) documents that from

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8/31/20 to 10/22/20 the facility has actually had 47 residents and 48 staff members who have tested positive for Covid-19.

On 10/16/20 at 9:30a.m. and 12:45p.m.; and on 10/19/20 at 3:21p.m. V2 (Director of Nurses) stated that there is a high Covid-19 positivity rate in the Facility's community. V2 also stated that the facility is having an outbreak of Covid-19 among its staff and residents which started 8/31/20 and is ongoing as of this date. V2 stated that staff are screened everyday at the beginning and half-way through their shifts to make sure they don't have symptoms of Covid-19 including a fever, cough, body aches, nasal congestion, headache, sore throat, shortness of breath, fatigue. V2 stated that if a staff member complains of Covid-like symptoms, they are given a rapid antigen test to see if it is positive for Covid-19. V2 stated if the test is negative, the facility will still send the employee home to quarantine for 10 days.

On 10/20/20 at 3:50p.m. V13 (Certified Nurse Aide/CNA) stated she initially had symptoms of Covid-19 on 9/18/20. V13 stated that she was not scheduled to work until 9/19/20 but she went to the facility on 9/18/20 for a rapid antigen test which was negative. V13 stated that her symptoms included a sore throat and a cough. V13 stated that she has seasonal allergies every year, but this was the first time she had had symptoms this year. V13 stated that since her symptoms were new, she thought she should be tested to be sure her symptoms weren't related to Covid-19 since the facility was having an outbreak at that time. V13 stated that the facility told her she was okay to work the next day on 9/19/20. V13 stated she did not have a RT-PCR test until 9/22/20 which came back as positive

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around 9/24/20. V13 stated she worked several times between 9/18/20 to 9/24/20. V13 stated that once she tested positive for Covid-19, she was sent home to quarantine from 9/24/20 to 10/2/20. V13 stated that although that was not the required 10 days of quarantine, the facility was basing her 10 days from her first date of symptoms on 9/18/20.

A Facility Employee Covid Tracking Sheet (undated) documents V13 initially had symptoms on 9/18/20 and had a negative rapid antigen test 9/18/20. This sheet also documents V13's RT-PCR Covid test was positive on 9/24/20 at which time V13 was on quarantine from 9/24/20 to 10/2/20.

A Facility rapid antigen test for Covid-19 dated 9/18/20 documents V13 was rapid tested as negative on that date.

V13's Covid-19 screening form dated 9/20/20 documents V13's symptoms had worsened when she arrived for her shift on that date.
This screening form documents that on 9/20/20 V13's symptoms included a sore throat, muscle/body aches, and a cough. A note written on the screening form stating that V13's rapid test was negative.

A Covid-19 PCR Test Report dated 9/22/20 documents V13 tested positive for Covid-19 on that date but the test results were not reported to the facility until 9/24/20.

A Facility Staffing Spreadsheet dated 9/2020 documents V13 worked on the 600 hall on 9/19/20, 9/20/20, 9/22/20, and 9/23/20.

On 10/21/20 at 8:15a.m. V6 (CNA) stated that

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she initially had symptoms of Covid-19 on 9/22/20. V6 stated she started having symptoms of a sore throat during her shift on 9/22/20 while working on the 600 hall. V6 stated that since her sore throat symptom was new, she thought she should report it to the facility since the facility was having an outbreak of Covid-19. V6 stated that she was given a rapid test by V14 (Registered Nurse) which was negative. V6 stated that V14 told V6 that because the rapid test was negative, V6 could go back to work. V6 stated the facility performed a facility-wide RT-PCR test on 9/22/20 but she did not get her result back until 9/24/20 which was positive for Covid-19. V6 stated she worked the remainder of her shift 9/22/20 with symptoms and also worked the next day 9/23/20.

A Facility rapid antigen test for Covid-19 dated 9/22/20 documents V6 was rapid tested as negative on that date.

A Covid-19 PCR Test Report dated 9/22/20 documents V6 tested positive for Covid-19 on that date but the test results were not reported to the facility until 9/24/20.

On 10/21/20 at 1:20p.m. V14 verified she performed V6's rapid antigen test on 9/22/20 after V6 complained of symptoms of congestion and a runny nose. V14 stated that V6 may have also had a sore throat. V14 stated that V6's symptoms were more like allergy symptoms since she did not have a fever. V14 verified that V6's rapid antigen test was negative and that V6 remained at the facility to finish her shift.

A Facility Staffing Spreadsheet dated 9/2020 documents V6 worked on the 600 hall on 9/22/20 and 9/23/20.

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On 10/16/20 at 10:10a.m. V3 (CNA) stated that on 9/24/20, while she was working on the 600 hall at the facility, she wasn't "feeling right" and began experiencing body aches, a headache, and nasal congestion. V3 stated that, because her symptoms were new and the facility was having an outbreak of Covid-19, she decided to report her symptoms to the facility. V3 stated that when she reported her symptoms, the facility gave V3 a rapid antigen test which was negative. V3 stated that she was not sent home from work and she did not receive a RT-PCR test until the next week around 9/29/20 which came back as positive for Covid-19. V3 stated that she worked four times after reporting symptoms to the facility, on 9/24/20, 9/25/20, 9/29/20 and 9/30/20.

A Facility rapid antigen test for Covid-19 dated 9/24/20 documents V3 was rapid tested as negative on that date.

A Covid-19 PCR Test Report dated 9/29/20 documents V3 tested positive for Covid-19 on that date but the test results were not reported to the facility until 9/30/20.

A Facility Staffing Spreadsheet dated 9/2020 documents V3 worked the first and second shift on the 600 hall on 9/24/20, the first and second shift on the 700 hall on 9/25/20, the first and second shift on the 500 and 700 halls on 9/29/20, and the first and second shift on the 700 hall on 9/30/20.

On 10/21/20 at 2:06p.m. V15 stated that she has a chronic cough, however, on 10/3/20 while working at the facility, her cough seemed worse than usual and she also developed a stuffy nose. V15 stated that because the facility was experiencing a Covid-19 outbreak she decided to

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notify the facility concerning her symptoms. V15 stated that she notified V2 (Director of Nurses) who instructed another nurse to give V15 a rapid antigen test for Covid-19 which was negative. V15 stated that after her negative rapid test, she was instructed to continue working providing resident care. V15 stated she worked several days before the facility tested V15 using a RT-PCR test.

A Facility rapid antigen test for Covid-19 dated 10/3/20 documents V15 was rapid tested as negative on that date.

A Covid-19 PCR Test Report dated 10/6/20 documents V15 received a RT-PCR test on that date which was not reported to the facility until 10/8/20, five days after V15 reported her symptoms.

A Facility Staffing Spreadsheet dated 10/2020 documents V15 worked at the facility on the 200 hall on 10/3/20, the 700 hall on 10/4/20, the 600 hall on 10/6/20, the 700 hall on 10/7/20, and both the 200 and the 100 halls on 10/8/20.

On 10/20/20 at 2:03p.m. V16 (Local Health Department Administrator) stated that the Facility has had an outbreak of Covid-19 since the end of August 2020. V16 stated that he believes the outbreak has been exacerbated by the facility allowing staff to work when they have Covid-19 symptoms. V16 stated the Facility is relying heavily on their rapid antigen testing device to determine if staff are positive or negative for Covid-19, but not verifying the results with a RT-PCR test if the rapid test shows a negative result. V16 stated that no staff should be working in the Facility if they have symptoms and should be sent home from the facility to self-quarantine.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008544	A. BUILDING: _____ B. WING _____	10/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBYVILLE MANOR	1111 WEST NORTH 12TH STREET SHELBYVILLE, IL 62565

(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 On 10/22/20 at 10:00a.m. V1 (Administrator) and V2 verified the dates that V3, V13, V6, V15 had reported symptoms and were then given the rapid antigen test by the facility. V2 stated that V3, V13, V6, and V15 all had negative rapid antigen test results and were instructed to come to or stay at work instead of quarantining themselves at home. V2 stated she thought none of those staff members had Covid-like symptoms. V1 verified that V3 did not have a RT-PCR test following the rapid antigen test 9/24/20 until 9/29/20 which was reported to the facility on 9/30/20 as positive. V1 also verified V3 was not sent home to quarantine once she reported having symptoms of Covid-19 on 9/24/20 but instead worked at the facility on 9/24/20, 9/25/20, 9/29/20, and 9/30/20. V1 verified that V13 did not have a RT-PCR test following the rapid antigen test on 9/18/20 until 9/22/20 which was reported to the facility on 9/24/20 as positive. V1 verified V13 was not sent home to quarantine once she reported having symptoms of Covid-19 on 9/18/20 but instead V13 worked at the facility on 9/19/20, 9/20/20, 9/22/20, and 9/23/20. V1 verified V6 was not sent home to quarantine once she reported having symptoms of Covid-19 on 9/22/20 but instead V6 worked at the facility on 9/22/20 and 9/23/20 but also on 9/25/20. V1 stated that V6 was given a RT-PCR test on 9/22/20, the same day as her symptoms began, but the result was not reported to the facility until 9/24/20, which was positive. V1 stated that V6 was sent home from the facility at 8:28a.m. on 9/25/20 after the facility became aware of V6's positive test result. V1 verified that V15 did not have a RT-PCR following the rapid antigen test on 10/3/20 until 10/6/20 which was reported to the facility on 10/8/20. V1 verified that V15 was not sent home to quarantine once she reported having symptoms of Covid-19 on	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008544	A. BUILDING: ____ B. WING ____	10/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBYVILLE MANOR	1111 WEST NORTH 12TH STREET SHELBYVILLE, IL 62565

(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 10/3/20 but instead V15 worked at the facility on 10/3/20, 10/4/20, and 10/6/20. A Resident Census and Condition of Residents form dated 10/16/20 and signed by V1 documents that at the time of the survey 52 residents resided in the facility. A	S9999		

DISPLAY THIS PART IN A CONSPICUOUS PLACE

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi Ezike, M.D.
Director

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	I.D. NUMBER
07/31/2021	0047878

LONG TERM CARE LICENSE CATEGORY BGBE
SKILLED 109

CONDITIONAL 109 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

UDI #3, L.L.C.

SHELBYVILLE MANOR
1111 W.NORTH 12TH STREET
SHELBYVILLE IL 62565
EFFECTIVE DATE: 02/01/21

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

REGION 6 01/05/21

SHELBYVILLE MANOR
1111 W.NORTH 12TH STREET
SHELBYVILLE IL 62565