STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F 496	Continued From page 31 mailed on 6/04/10 was noted in E12's personnel file. The facility did not verify E12 (CNA) was on the Illinois registry until 7/23/10, a total of 50 days after E12 (CNA) started employment at the facility. On 8/25/10 at 8:50 a.m., E1 (Administrator) and E5 (QA - Quality Assurance Coordinator) reviewed the personnel files of recently hired CNAs (Certified Nursing Assistants). Regarding verification and checking of the Illinois registry prior to hiring for E6, E7, E8, E9, E10, E11, and E12, E5 (QA Coordinator) stated, "I didn't check Illinois's registry."	F 496		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.3240a) 300.3240b) 300.3240e) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F9999	Continued From page 32 of such a meeting. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act) e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act) f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F9999	Continued From page 33 is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act) These Regulations were not met as evidenced by: Based on observation, record review and interviews, the facility staff failed to report an allegation of abuse and failed to implement the facility abuse policy by not protecting the residents from potential abuse and by not investigating immediately when an allegation of abuse was reported for one of two residents with bruising of unknown origin in a total sample of 15 residents. Findings include: The facility policy titled Abuse and Neglect Prohibition dated March 2009, includes the following: PREVENTION 2. Facility supervisors will immediately correct and intervene in reported or identified situations in which abuse, neglect or misappropriation of resident property is at risk for occurring. INVESTIGATION 1. The facility will conduct an investigation of any alleged abuse/neglect or misappropriation of resident property in accordance with state law. 2. The facility will report such allegations to the state, as per state regulation. 3. The facility will report all	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F9999	Continued From page 34	F9999		

investigation findings to the state as per state regulations. 4. The facility will investigate all patterns, trends or incidents that suggest the possible presence of abuse, neglect or misappropriation of property, identified through analysis conducted by the QA&A Committee, with intervention, reporting or policy/procedure modification conducted as appropriate.

PROTECTION 1. The facility will protect residents from harm during the investigation.

REPORTING 1. The facility will report allegations and substantiated occurrences of abuse, neglect and misappropriation of property to the state.

R15's current admission face sheet indicates that R15 is 103 years of age with diagnoses including: COPD (Chronic Obstructive Pulmonary Disease), Hypertension, Congestive Heart Failure and Contractures of the Hand.

The MDS (Minimum Data Set) dated 6/14/10 notes R15 to be moderately impaired in cognition, nonambulatory, to require extensive to total assistance for all activities of daily living, and to be bedfast most or all of the time.

Incident report dated 7/24/10 notes: "Bruise and nodule on (R15) to left chest and left breast. Upon examination (R15) found to have deep purple bruising to left breast and light purple bruising to left chest as well as hard nodule on left chest midclavicular.

On 8/26/10 at 9:05 am, R15 was asked during a conversation if anyone had ever treated her roughly. R15 stated, "Just (E18/CNA/Certified

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F9999	Continued From page 35	F9999		

Nurse Aide). (E18) pulls on my arms and he jerks me and twists me." R15 was asked if that was how she received the large bruise that the nurse wrote about in her medical record. R15 did not respond. R15 was asked if she knows what started the large bruise on her chest and back. R15 again did not respond to the question.

E14 (RN/Registered Nurse) stated on 8/26/10 at 9:35 am, "I'm the one that found the bruising on that Saturday. I think it was the 24th of July. When I asked (R15) how it happened, (R15) said that (E18) gave her a titty twister. There was a nodule on the rib. It was a weekend. When I brought it up on report the other nurses seemed to already know about it so that is why I didn't tell the Administrator. I don't know if they knew or not. No one came to me and asked me anything as far as an investigation."

At 11:40 am on 8/26/10, E17 (LPN/Licensed Practical Nurse) reported, "(R15) had a knot and bruising. When we asked her about it, (R15) stated that (E18) gave her a titty twister. Nobody did an investigation that I am aware of. I did not report it to anyone."

At 1:00 pm on 8/26/10, E1 (Administrator) stated that the facility has had no allegations of abuse for the past year and that she had even checked with the previous Administrator who also said that same. At 3:35 pm on 8/26/10 E1 (Administrator) stated, " I'm sorry. I apologize. We did not involve (E13/Abuse Coordinator). That's my fault. But every place else I've worked I've always been the Abuse Coordinator. I should know that. We did not follow the policy. (E18/CNA) has been placed on administrative leave pending an investigation, which has been started."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F9999	Continued From page 36 At 2:50 pm on 8/26/10, E13 (Social Service Director/Abuse Coordinator) reported that if there were an allegation of abuse staff are to report to the nearest supervisor and the Administrator and then they would all pull E13 into the Administrator's office. E13 was asked if anyone had reported an allegation of abuse to R15 by E18 and if she was notified of the reports by E14 (RN) and E17 (LPN). E13 asked, "Today? No! (E18) wouldn't do that. No one said anything about that at any time." At 10:20 am on 8/27/10, E20 (R15's attending physician and the facility Medical Director) was informed that E2 (DON/Director of Nursing) stated R15's bruising to her chest and around to her back was from a transfer with a gait belt. E20 replied, "Oh, I don't buy that." E2 (DON) was informed at 12:15 pm on 8/26/10 that E14 (RN) and E17 (LPN) had both stated that R15 had told them that E18 had given her a titty twister and that R15 had stated to the surveyor that E18 pulls on her arms and jerks and twists her. E2 (DON) replied at 2:58 pm on 8/26/10, "Yes, you did tell me at 12:15 pm about what (E14 and E17) reported to you about (E18). No, I haven't started an investigation. I did talk to (E18) today." E18 (CNA) stated on 8/27/10 at 1:43 pm, "I was at the facility in the morning yesterday (8/26/10). I talked to you around 10:30 am and then I talked to them (facility administrative staff) and left. No, I was not there around noon. I was not there at 12:30 pm and I did not talk to the facility until late in the afternoon when they suspended me. It	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F9999	Continued From page 37 was well after the second shift started. Maybe even 4:30 pm or so." E15 (LPN) stated on 8/26/10 at 11:25 am, "It's unknown how (R15's) bruising started. No one talked to me about how it happened .There was no investigation that I am aware of. All I know is that it was unknown." The facility provided an investigation dated 8/27/10 and a follow up report dated 8/31/10 addressed to the state agency reporting that an interaction occurred between E18 and R15 at some point in the past and that a follow up for the incident of 7/23/10 was done. Staff were suspended on 8/27/10. (A) 300.615e) 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 [20 ILCS 2635] for all persons 18 or older seeking admission to the facility. 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)	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F9999	Continued From page 38 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 is not met as evidenced by: Based on record review and interview, the facility failed to perform criminal background checks for newly admitted residents within 24 hours for 8 of 10 recent admissions: R17, R18, R19, R20, R21, R22, R23, and R24. Findings include: Resident admission records show the following regarding criminal background checks: R17 was admitted on 8/06/10 and a background check was not performed until 8/10/10. R18 was admitted on 7/28/10 and a background check was not performed until 8/10/10. R19 was admitted on 7/27/10 and a background check was not performed until 8/10/10. R20 was admitted on 7/19/10 and a background check was not performed until 7/22/10. R21 was admitted on 7/06/10 and a background check was not performed until 7/16/10. R22 was admitted on 6/21/10 and a background check was not performed until 6/25/10. R23 was admitted on 6/18/10 and a background check was not performed until 7/16/10. R24 was admitted on 6/14/10 and a background check was not performed until 6/25/10. Resident admission records also indicate R17 was admitted on 8/06/10 and R17's name was	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F9999	Continued From page 39 not checked on the state sex offender registration website or the state department of corrections sex registrant website to determine if the individual is listed as a registered sex offender until 8/09/10. Resident admission records also indicate R24 was admitted on 6/14/10 and R24's name was not checked on the state sex offender registration website or the state department of corrections sex registrant website to determine if the individual is listed as a registered sex offender until 7/13/10. An undated facility policy titled Pre-Admission Process states, "...Clinical, financial, and criminal background screenings must be completed and approved prior to accepting a resident for admission...." On 8/25/10 at 10:30 a.m., E13 (Social Services) verified she is responsible for residents' criminal background checks and review of the state website(s). E13 states, "I'll admit, it's my fault. I'm busy with Social Services too but that's no excuse." (B) 300.660a) 300.660b) Section 300.660 Nursing Assistants a) A facility shall not employ an individual as a nurse aide unless the facility has inquired of the Department as to information in the Registry concerning the individual. (Section 3-206.01 of	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F9999	Continued From page 40 the Act) The Department shall advise the inquirer if the individual is on the Registry, if the individual has findings of abuse, neglect, or misappropriation of property in accordance with Sections 3-206.01 and 3-206.02 of the Act, and if the individual has a current background check. (See Section 300.661 of this Part.) b) The facility shall ensure that each nursing assistant complies with one of the following conditions: 1) Is approved on the Department's Nurse Aide Registry. "Approved" means that the nurse aide has met the training or equivalency requirements of Section 300.663 of this Part and does not have a disqualifying criminal background check without a waiver. 2) Begins a Department approved Basic Nursing Assistant Training Program (see 77 Ill. Adm. Code 395) no later than 45 days after employment. The nursing assistant shall successfully complete the training program within 120 days after the date of initial employment. A nursing assistant enrolled in a program approved in accordance with 77 Ill. Adm. Code 395.150(a)(2) shall not be employed more than 120 days prior to successfully completing the program. 3) Within 120 days after initial employment, submits documentation to the Department in accordance with Section 300.663 of this Part to be registered on the Nurse Aide Registry. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure personnel hired as certified nursing assistants were on the state registry prior to employment for 7 of 10 recent hires: E6, E7,	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F9999	Continued From page 41 E8, E9, E10, E11, and E12. Findings include: Personnel records for the last 10 CNAs (Certified Nursing Assistants) shows the following regarding facility verification that the CNAs were on the state registry: 1) E6's (CNA) personnel record indicates E6 was hired on 2/23/10. On 2/16/10 the facility performed a Direct Care Worker search for a neighboring state. An Out-of State Nurse Aide Application to Become an Illinois Certified Nurse Aide dated 2/23/10 and stamped indicating it was mailed on 2/26/10 was noted in E6's personnel file. The facility did not verify E6 (CNA) was on the (facility's state) registry until 8/24/10, a total of 182 day after E6 (CNA) started employment at the facility. 2) E7's (CNA) personnel record indicates E7 was hired on 7/20/10. On 6/24/10 the facility performed a Direct Care Worker search for another state. An Out-of-State Nurse Aide Application to Become an Illinois Certified Nurse Aide dated 7/20/10 and stamped indicating it was mailed on 7/23/10 was noted in E7's personnel file. The facility did not verify E7 (CNA) was on the Illinois registry until 8/24/10, a total of 61 days after E7 (CNA) started employment at the facility. 3) E8's (CNA) personnel record indicates E8 was hired on 4/23/10. On 4/08/10 the facility performed a registry search for a neighboring state. An Out-of State Nurse Aide Application to Become an Illinois Certified Nurse Aide dated 5/24/10 and stamped indicating it was mailed on 5/24/10 was noted in E8's personnel file. The	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F9999	Continued From page 42 facility did not verify E8 (CNA) was on the Illinois registry until 8/24/10, a total of 115 day after E8 (CNA) started employment at the facility. 4) E9's (CNA) personnel record indicates E9 was hired on 3/02/10. On 3/01/10 the facility performed a Direct Care Worker search for a neighboring state. An Out-of-State Nurse Aide Application to Become an Illinois Certified Nurse Aide (CNA) dated 3/02/10 was noted in E9's (CNA) personnel file. The facility did not verify E9 (CNA) was on the Illinois registry until 3/08/10, a total of 6 days after E9 (CNA) started employment at the facility. 5) E10's (CNA) personnel record indicates E10 was hired on 6/18/10. On 8/25/10 at 8:50 a.m., E5 (Quality Assurance Coordinator) stated, "(E10) was hired as a non-certified nursing assistant." E5 (QA Coordinator) indicated E10 (CNA) was enrolled in a nursing assistant program in (a neighboring state) when hired and E10 (CNA) started working the floor in July (2010). E5 (QA Coordinator) stated, "(E10/CNA) tested in another state on 8/03/10 and started as a certified CNA on the following Monday (8/09/10)." On 8/12/10 the facility performed a Direct Care Worker search for a neighboring state. An Out-of-State Nurse Aide Application to Become an Illinois Certified Nurse Aide dated 8/13/10 and stamped indicating it was mailed on 8/13/10 was noted in E10's (CNA) personnel file. The facility did not verify E10 (CNA) was on the Illinois registry until 8/19/10, a total of 64 days after E10 (CNA) started employment at the facility. 6) E11's (CNA) personnel record indicates E11 was hired on 6/29/10. On 6/17/10 the facility	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145471	A. BUILDING _____ B. WING _____	08/31/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEBELLO HEALTHCARE CENTER	1599 KEOKUK STREET HAMILTON, IL 62341

(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) COMPLETION DATE
F9999	Continued From page 43 performed a Direct Care Worker search for a neighboring state. An Out-of-State Aide Application to Become an Illinois Certified Nurse Aide dated 6/29/10 and stamped indicating it was mailed on 6/30/10 was noted in E11's (CNA) personnel file. The facility did not verify E11 (CNA) was on the Illinois registry until 8/03/10, a total of 35 days after E11 (CNA) started employment at the facility. 7) E12's (CNA) personnel record indicates E12 was hired on 6/03/10. On 5/27/10 the facility performed a Direct Care Worker search for a neighboring state. An Out-of-State Nurse Aide Application to Become an Illinois Certified Nurse Aide dated 6/03/10 and stamped indicating it was mailed on 6/04/10 was noted in E12's personnel file. The facility did not verify E12 (CNA) was on the Illinois registry until 7/23/10, a total of 50 days after E12 (CNA) started employment at the facility. On 8/25/10 at 8:50 a.m., E1 (Administrator) and E5 (QA - Quality Assurance Coordinator) reviewed the personnel files of recently hired CNAs (Certified Nursing Assistants). Regarding verification and checking of the Illinois registry prior to hiring for E6, E7, E8, E9, E10, E11, and E12, E5 (QA Coordinator) stated, "I didn't check Illinois's registry." (B)	F9999		