AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	COMPLETED		
		IL6003768	B. WING		08/1	2/2024
	PROVIDER OR SUPPLIER	901 NORT	DRESS, CITY, S TH TENTH ST TAH, IL 622!			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300.650a) 300.650c) 300.650d) 300.661					
	Section 300.650 Pe	ersonnel Policies				
	a) Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the following requirements.					
	that requires a State contact the Illinois I Professional Regula individual's license	g any individual in a position e license, the facility shall Department of Financial and ation to verify that the is active. A copy of the license ne individual's personnel file.				
		check the status of all Health Care Worker Registry				
	Section 300.661 H Background Check					
	Worker Background	oly with the Health Care d Check Act and the health round Check Code.				
	This Requirement is	s NOT MET as evidence by:				

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

Electronically Signed 08/30/24

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TITLE

(X6) DATE

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
IL6003768		B. WING	WING		08/12/2024	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE			
BRIA OF MASCOUTAH		H TENTH ST				
		TAH, IL 6225				
PREFIX (EACH DEFICIENCY MU	UST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTY)	D BE	(X5) COMPLETE DATE	
S9999 Continued From page	1	S9999				
Based on interview and failed to obtain conduct screening, including and Registry, the Illinois and Corrections) Sex Offer (Health and Human Sea Attorney General) cheer employees had a prior would disqualify them the potential to affect a facility. Findings include: The facility's Abuse Predated 10/2022, docume policy is to assure that is within their control to abuse, neglect, exploit property, deprivation of staff and mistreatment done by: conducting profemployees and preresidents. This facility our residents from abuse including, but residents, consufrom other agencies production of programment of the property of anyone including, but residents, consufrom other agencies production of programment of the property of abuse, in misappropriation of procourt of law; or have a their license by a state result of a finding of abuse.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 Based on interview and record review, the facility failed to obtain conduct pre-employment screening, including an updated Healthcare Registry, the Illinois and DOC (Department of Corrections) Sex Offender Registry, or the HHS (Health and Human Services) OIG (Office of Attorney General) check to determine if employees had a prior criminal history which would disqualify them for employment. This had the potential to affect all 50 residents living in the facility.					

Illinois Department of Public Health

	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6003768		B. WING		08/1	2/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
BRIA OF MASCOUTAH		TH TENTH ST FAH, IL 622!			
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
Prior to a new employee schedule, the facility will check from previous em with facility policy; Obtai license and check the wagency of any individual requiring a professional Health Care Worker Rebeing hired for prior reporting hired h	inois Specific Screening: e starting a work II: Initiate a reference in license; (a), in accordance in a copy of the state website of the licensing II being hired for a position II license; Check the Illinois egistry on any individual orts of abuse, neglect or ident property, previous is, and the offender gistry; Initiate an Illinois ingerprint check for any eing hired without a ick. Check the Illinois any individual being hired de position. Individuals viction or a misdemeanor endix A, Offenses Affection IS chapter 12 will not be in e files were randomly for pre-employment ig was documented: Aide (CNA), was hired on inted an Illinois Sex inois Department of Offender registry, and the included of determine if V21 had a	S9999	DEFICIENCY)		

Illinois Department of Public Health STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6003768	B. WING		08/1	2/2024
	PROVIDER OR SUPPLIER	901 NORT	DRESS, CITY, S TH TENTH ST TAH, IL 622			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	V18, Human Resout The facility initiated registry, the Illinois (DOC) Sex Offender check on 8/6/24, afted determine if V18 has v24, CNA, was hire initiated a Healthcar and did not have an start date. V25, CNA, was hire initiated an Illinois Sillinois Department Offender registry, a 7/29/24, after V25's had a disqualifying v27, CNA, was hire initiated an Illinois Sillinois Department Offender registry, a 8/6/24, after V27's shad a disqualifying v23, Registered Nu Nursing (ADON), w facility initiated a Illi Professional Regula licensure on 6/28/24 facility did not have License on file. V28, Licensed Pracon 6/26/24. The fac Department of Profeserch for licensure research for licens	an Illinois Sex Offender Department of Corrections or registry, and the HHS OIG ter V18's start date, to d a disqualifying conviction. Indoor 7/16/24. The facility or Registry check on 5/11/23 or updated check prior to V24's Indoor 7/23/24. The facility of Corrections (DOC) Sex ond the HHS OIG check on or start date, to determine if V25 conviction. Indoor 7/31/24. The facility of Corrections (DOC) Sex or of the HHS OIG check on or start date, to determine if V25 conviction. Indoor 7/31/24. The facility of Corrections (DOC) Sex or of the HHS OIG check on or of Corrections (DOC) Sex or of the HHS OIG check on or of Corrections (DOC) Sex or of the HHS OIG check on or of Corrections (DOC) Sex or of the HHS OIG check on or of Corrections (DOC) Sex or of the HHS OIG check on or of Corrections (DOC) Sex or	\$9999			

Illinois Department of Public Health

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		IL6003768	B. WING		08/1	2/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH TENTH STREET								
DRIA UF	BRIA OF MASCOUTAH MASCOUTAH, IL 62258							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
	Continued From pa V29, LPN, was hire initiated a Illinois De Regulation (IDFPR) 4/5/24, after V29's shave a copy of V29' The Resident Cens Residents, CMS 67	SC IDENTIFYING INFORMATION)		CROSS-REFERENCED TO THE APPRO				

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