STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002091	A. BUILDING: _____ B. WING _____	09/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWMAN REHAB & HEALTH CARE CTR	418 SOUTH MEMORIAL PARK DRIVE NEWMAN, IL 61942

(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	Final Observations Statement of Licensure Violations: 300.615e) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information 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) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This requirement was not met as evidenced by: Based on interview and record review the facility	S9999		

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S9999	Continued From page 1 failed to obtain criminal background checks for four (R13, R15, R37 and R38) of five residents reviewed for background checks from a total sample list of 25 residents. Findings include: 1. The facility provided admission date list documents that R13 was admitted to the facility on 6/3/24. During this survey, R13's background checks were completed dated 9/17/24. 2. The facility provided admission date list documents that R15 was admitted to the facility on 7/9/24. During this survey, R15's background checks were completed dated 9/17/24. 3. The facility provided admission date list documents that R37 was admitted to the facility on 5/1/24. During this survey, R37's background checks were completed dated 9/17/24. 4. The facility provided admission date list documents that R38 was admitted to the facility on 6/27/24. During this survey, R38's background checks were completed dated 9/17/24. On 9/17/24 at 2:30PM, V8 Business Office Manager (BOM) said that she ran the above background checks today because she could not find the background checks and did not know if they had been run.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S9999	Continued From page 2 On 9/17/24 at 2:45PM, V1 Administrator said that the background checks are the responsibility of V8 BOM and that they should have been run for all residents upon admission. (C)	S9999		