

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000855</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/16/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BEMENT HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 NORTH MORGAN BEMENT, IL 61813</b>
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(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
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S9999	<p>Final Observations</p> <p>STATMENT OF LICENSURE VIOLATIONS:</p> <p>300.670c) 300.670c)3) 300.670g) 300.670k)1), 300.670k)2) and 300.670k)3)</p> <p>Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to evaluate the effectiveness of disaster plans and procedures. A written evaluation of each drill shall be submitted to the facility administrator and shall be maintained for one year. Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction. Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 300.2620d), to the local health authority and local emergency management agency having jurisdiction. Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to the local health authority and local management agency having jurisdiction. The facility shall inform the local authority and local emergency management agency at any time that the emergency source of power or services connected to the source are changed.</p> <p>These requirements were not met as evidence by the following:</p> <p>Based on record review and interview, the facility</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>05/01/15</b>
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S9999	<p>Continued From page 1</p> <p>failed to conduct fire drills on each shift quarterly, failed to conduct two disaster drills on each shift annually and failed to evaluate the effectiveness during the disaster and fire drills. The facility failed to provide copies of the facility's disaster plan, emergency water plan, and the source of emergency power to the local health authority and local emergency agency. This failure has the potential to affect 34 residents.</p> <p>The findings include:</p> <p>The facility's fire drill records did not have evidence that fire drills were conducted for the second shift (2 PM to 10 PM) for third quarter 2014, the first shift (7 AM - 2 PM) fourth quarter 2014, and the third shift (10 PM - 6 AM) first quarter 2015. E1, Administrator stated on 4-16-15 at 8:30 A.M. that she did not find fire drill for the missing three quarters.</p> <p>One tornado (disaster) drill was conducted on 10-30-14 at 4:30 P.M. No other disaster drills were found and E1 confirmed that only disaster drill was conducted in the past year.</p> <p>The available disaster and fire drills were review to determine if the facility was evaluating the effectiveness and staff's response to the drills. The 10-30-14 tornado drill had been evaluated and there was no evidence provided that the drills were being reviewed and evaluated.</p> <p>E1 stated on 4-16-15 at 8:30 A.M. that she has no knowledge or evidence that the facility's disaster plan, emergency water plan, or the emergency power plan were provide to the local health and emergency management agencies. No evidence provided that the plans had been reviewed by the local authorities.</p>	S9999		

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S9999	Continued From page 2  According to the facility's 4-16-15 "Daily Roster" 34 residents reside at the facility.  (B)	S9999		