

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/22/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FOREST CITY REHAB &amp; NRSO CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>321 ARNOLD AVENUE ROCKFORD, IL 61108</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
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.625 c)</p> <p>Section 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>The REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to schedule a fingerprint check within 72 hours after the criminal background check came back a offence history (Identified Offender). This applies to 1 of 10 residents (R108) reviewed for Identified Offender in the supplemental sample. The findings include: R108 ' s criminal background checks (UCIA)</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>02/06/15</b>
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Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>dated 01/08/15 came back showing a HIT. The UCIA report states a fingerprint must be submitted. No record of a request for fingerprinting was presented during the survey. On 01/16/15 at 11:00 AM, E1 (Administrator) said that no fingerprint was requested after the UCIA came back as a HIT on 01/08/15. E1 stated " I was out for several days, I was sick "</p> <p>The facility ' s undated Identified Offender Policy and Procedure shows ...Request a live scan UCIA fingerprint check if the UCIA name checks states a fingerprint check must be submitted ...The fingerprint-based background must be requested within 72 hours after receiving the name-based background check.</p> <p style="text-align: center;">(B)</p>	S9999		