STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009211	A. BUILDING: _____ B. WING _____	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SULLIVAN REHAB & HLTH CARE CTR	11 HAWTHORNE LANE SULLIVAN, IL 61951

(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 and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.661 955.100 955.165c) 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. PART 955 HEALTH CARE WORKER BACKGROUND CHECK CODE Section 955.100 Applicability This Part applies to all unlicensed individuals employed or retained by a health care employer as home health care aides, nurse aides, personal care assistants, private duty nurse aides, day training personnel, or an individual working in any similar health-related occupation where he or she provides direct care (e.g., resident attendants, child care/habilitation aides/developmental disabilities aides, and psychiatric rehabilitation services aides) or has access to long-term care residents or the living quarters or financial, medical, or personal records of long-term care residents. This Part also applies to all unlicensed employees of licensed or certified long-term care facilities who have or may have contact with residents or access to the living quarters or the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009211	A. BUILDING: _____ B. WING _____	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SULLIVAN REHAB & HLTH CARE CTR	11 HAWTHORNE LANE SULLIVAN, IL 61951

(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 1	S9999		

financial, medical, or personal records of residents. (Section 10 of the Act)

Section 955.165 Fingerprint-Based Criminal History Records Check

c) Educational entities and health care employers shall conduct Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, and the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or shall conduct similar searches as provided by the web-based application. (Section 15 of the Act)

This REQUIREMENT is not met as evidenced by:

Based on interview and record review, the facility failed to conduct the required checks of the Health and Human Services Office of Inspector General (OIG). This failure has the potential to affect all 71 residents residing in the facility.

Findings include:

1) V4's, Certified Nursing Assistant's, background checks file documents a hire date of 8/3/23 and did not include the required Health and Human Services Office of Inspector General.

2) V6's, Certified Nursing Assistant's, background checks file documents a hire date of 1/23/24 and did not include the required Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009211	A. BUILDING: _____ B. WING _____	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SULLIVAN REHAB & HLTH CARE CTR	11 HAWTHORNE LANE SULLIVAN, IL 61951

(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 2 and Human Services Office of Inspector General. 3) V8's, Activity Designee's, background checks file documents a hire date of 11/2/20 and did not include the required Health and Human Services Office of Inspector General. 4) V5's, Certified Nursing Assistant's, background checks file documents a hire date of 6/7/23 and did not include the required Health and Human Services Office of Inspector General. 5) V10's, Certified Nursing Assistant's, background checks file documents a hire date of 8/25/24 and did not include the required Health and Human Services Office of Inspector General. On 9/12/24 at 10:10 AM, V1, Administrator, stated, "I did find an OIG (Office of Inspector General) check for (V3, Cook), all the rest of the OIG checks I had to recheck and print yesterday." The facility's Resident Roster (undated) provided by V1 on 9/10/24 at 9:50 AM documents 71 residents reside in the facility. (C)	S9999		