

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016794	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/11/2024
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NAME OF PROVIDER OR SUPPLIER BRIDGE CARE SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704
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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
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.661</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to obtain/conduct pre-employment screenings and obtain results of fingerprint checks to determine if an employee had a prior criminal history which would disqualify them for employment. This had the potential to affect all 68 residents living in the facility.</p> <p>Findings include:</p> <p>V9, Certified Nursing Assistant, CNA, was hired on 9/12/2024. The facility initiated a fingerprint based criminal background check on 9/17/2024. The facility had no documented results of this fingerprint check to determine if V9 had a disqualifying conviction.</p> <p>V10, Certified Nursing Assistant, CNA, was hired on 9/12/2024. The facility initiated a fingerprint based criminal background check on 9/17/2024. The facility had no documented results of this fingerprint check to determine if V10 had a disqualifying conviction.</p> <p>V11, Certified Nursing Assistant, CNA, was hired on 9/30/2024. The facility initiated a fingerprint based criminal background check on 10/3/2024.</p>	S9999		

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

TITLE

(X6) DATE
11/07/24

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>The facility had no documented results of this fingerprint check to determine if V11 had a disqualifying conviction.</p> <p>On 10/11/2024 at 9:00AM V3, Human Resources Director, HR, stated I do the background checks. I thought we had 10 days for the background to come back if they come up as eligible. The situation I am sure you are here for is a CNA we hired that was eligible to work and was charged after she was hired. The CNA was arrested and was immediately terminated on 9/28/2024. I think the confusion is that she still works here, and she was terminated.</p> <p>On 10/11/2024 at 8:45AM V1, Administrator, stated we had an incident a few weeks ago. We had hired a CNA, and she came back eligible because she had not been charged with anything. Then she was arrested in the parking lot.</p> <p>Facility policy dated 11/1/2016 states "Each resident had the right to be free from abuse, corporal punishment, involuntary seclusion, and exploitation. It is the facility's responsibilities to prevent not only abuse, but also those practices and omissions as well as neglect and misappropriation of property that if left unchecked lead to abuse. The facility will not employ any individual who has been prohibited from working in a long-term care facility because of failure to report a suspicion of a crime against a resident."</p> <p>The Resident Census and Conditions of Residents, CMS 671, dated 10/11/2024 documents that the facility has 68 residents living in the facility.</p> <p>(C)</p>	S9999		