(X6) DATE

Illinois Department of Public Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED	
IL6012074 B. WING					10/0	1/2024
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
			BERT ROAL			
LA BELL	A OF ALTON	ALTON, IL	62002			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	urvey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations 1 of 2				
	300.661 300.615e) 300.615f) 300.625c)2)					
	Section 300.661 Health Care Worker Background Check					
	A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.					
	This requirement is	Not Met as evidence by:				
	failed to check befo backgrounds check and Illinois Sex Off Corrections Sex Off Corrections Inmate corrections wanted Human Services Of searches all were of 10 employees review Worker Background	and record review, the facility re hire, Healthcare worker s were performed upon hire, ender Search, Department of fender, Department of Search, Department of fugitive, and the Health and fice of Inspector General ompleted before hire for 7 of wed for the Health Care d Protocol. This has the I of the residents in the facility.				
	hire date of 8/29/20	rsing Assistant (CNA), has 24. V11's employee file does Ilinois Sex Offender,				

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

Electronically Signed 10/23/24

TITLE

STATE FORM 6899 RFTH11 If continuation sheet 1 of 8

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	IL6012074 B. WING		10/01/2024			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LA BELL	LA BELLA OF ALTON 3490 HUN ALTON, IL)		
(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 SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	Department of Corrections (DOC) offender, DOC inmate search or wanted fugitive, or Office of Inspector General (OIG) in file. 2. V12, (CNA), has hire date of 7/12/2024. V12's employee file does not have a copy of Illinois Sex Offender, Department of Corrections (DOC) offender, DOC inmate search or wanted fugitive, or Office of Inspector General (OIG) in file. 3. V13, (CNA), has hire date of 7/24/2024. V13's employee file does not have a copy of Illinois Sex Offender, Department of Corrections (DOC) offender, DOC inmate search or wanted fugitive, or Office of Inspector General (OIG) in file. 4. V14, (CNA), has hire date of 10/4/2023. V14's employee file does not have a copy of Illinois Sex Offender, Department of Corrections (DOC) offender, DoC inmate search or wanted fugitive, or Office of Inspector General (OIG) in file.					
	V15's employee file Illinois Sex Offende (DOC) offender, DO	ice, has a hire date of 5/29/24. does not have a copy of pr., Department of Corrections DC inmate search or wanted f Inspector General (OIG) in				
	date of 9/23/24. V1 have a copy of Illino of Corrections (DO	urse Aide, (CNA), has a hire 6's employee file does not bis Sex Offender, Department C) offender, DOC inmate ugitive, or Office of Inspector e.				
	of 4/22/24. V17's H	ffice Manager, has a hire date ealth Care Worker Registry, ocuments V17 health care				

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worker background check was not initiated prior

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6012074	B. WING		10/0	1/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LA BELLA OF ALTON 3490 HUN ALTON, II			IBERT ROAD . 62002)		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPRODEFICIENCY)	JLD BE	(X5) COMPLETE DATE
\$9999	to hire. V17's emplor of Illinois Sex Offer Corrections (DOC) or wanted fugitive, (OIG) in file. On 10/1/24 at 9:30 Manager, stated, "I print out all the report of a court of law, had a nurse aide registry exploitation, mistres misappropriation of action in effect agalicense by a stated finding of abuse, needs of the court of a court of law, had a nurse aide registry exploitation, mistres misappropriation of action in effect agalicense by a stated finding of abuse, needs of the court of action in effect agalicense by a stated finding of abuse, needs of the court of action in effect agalicense properties of the court of action in effect agalicense properties of the court of action in effect agalicense properties of the court of action in effect agalicense properties of the court of action in effect agalicense properties of the court of action in effect agalicense properties of the court of action in effect agalicense properties of the court of action in effect agalicense properties of the court of action in effect agalicense properties of the court of action in effect agalicense properties of the court of action in effect agalicense properties of the court of action in effect agalicense properties of the court of action in effect against the court of action in effec	oyee file does not have a copy der, Department of offender, DOC inmate search or Office of Inspector General AM, V9, Human Resources did not realize I needed to orts with the dates." Neglect, Exploitation and revention Program dated, last uments to conduct employee and not knowingly employ or any individual who has been seen neglect exploitation, property, or mistreatment by finding entered into the state concerning abuse, neglect, atment of residents or property or a disciplinary inst his or her professional licensure body as a result of	S9999			
	Section 300.615 De	sure Violations 2 of 2 etermination of Need uest for Resident Criminal rmation.				
	Section 2-201.5(a)	o the screening required by of the Act and this Section, a 24 hours after admission of a				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6012074	B. WING		10/0	1/2024
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 10/0	1/2024
			IBERT ROAL			
LA BELL	A OF ALTON	ALTON, II		-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	resident, request a check pursuant to the Information Act for seeking admission background check pursuant to the Hos Background checks resident's name, daidentifiers as requir Police. (Section 2-f) The facility sname on the Illinois website at www.isp Department of Compage at www.idoc.sindividual is listed a Section 300.625 ldc.) If the results history background is an identified offer 1-114.01 of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 3) Within 72 h fingerprint-based control of the Act following: 4) Within 72 h fingerprint-based control of the Act following: 2) Within 72 h fingerprint-based control of the Act following: 3) Within 72 h fingerprint-based control of the Act following: 4) Within 72 h fingerprint-based control of the Act following: 4) Within 72 h fingerprint-based control of the Act following: 5) Within 72 h fingerprint-based control of the Act following: 6) Within 72 h fingerprint-based control of the Act following: 9) Within 72 h fingerprint-based control of the Act following: 9) Within 72 h fingerprint-based control of the Act following: 9) Within 72 h fingerprin	criminal history background he Uniform Conviction all persons 18 or older to the facility, unless a was initiated by a hospital spital Licensing Act. shall be based on the ate of birth, and other ed by the Department of State 201.5(b) of the Act). Shall check for the individual's a Sex Offender Registration state.il.us and the Illinois rections sex registrant search state.il.us to determine if the is a registered sex offender.	S9999			

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Illinois Department of Public Health

illinois Department of Public Health							
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAIN	DENTIFICATION IDENTIFICATION NOWIDER.		A. BUILDING:			LLILD	
			D WING				
		IL6012074	B. WING		10/0	1/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
I A RFI I	A OF ALTON		IBERT ROAI	ס			
	A OF ALTON	ALTON, II	62002				
(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	
S9999	Continued From page 4		S9999				
	history record inforr	mation contained in its files.					
	These Requirements are NOT MET as evidence by:						
	failed to request a C Check with 24 hour arrange for fingerpr identified offender, Sex Offender Regis R5, R15, R16, R17,	and record review, the facility Criminal History Background is of admission, failed to rint-based checked for and failed to check the Illinois stry for 9 or 10 residents (R4, , R18, R19, R20, R21) ent Background Checks in the					
	Findings include:						
		Profile, print date of 10/1/24, was admitted on 6/21/24.					
	document an Illinois	dical Record (EMR) fails to s State Police Criminal History oleted by the facility.					
		Profile, print date of 10/1/24, 5 was admitted on 8/2/24.					
		offender Registry documents as checked by the facility on					
		Police Criminal History Report 5's background was checked 9/24.					
		Profile, print date of 10/1/24, 6 was admitted on 9/17/24.					
		Police Criminal History Report 6's background was checked					

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		IL6012074	B. WING		10/	01/2024
	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
LA BELL	A OF ALTON	ALTON, I	_			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	on 9/30/24.					
		Profile, print date of 10/1/24, 7 was admitted on 9/3/24.				
		Police Criminal History Report 7's background was checked 6/24.				
		Profile, print date of 10/1/24, 8 was admitted on 8/16/24.				
		Police Criminal History Report 8's background was checked				
		ffender Registry documents as checked on 2/29/24.				
		Profile, print date of 10/1/24, 9 was admitted on 9/18/24.				
		Police Criminal History Report 9's background was checked				
		Profile, print date of 10/1/24, 0 was admitted on 9/11/24.				
		Police Criminal History Report 0's background check was				
		Profile, print date of 10/1/24, 1 was admitted on 9/5/24.				
	documents that R2 on 9/16/24 and R21	Police Criminal History Report 1's background was checked had a HIT. The facility was ocumentation on if a				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LA BELLA OF ALTON 3490 HUN ALTON, II		MBERT ROAI L 62002)			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 6	S9999			
	fingerprint scan wa	s completed.				
		n Profile, print date of 10/1/24, was admitted on 12/27/23.				
	R4's Illinois State Police Criminal History Report documents that R4's background was checked on 1/4/24.					
	On 10/1/24 at 8:43 AM, V5, Admissions Director, stated that R5's Criminal History Information was never done and R16's was just completed today. R18 was admitted and discharged then when he came back, they did not rerun the checks. All resident background checks should be done before they enter the building.					
	Procedure dated, re each resident, with facilities not exemp must request a Uni (UCIA) name based the Illinois State Po	dentified Offenders ning and Submission eviewed 10/24 documents for in 24 hours of admission, oted by 210 ILCS 45/201.5b form Criminal Information ACT d criminal history record from olice using the Criminal History case Process (CHIRP).				
	documents the facilibackground on any the facility in order convictions. The porequest a Criminal within 24 hours after check for the reside Offender Registrati Site.www.isp.state. name on the Illinois sex registrant searce	policy dated, reviewed 7/7/2023 lity shall check the criminal resident seeking admission to to identify previous criminal olicy documents the facility will: History Background check er admission of a new resident, ent's name on the Illinois Sex on Web il.us, check for the resident's Department of Corrections ch page. Ww. Isoc.state.il.us, and or fingerprint checks,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		IL6012074	B. WING		10/0	1/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LA BELL	LA BELLA OF ALTON 3490 HUMBERT ROAD ALTON, IL 62002					
(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	and/or Identified Of Recommendations		S9999			

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