## STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION

LITCHFIELD CARE	E CENTER	0051102		
Facility Name		I.D. Number		
1024 EAST TYLER, Address, City, State, Zip	LITCHFIELD, IL 62056			
20068		12.17.2010		
Reviewed By		Date of Survey		
	NARY LICENSURE SURVEY	02434, 10877, 10879		
Type of Survey		Surveyed By		
Please respond to each	violation. The response must include specif	ment, it has been determined the following violations occurred. fic actions which have been or will be taken to correct each also be provided. Forms are to be submitted with the <u>original</u>		
IMPORTANT NOTICE:	STATUTORY PURPOSE AS OUTLINED UNDER PUB	IE STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE ATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1530. DISCLOSURE OF THIS INFORMATION IS MANDATORY. IE FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.		
	"REPEAT B" VI	OLATION(S):		
300.615e)	Section 300.615 Determination Criminal History Record Info	n of Need Screening and Request for Resident ormation		
	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 [20 ILCS 2635] for all persons 18 or older 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.			
	This requirement was not met a	s evidenced by:		
Department Use ONLY		Facility Designee		
Davissa I Dav		Cimphon		
Reviewed By		Signature		
Acceptable Date		Title		
Unacceptable Date		Date		

## STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH "REPEAT B" VIOLATION(S) STATEMENT OF VIOLATIONS

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0051102

Facility Name

I.D. Number

CONT. **300.615e**)

Based on record review and interview the facility failed to ensure that Criminal History Background Checks were requested within 24 hours after admission for 3 (R11, R12, and R13) of 3 residents that were admitted after 9/24/10.

The findings include:

Interviewed E1, Administrator, on 12/16/10 at 11:50 AM. She said that another facility submits their resident criminal background checks to the state police. She did not have the dates they were submitted to the State Police, but they had the background checks back that had a date that they were received from the State Police.

R12 and R13 were admitted on 11/23/10 and 11/22/10. Both of the Criminal Histories were dated received 11/29/10. R11 was admitted on 12/15/10 and there is no date when the Criminal History check was submitted to the State Police.

(Repeat B)

## STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH "REPEAT B" VIOLATION(S) STATEMENT OF VIOLATIONS

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0051102

LITCHFIELD CARE CENTER
Facility Name I.D. Number

Standard Number	Plan of Correction	Completion Date
300.615e)	Tian of correction	Date
000200)		