

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER BRIARBROOK PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 228 BRIARBROOK DRIVE EAST PEORIA, IL 61611		
(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
Z 000	COMMENTS Annual Licensure Survey- 350.625(e); 350.1420(c)	Z 000		
Z9999	FINDINGS Statement of Licensure Violations 1of 2 Section 350.625 Determination of Need Screening and Request for Resident Criminal History Record Information Statement of licensure findings: 350.625e) Section 350.625 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 seeking admission to the facility. 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) Based on record review and interview, the facility failed to provide evidence of the required criminal history background check potentially impacting all 14 individuals residing at the facility (R1 - R14). Findings include: Resident roster provided on 5/12/25 identifies 14	Z9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

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Z9999	<p>Continued From page 1</p> <p>individuals reside at the facility (R1 - R14).</p> <p>Admission Process Policy dated March 2007, includes 'it is the policy of this facility to do a background check on any applicant before screening for potential admittance.'</p> <p>Resident roster provided on 5/12/25 identifies (R2) was admitted to (facility) on 2/20/2025; (R3) was admitted to (facility) on 3/13/2025; (R9) was admitted to (facility) on 4/5/2022; (R12) was admitted to (facility) on 8/10/2022; and (R14) was admitted to (facility) on 6/29/2022.</p> <p>Facility unable to provide evidence of required criminal history background checks for R2, R3, R9, R12, and R14.</p> <p>On 5/13/2025 at 11:19 am, E1 (Administrator) confirmed no criminal history background checks have been completed on any resident upon admission.</p> <p>(C)</p> <p>Statement of Licensure Violations: 2 of 2 350.1420c)</p> <p>Section 350.1420 Compliance with Licensed Prescriber's Orders</p> <p>c) The staff pharmacist or consultant pharmacist shall review the medical record, including licensed prescriber's orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 350.Appendix E, determine if there are irregularities that would cause adverse reactions, allergies, contraindications, medication errors or ineffectiveness. This review shall be done at the</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>facility and shall be documented in the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, the director of nursing and the administrator and shall be acted upon.</p> <p>Based on record review and interviews the facility failed to provide monthly pharmacy reviews for three of three individuals in the sample of three (R1 - R3).</p> <p>Findings include:</p> <p>Facility provided resident roster on 5/12/2025 documented R1, R2 and R3 reside in the facility.</p> <p>On 5/13/2025 R1, R2, and R3's clinical record contained no monthly pharmacy reviews.</p> <p>Facility unable to provide monthly pharmacy reviews for R1, R2 and R3.</p> <p>On 5/13/2024 at 11:09 am, E3 (Registered Nurse Trainer) stated pharmacy changed recently and confirmed current pharmacy does not do reviews.</p> <p>On 5/13/2025 at 11:17 am, E1 (Administrator) stated new pharmacy does not do monthly pharmacy reviews and confirmed no pharmacy reviews available for (R1 - R3).</p> <p>(B)</p>	Z9999		