

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 07/19/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BURT SHELTERED CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 MILTON ROAD ALTON, IL 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) COMPLETE DATE
S 000	Initial Comments Annual Licensure Survey Complaint Investigation: 2445571/IL175607 330.911	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2: 330.911 Section 330.911 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to obtain, conduct pre-employment screening, and obtain results of fingerprint checks to determine if employees had a prior criminal history which would disqualify them for employment. This had the potential to affect all the 22 residents living in the facility. Findings include: Facility's undated Healthcare Worker Background Check policy states "The facility will not knowingly hire any individual in a position with duties involving direct care for residents if that person has been convicted of committing or attempting to commit one or more offenses as listed in section 25 (a) of the Health Care Worker	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 07/19/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BURT SHELTERED CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 MILTON ROAD ALTON, IL 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) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>Background Check Act [225ILCS 46/25]."</p> <p>V4 (Cook) was hired on 5/2/23. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents.</p> <p>V5 (Office Assistant) was hired on 6/1/24. The facility failed to obtain a background check until 7/11/24.</p> <p>V11 (Certified Nursing Assistant/CNA) was hired on 1/25/24. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents.</p> <p>V12 (CNA) was hired on 1/8/24. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents.</p> <p>V13 (Cook) was hired on 6/29/24. The facility failed to ensure a criminal background check was completed.</p> <p>On 7/11/2024 at 12:00PM, V1 (Administrator) stated "We don't necessarily get the background checks done before the employee starts. We do our best. Most of them have worked in nursing homes or home health."</p> <p>The Resident Roster documents that the facility has 22 residents living in the facility.</p> <p>"C"</p> <p>Statement of Licensure Violations 2 of 2: 330.715a) 330.715b) 330.715c)</p>	S9999		

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 07/19/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BURT SHELTERED CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 MILTON ROAD ALTON, IL 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) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>330.715d) 330.715e) 330.715f)</p> <p>Section 330.715 Request for Resident Criminal History Record Information</p> <p>a) 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>b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>c) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based</p>	S9999		

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 07/19/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BURT SHELTERED CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 MILTON ROAD ALTON, IL 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) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.</p> <p>d) A waiver issued pursuant to Section 2-201.5(b) of the Act shall be valid only while the resident is immobile or while the criteria supporting the waiver exist. (Section 2-201.5(b) of the Act)</p> <p>e) The facility shall provide for or arrange for any required fingerprint-based checks to be taken on the premises of the facility. If a fingerprint-based check is required, the facility shall arrange for it to be conducted in a manner that is respectful of the resident's dignity and that minimizes any emotional or physical hardship to the resident. (Section 2-201.5(b) of the Act) If a facility is unable to conduct a fingerprint-based background check in compliance with this Section, then it shall provide conclusive evidence of the resident's immobility or risk nullification of the waiver issued pursuant to Section 2-201.5(b) of the Act.</p> <p>f) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility</p>	S9999		

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 07/19/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BURT SHELTERED CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 MILTON ROAD ALTON, IL 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) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>failed to obtain, conduct criminal background checks for 5 of the most recent admissions to the facility.</p> <p>Findings include:</p> <p>On 7/11/2024 at 12:00PM V1 (Administrator) stated "I have not done background checks on any residents ever. I accepted several residents from a facility that closed, and I went through the files there before I accepted them. I knew if a resident had a record, I would see it in a file there. I do not have a policy about background checks on residents."</p> <p>R3's admission date is 3/23/20. No background check in files.</p> <p>R11's admission date is 3/26/19. No background check in files.</p> <p>R12's admission date is 3/11/10. No background check in files.</p> <p>R13's admission date is 6/29/24. No background check in files.</p> <p>R14's admission date is 2/3/14. No background check in files.</p> <p>The Resident Roster documents that the facility has 22 residents living in the facility.</p> <p>"C"</p>	S9999		