

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006001 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/05/2016 |
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| NAME OF PROVIDER OR SUPPLIER MEADOWS MENNONITE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 24588 CHURCH STREET CHENOA, IL 61726 |
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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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S 000 Initial Comments

S 000

Annual Certification and Licensure

Validation Survey for Subpart U: Alzheimer Unit

Meadows Mennonite Home is in compliance with Subpart U, 77 Illinois Administrative Code Section 300.7000.

S9999 Final Observations

S9999

STATEMENT OF LICENSURE VIOLATIONS:

300.615 (e)(f)

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)

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.

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

08/23/16

Illinois Department of Public Health

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| S9999 | <p>Continued From page 1</p> <p>This requirement is not met as evidenced by the following:</p> <p>Based on interview and record review, the facility failed to initiate and/or complete resident background screening within the required time frame for two of three residents (R6 and R31) reviewed for background checks in a sample of 22 and three residents (R40, R41, and R42) in the supplemental sample.</p> <p>Findings include:</p> <p>1. The facesheet for R6 documents an admit date of 7/7/16. The facesheet for R42 documents an admit date of 7/22/16.</p> <p>Upon review of resident background checks, R6 and R42 did not have the Criminal History Background and Sex Offender checks.</p> <p>On 8/4/16 at 9:30 AM, E2/Executive Director stated the s/he was unaware that the Criminal History Background and Sex Offender checks were not completed for R6 and R42.</p> <p>2. The facesheet for R31 documents admit date of 7/28/16. The facesheet for R40 documents an admit date of 7/28/16. The face sheet for R41 documents an admit date of 7/27/16.</p> <p>On 8-4-16, at 9:20 am, E5 (Social Service Director/SSD) stated the following information: Criminal History Background screenings for R31, R40, and R41 were all initiated on 8-1-16.</p> <p>(B)</p> | S9999 | | |
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