

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2024
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NAME OF PROVIDER OR SUPPLIER ALHAMBRA REHAB & HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 417 EAST MAIN STREET, BOX 310 ALHAMBRA, IL 62001
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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
S 000	Initial Comments Annual Licensure Certification Survey	S 000		
S9999	Final Observations 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 and obtain results of fingerprint checks to determine if employees had a prior criminal history which would disqualify them for employment. This had the potential to affect all of the 38 residents living in the facility. Findings include: The facility's Abuse Prevention policy dated 8/16/2019 states "The facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment, an involuntary seclusion. This facility therefore prohibits mistreatment, neglect, or abuse of its residents and has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/20/24
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S9999	<p>Continued From page 1</p> <p>control to prevent occurrences of mistreatment, neglect or abuse of our residents. This will be done by conducting pre-employment screening of employees and pre admission screening of residents. This facility is committed to protecting our residents from abuse by anyone including but not limited to facility staff other residents, consultants, volunteers, staff from other agencies providing services to the individual family members or legal guardians, friends or any other individuals. This facility will not knowingly employ individuals who have been convicted of abusing neglecting or mistreating individuals."</p> <p>On 8/1/2024 five employee files were reviewed for pre-employment screening. The following was documented:</p> <p>V16, Certified Nurse's Aide (CNA), was hired on 6/26/2024. The facility initiated a fingerprint based criminal background check on 6/26/2024.</p> <p>V7, CNA, was hired on 6/24/2024. The facility initiated a fingerprint based criminal background check on 7/15/2024.</p> <p>V18, LPN, was hired on 7/8/2024. The facility initiated a fingerprint based criminal background check on 7/16/2024.</p> <p>On 8/1/2024 at 2:15PM V1, Administrator stated, "Well, we are having some issues with that. We had a Business Office Manager that did the background checks and resigned. We hired a new Business Office Manager and her and I are waiting on the IDPH credentials to do the background checks. Evidently IDPH is behind on getting credentials back to facilities. Ideally, background checks are completed prior to an employee starting on the floor."</p>	S9999		

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S9999	Continued From page 2 The Resident Census and Conditions of Residents, CMS 671, dated 7/30/2024 documents that the facility has 38 residents living in the facility. (C)	S9999		