

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6012322</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/13/2015</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MOWEAQUA NRSG &amp; RETIREMENT CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>525 SOUTH MACON STREET MOWEAQUA, IL 62550</b>
---	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.615e) Determination of need screening and request for resident criminal history record Information</p> <p>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)</p> <p>This requirement was not met as evidenced by the following:</p> <p>Based on record review and interview, the facility failed to provide evidence that resident criminal history background checks were completed and the results of the background checks were reviewed for three of ten sample, residents (R14, R16, and R19) and seven supplemental residents (R21 through R27).</p> <p>The finding includes:</p> <p>New residents' screening information for (R14, R16, R19 and R21 through R27) were reviewed with E4, Social Service and Admission Director. E4 stated E5, Business Office Manager does the screening of new residents. E4 stated that E5 was not available and out of the facility. E4</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6012322</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/13/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOWEAQUA NRSG &amp; RETIREMENT CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>525 SOUTH MACON STREET MOWEAQUA, IL 62550</b>		
(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
S9999	Continued From page 1  contacted E5 with question. E4 stated on 1-13-15 at 8:55 A.M. that the E5 did request the resident background checks but E5 (the facility) did not receive verification or evidence that the Criminal History Background Checks were completed.  (B)	S9999		