

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008536</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHELBYVILLE REHAB &amp; HLTH C CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565</b>
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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 Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations I of II: 300.615e)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) 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)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to request resident criminal history background checks for R5, R26, and R180. This failure has the potential to affect all 25 residents residing in the facility.</p> <p>Findings include:</p> <p>R5's Profile sheet (8/7/2024) documents R5</p>	S9999		

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

TITLE

(X6) DATE  
08/29/24

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S9999	<p>Continued From page 1</p> <p>admitted to the facility on 5/16/2024 and remains a resident of the facility. R26's Profile sheet (8/7/2024) documents R26 admitted to the facility on 6/21/2024 and remains a resident of the facility. R180's Profile sheet (8/9/2024) documents R180 admitted to the facility on 12/5/2023 and discharged on 2/26/2024.</p> <p>On 8/8/2024 at 1:00PM, R5, R26, and R180's admission files (undated) did not document the facility requested a criminal history background check for R5, R26, and R180 upon admission to the facility.</p> <p>On 8/8/2024 at 12:30PM, V17 (Business Office Manager) reported R5, R26, and R180's resident files from above were complete and no other background check records related to R5, R26, or R180 were located elsewhere in the facility. V17 stated "That (the resident files of R5, R26, and R180) is everything."</p> <p>The facility Identified Offender Policy and Procedure (2/16/2012) documents the facility will conduct a Uniform Conviction Information Act criminal history background check for residents within 24 hours of admission to the facility.</p> <p>The Long Term Facility Application for Medicare and Medicaid form CMS 671 dated August 7, 2024 documents the census for the facility as 25 residents.</p> <p>"C"</p> <p>Statement of Licensure Violations II of II: 300.650c)</p> <p>Section 300.650 Personnel Policies</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to verify the license status of nursing staff when hired and failed to maintain copies of nursing licenses in employee personnel files. This failure has the potential to affect all 25 residents residing in the facility.</p> <p>Findings include:</p> <p>The Long Term Facility Application for Medicare and Medicaid form CMS 671 dated August 7, 2024 documents the census for the facility as 25 residents.</p> <p>On 8/8/2024 at 1:00PM, V14 (Licensed Practical Nurse), V16 (Registered Nurse), and V20's (Registered Nurse) personnel files (all undated) did not document the facility checked with the Illinois Department of Financial and Professional Regulation to verify V14, V16, or V20's nursing licenses were active. V14, V16, and V20's personnel files did not contain a copy of their nursing license.</p> <p>On 8/8/2024 at 12:30PM, V17 (Business Office Manager) reported V14, V16, and V20's personnel files from above were complete and no other records related to license verification were located elsewhere in the facility. V17 stated "That</p>	S9999		

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S9999	Continued From page 3  (the personnel files of V14, V16, and V20) is everything."  "C"	S9999		