| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6001028 | A. BUILDING: _____ B. WING _____ | 08/16/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIA OF GODFREY | 1623 29 WEST DELMAR GODFREY, IL 62035 |

| (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<br><br>Annual Licensure Survey | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations:<br><br>300.661<br><br>Section 300.661 Health Care Worker Background Check<br>A facility shall comply with the Health Care Worker Background Check Act and the health Care worker Background Check Code.<br><br>This Requirement is NOT MET as evidence by:<br><br>Based on interview and record review, the facility failed to conduct a complete pre-employment screening and obtain results of fingerprint checks to determine if employees have a prior criminal history which would disqualify them for employment. This had the potential to affect all the 50 residents living in the facility.<br><br>Findings Include:<br><br>V1's (Licensed Nursing Home Administrator) background check was reviewed, documenting V1 was hired on 6/26/24. V1's background check was not completed until 7/3/24.<br><br>V2's (Registered Nurse / Director of Nursing) background check was reviewed, documenting V2 was hired on 7/12/24. V2's background check was not completed until 7/17/24.<br><br>V7's (Maintenance) background check was reviewed documenting V7 was hired on 6/18/24. | S9999 | | |

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|---|---|---|---|---|
| S9999 | Continued From page 1<br>V7's background Check was completed on 8/13/24.<br><br>V29's (Activity Aide/Receptionist) background check was reviewed documenting she was hired on 7/29/24. V29's background check was completed on 7/31/24.<br><br>The facility policy Employee background check dated 8/16/24 documents this facility is committed to providing the best care to our residents by verifying employee background checks.<br><br>The Facility's Long Term Care Facility Application for Medicare and Medicaid form 671, dated 8/13/24, documents 50 residents reside in the facility.<br><br>(C) | S9999 | | |