

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004477	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2012
NAME OF PROVIDER OR SUPPLIER HILLTOP SKILLED NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 910 WEST POLK STREET CHARLESTON, IL 61920		
(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
Z 000	COMMENTS Licensure Post Visit to Survey date 11/04/11.	Z 000		
Z9999	FINDINGS LICENSURE VIOLATIONS 300.615e) 300.615 Determination of Need Screening and Request for Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, identified offenders who seek admission to a licensed facility shall not be admitted unless the licensed facility complies with the requirements of this section and Section 300.25 of this Part. (Section 2-201.5(b) of the Act. This requirement is not met as evidenced by the following: Hilltop Skilled Nursing & Rehabilitation Center failed to follow their plan of correction for the survey of 11-4-11. Based on interview and record review the facility failed to initiate the required screening for resident back ground checks for Criminal History Record Information within 24 hours of admission for 3 of 3 residents (R4, R5, R6) reviewed for Criminal History Record checks. R4, R5, and R6 are three supplemental residents. This has the potential to affect all 49 residents in the facility. Findings include:	Z9999		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z9999	<p>Continued From page 1</p> <p>On 07/26/12 at 11:30am, E3, Business Office Manager, provided the following information and documentation:</p> <p>R4 admitted 06/22/12, Criminal background check completed 07/26/12</p> <p>R5 admitted 06/22/12, Criminal background check completed 07/26/12</p> <p>R6 admitted 07/13/12, Criminal background check not done</p> <p>On 07/26/12 at 1:40pm, E3 stated that the back ground checks had not been done for R4 and R5 prior to 07/26/12.</p> <p>The facility Admission/Discharge form documents that R4 and R5 were admitted on 06/22/12 and R6 was admitted on 07/13/12.</p> <p>On 07/26/12 at 3:05pm, E1, Administrator, confirmed that the back ground checks had not been done for R4, R5, and R6 within 24 hours of admission.</p> <p>The Facility Data Sheet provided by the facility documents that 49 residents were residing in the facility on 07/26/12.</p> <p style="text-align: center;">(Repeat B)</p>	Z9999			