

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/06/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEMORIAL CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4315 MEMORIAL DRIVE BELLEVILLE, IL 62226</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)</p> <p>e) 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 is NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to obtain/conduct criminal background check screenings within 24 hours to determine if a resident had a prior criminal history. This had the potential to affect all of the 63 residents living in the facility.</p> <p>Facility policy states "Bethesda is committed to the prohibition of all forms of abuse, neglect, and misappropriation of resident property. The dynamic process for pursuing that goal is having in place procedures that address the screening of potential hires, training staff and families in the identification and reporting of suspected/actual abuse, investigative activities related to abuse, protective interventions for the resident/tenant and preventative measures that continue to optimize the process."</p>	S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/12/24

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S9999	<p>Continued From page 1</p> <p>R55's Facesheet documents an admission date of 10/9/2024 and background check performed on 10/22/2024.</p> <p>R68's Facesheet documents an admission date of 11/15/2024 and background check performed on 11/18/2024.</p> <p>R126's Facesheet documents an admission date of 8/2/2024 and background check performed on 8/5/2024.</p> <p>R21's Facesheet documents an admission date of 11/1/2024 and background check performed on 11/5/2024.</p> <p>On 12/5/2024 at 2:35PM V17, Human Resources Director, stated "I ask for a new admission list every morning. As soon as a resident is admitted I run the CHIRP. If a resident is admitted on a Friday, I run the CHIRP on the following Monday."</p> <p>(C)</p>	S9999		