

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057539	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER , ALTON, Illinois, 62002		
(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) COMPLETION DATE
S0000 S9999	Initial Comments Annual Licensure and Certification Final Observations Statement of Licensure Violations: 300.615e) 300.615. Determination of Need Screening and Request for Resident Criminal History Record Information 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) This Requirement is NOT MET as evidenced by: 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 85 residents living in the facility. Facility's revised Pre-admission screening of Potential Residents dated 9/2017 states "This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. R12's Facesheet documents an admission date of	S0000 S9999		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued from page 1 12/5/2024 and background check performed on 3/27/2025.</p> <p>R183's Facesheet documents an admission date of 12/18/2024 and background check performed on 3/27/2025.</p> <p>R47's Facesheet documents an admission date of 1/12/2024 and background check performed on 3/27/2025.</p> <p>R73's Facesheet documents an admission date of 3/17/2025 and background check performed on 3/27/2025.</p> <p>R17's Facesheet documents an admission date of 6/18/2024 and background check performed on 3/27/2025.</p> <p>On 6/12/2025 at 2:00PM V27, Illinois State Police Background Check Coordinator, stated "I know this facility did all their background checks in one day because I was here auditing them and trying to get them up to date."</p> <p>On 6/13/2025 at 8:15AM V28, Social Services Director, stated I get notified from our corporate office that we are getting an admission. I then upload the information into the system and notify V27.</p> <p style="text-align: center;">(C)</p>	S9999			