Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6001135 01/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **321 ARNOLD AVENUE** FOREST CITY REHAB & NRSG CTR ROCKFORD, IL 61108 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 Annual Licensure and Certification Survey S9999 Final Observations S9999 Statement of Licensure Violations 300.615e) 300.661 Section 300.615 Determination of Need Screening and Request for Resident Criminal **History Record Information** In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) This requirement was not met as evidenced by: Based on interview and record review the facility failed to ensure that a resident Background check was requested within 24 hours of admission. This applies to 1 of 10 residents (R174) reviewed for background checks in the sample of 35. Attachment A Statement of Licensure Violations The findings include:

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001135		(VI) TROVIDEIVOOPPEIEROCEM		E CONSTRUCTION			TE SURVEY
		B. WING			1 0	01/11/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	STATE, ZIP CODE			711/2023
FORES1	CITY REHAB & NRS		OLD AVENUE RD, IL 61108				
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	A Facility Action Sur Admissions from 10 admitted to the facil	mmary listing the facility 0/10/22 shows that R174 was ity on 11/10/22.		2 S -e			12
9	During the survey fr was unable to provi Background Check.	om 1/9/23- 1/11/23 the facility de a copy of R174's			15%4 4		10
10 88	Illinois State Police	tween the facility and the Customer Support shows that check was requested on Process- Held".	# Oracle Oracle			5	V a h
90 55 5 5	Director) stated, "We background check b background, once it hit, then if there is a they leave the facility back then we don't recost \$10 every time."	AM V4 (Social Service e have 30 days to get the ack. If we apply for a comes back with a hit or no hit we get the fingerprints. If y before the results come un it again after 30 days. It we run it. The request is en we have to rerun it. should have been		\$0 \$0 \$0 \$0			
i t	Program Facility Polity 4, 2019 states, "The review the criminal hi resident seeking adm	ithin 24 hours after	# B B			4	33 Q
S	Section 300.661 Healackground Check	lith Care Worker					- e

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001135			1	LE CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		B. WING	01/1	01/11/2023		
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
FOREST	CITY REHAB & NRS	GCTR	NOLD AVENU ORD, IL 6110			
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	Worker Background	oly with the Health Care d Check Act and the Health ground Check Code.	(F40)			υζ
	This requirement wa	as not met as evidenced by:			4	
2.5 2.5 2.5 2.5	Based on interview failed to check the left of 2 staff prior to his	and record review the facility Health Care Worker Registry re.	0,		• 7	8)
	This has the potenti residing in the facilit	al to affect all 175 residents by.		0.13		
ä	The findings include	: :			:::	
20		dent Census and Conditions shows the facility census as		*2		!
	On 1/9/23 Health Carequested for V25 (6 facility was unable to	are Worker Checks were CNA) and V26 (CNA). The p provide.	10.	e 6		
10	was hired on 9/15/2:	ployee file shows that she	۵	iù l	D•	# <
l		AM V1 (Administrator) stated, There is not much I can say	8	8 K		:
	stated that V25 and the whole building ar	PM V2 (Director of Nursing) V26 both worked throughout nd they were both terminated) for attendance problems.				
87	The facility policy en Program Facility Poli ment of Public Health	titled, "Abuse Prevention icy and Procedure dated Jan.				

Illinois Department of Public STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
IL6001135			B. WING			01/11/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE			
FORES1	CITY REHAB & NRS	JUUIN	OLD AVENU RD, IL 6110				
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	4, 2019 states, "Prior to a new em schedule, this facil Care Worker Regis hired for prior repo	ployee starting a work ity will: Check the Illinois Health stry on any individual being rts of abuse, neglect or f resident property"		S 2	W se	<	
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