

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/22/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145471	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2013
NAME OF PROVIDER OR SUPPLIER MONTEBELLO HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 000	INITIAL COMMENTS	F 000		
F 225 SS=E	<p>Annual Licensure and Certification 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified</p>	F 225		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1 appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to conduct a criminal history background check for one Certified Nurse Aide (CNA) (E5) of ten recently hired CNA's.</p> <p>This failure had the potential to affect two residents (R1 and R24) on the sample of 16 and 19 residents (R5, R11, R17, and R26 to R41) on the supplemental sample.</p> <p>Findings include:</p> <p>A review of the personnel records of ten recently hired CNA's indicated that the facility had no current fingerprint-based State Police background check on file for E5. E5's file contained an Illinois Nurse Aide Registry download dated 5/28/13 which listed the most recent background check on file with the Registry as a name-based check conducted in December 2005. The facility's Nurse Aide Roster completed for the survey indicated that E5 was hired on 5/31/13.</p> <p>E4 (Health Information Coordinator) stated on 8/20/13 at 10 AM that E5 had been scheduled to be fingerprinted at the security company just after hire, but E4 never received confirmation from the security company that E5 was indeed fingerprinted for the background check. E4 also said that the facility has never received any background check results from the State Police since E5 was hired either.</p>	F 225			

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F 225	Continued From page 2 E1 (Administrator) stated on 11:45 AM on 8/20/13 that E5 has cared for residents on third shift on the Southeast hall since E5's hire date. A list provided by E4 on 8/20/13 indicated that residents R1, R5, R11, R17, R24 and R26 to R41 live on the Southeast wing, where E5 worked.	F 225			