FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: **B. WING** IL6012074 03/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD **RIVER CROSSING OF ALTON ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 S 000 **Initial Comments** Complaint #2342526/IL158021 S9999 S9999 Final Observations Statement of Licensure Violations State Licensure Finding Section 300.630 Contract Between Resident and **Facility** a) Contract Execution Before a person is admitted to a facility, or at the expiration of the period of previous contract, or when the source of payment for the resident's care changes from private to public funds or from public to private funds, a written contract shall be executed between a licensee and the following in order of priority: The contract shall provide that if the resident is compelled by a change in physical or mental health to leave the facility, the contract, and all obligations under it shall terminate on seven days notice. No prior notice of termination of the contract shall be required, however, in the case of a resident's death. The contract shall also provide that in all other situations, a resident may terminate the contract and all obligations under it with 30 days notice. All charges shall be prorated Attachment A as of the date on which the contract terminates, Statement of Licensure Violations and, if any payments have been made in

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

advance, the excess shall be refunded to the resident. This provision shall not apply to life-care contracts through which a facility agrees to

TITLE

(X6) DATE

Illinois D	epartment of Public	Health	" ii w	6E H 380 H 5	v.*	PPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED 03/31/2023	
		IL6012074				
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY,	STATE, ZIP CODE		
RIVER C	ROSSING OF ALTON	3490 HUM ALTON, IL	BERT ROA 62002	D		
(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 <b>9</b> 999	Continued From pa	ge 1	S9999			
	throughout the rem to continuing-care of facility agrees to su- financial support in care for a resident	ce and care for a resident ainder of the resident's life nor contracts through which a applement all available forms of providing maintenance and throughout the remainder of (Section 2-202(i) of the Act)				
	This Requirement is NOT MET as evidence by:			- 1		\$215 T
	failed to ensure pay resident/resident re towards their mont	epresentative was applied hly bill and excess payment of 3 residents (R2) reviewed				yere Tomorrow To
	Findings include:		-2		-	
an a	stated, "I am not so that. I can see it is should not be sent showing them wha	30 AM, V2, Director of Nursing ure why (R2's) billing is like complicated. The statements out to the families without they have already paid. I can y being upset over it thinking noney."				
	Manager stated, "V refund. (V1) and I was going on with	0:47 AM, V7, Business Office We do owe (R2's) family a were trying to figure out what the statement. None of the	36 6			8
	were cashed for (F being reflected in t	owing any of the checks that R2), and the payment is not he statements that went out to t sure what is happening, but it				
# <sup>3</sup> E	should show what been deducted. I v and I looked at (R3 money is being ref	they paid and should have vent into the Resident Profile, 2's) ledgers and some of the lected in the chart but the atements are not matching up.	2 15	5:	3	#/

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 03/31/2023 IL6012074 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD **RIVER CROSSING OF ALTON ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 We are not sure what is happening, but we are looking into it, and we do owe (R2's) family \$630.57 cents." On 3/31/2023 at 10:52 AM, V1, Administrator stated, "We are still looking into (R2's) statements and why the family's payments are not being reflected in their statements. (V7) told me they we owe the family money, and I will make sure they get anything that is owed to them. We got a new computer system, and we are still trying to figure out what is happening." On 3/31/2023 at 10:55 AM, V7 provided a copy of the checks the family of R2 had submitted to the facility and that were cashed by the facility. Checks were for the following months and amounts: A check for \$3,307.89,dated 3/6/2023, for 3/1-3/31/23: A check for \$7280.00, dated 2/24/2023, for 2/1-2/28/23; A check for \$11,220.00, dated 1/31/2023, no service month documented; and a check for \$2742.00, dated 11/26/2022, no service month documented. The total of these checks was \$24,549.98. On 3/31/2023 V7 provided statements that she stated were sent to the family of R2 for March Room and Board. R2's Statement dated 3/1/2023 documents. "Balance forward Room and Board charges March 1-31, 2023. Amount due \$26,560.00". None of the money that was paid to the facility for R2's care was reflected as payment on this statement. On 3/30/2023 at 10:01 AM, V7 provided statements that she stated were sent to the family April 2023 Balance Forward 2/1/2023 Payment

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\$22,140.00

\$26,560.00 payment (\$4,420.00) Balance Due

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R2's Contract with the Facility with an effective date of 12/19/2022 documents, "Private Pay Resident" means a person who does not have a State or Federal program paying for their charges, fees, and expenses. A private Pay Resident may have private insure or another third party that pays all or some of his or her charges. Any person signing this contract that has a legal access to a Resident's income or resources for all amounts due and owing to the Facility under this Contract. If the Facility agrees to manage a Resident's personal funds, they shall be kept separate from the Facility's funds and shall be disbursed from the Resident's account upon Request of the Residents, or any other person entitled to make such an authorization. The facility shall keep accurate records of all receipts and disbursements, which will be available upon request to the Resident and/or the Resident's Representative."

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