

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001309	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/16/2024
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NAME OF PROVIDER OR SUPPLIER BURT SHELTERED CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 MILTON ROAD ALTON, IL 62002
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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
S 000	Initial Comments Complaint Investigation: 2443622/IL172910	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.3060a) 330.3060k) 330.3060 General Building Requirement Every building shall: a) Be structurally sound, in good repair, and attractive inside and outside. k) Have all walls and ceilings of sound construction and covered with plaster or an equivalent, free from cracks, holes, or heavily textured surfaces. This Requirement is NOT MET as evidence by: Based on interview, observation, and record review the facility failed to maintain a sanitary environment for 3 of 6 residents (R3, R4 and R5) reviewed for physical plant problems in the sample of 6. Findings include: On 5/16/2024 at 8:57AM, Room XX on the first floor next to back door exit is occupied by 3 residents (R3, R4, and R5). R3 was sitting in a chair in his room. R3 stated the mold was in the bathroom. R3 stated that is why we keep the fan on in there. R4 and R5 also stated there is mold in their bathroom.	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>On 5/16/2024 at 8:57AM, V3 (Office Aide) pulled back the shower curtain in bathroom in room XX. There were black spots present on the back wall above tub on wall. Black spots were observed on the wall beside the stool below the window.</p> <p>R3, R4, and R5's medical records were reviewed. This review included progress notes, physician orders and admission discharge sheet. Resident council minutes and grievance logs were not reviewed as there were none to review.</p> <p>On 5/15/2024 at 1:59PM V1 (Administrator) stated she would expect the facility to be free of mold.</p> <p>The facility housekeeper job description undated documents clean and sanitizes bathrooms daily. The policy documents report any unsafe conditions to supervisor.</p> <p>"B"</p>	S9999		