Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ IL6008999 B. WING 02/25/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **401 9TH STREET** ST JOSEPH NURSING HOME **LACON, IL 61540** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Final Observations S9999 Statement of Licensure Violations 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) This requirement is not met as evidenced by: Based on record review and interview, the facility failed to initiate a criminal history check within 24 hours of admission for two of 10 residents (R23 and R24) reviewed for criminal history background checks. Findings include: R23's and R24's Electronic Medical Records document the following: R23 was admitted to facility on 1/28/15, and R24 was admitted to the facility on 1/9/15. On 2/23/15 at 11:35 AM, E3 (Social Services Director) verified that R23's Uniform Conviction Attachment A Information Act criminal history check was not submitted until 1/30/15. E3 also verified that Statement of Licensure Violations R24's Uniform Conviction Information Act criminal

Illinois Department of Public Health

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

TITLE

(X6) DATE

PRINTED: 03/19/2015 FORM APPROVED

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