Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012074		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6012074	B. WING			01/11/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	32	
		3490 HUN	BERT ROA	ND		
RIVERC	ROSSING OF ALTON	ALTON, II	62002			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN TAG CROSS-REFERENCED TO THE APPROPRIES OF THE PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN THE PROVIDER'S PLAN OF CORRECTI		JLD BE COMPLE	
S 000	Initial Comments		S 000		16	
	Annual Certification	Health Survey	i.e.			7.3
S 9 999	Final Observations		S9999	#- 		24
	Statement of Licens	sure Violations				Si .
∜ ≘:	300.610a) 300.1210b) 300.1210b)4			W Fo		***
22	Section 300.610 R	esident Care Policies		** ***		ii ii
eg Ka	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co	have written policies and and all services provided by the policies and procedures shall Resident Care Policy and of at least the dvisory physician or the ammittee, and representatives a services in the facility. The	is A			E III
į.	policies shall complete written policies the facility and shall	y with the Act and this Part. shall be followed in operating be reviewed at least annually locumented by written, signed		97 198		
9.4	Section 300.1210 (Nursing and Person	Seneral Requirements for al Care	87			
3)	and services to atta practicable physical well-being of the res each resident's com	provide the necessary care in or maintain the highest , mental, and psychological sident, in accordance with prehensive resident care properly supervised nursing	i.	S 92		
	care and personal or resident to meet the	are shall be provided to each total nursing and personal		Attachment A Statement of Licensure Violations	8	
	ment of Public Health DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGI	VATURE	TITLE		(X6) DATE

STATE FORM

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: B. WING IL6012074 01/11/2023 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) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY S9999 S9999 Continued From page 1 care needs of the resident. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe. dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. These Requirements were NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to place the call light within reach of residents for 2 of 5 residents (R76, R285) residents reviewed for reasonable accommodation of needs in this sample of 57. This failure resulted in R285 feeling sad, horrible and unwanted. R285's Care Plan, dated 10/24/22, documents "Resident is at risk for falls. The resident has balance or walking impairments., The resident has a history of falls., The resident experiences weakness., The resident has urinary incontinence which may create a wet floor and increase fall risk." It continues "Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed." R285's Minimum Data Set (MDS), dated 12/24/22, documents that R285 is cognitively

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intact.

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lights are to be in reach at all times. V17 stated

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IMADED		(X3) DATE COMP	SURVEY	
			A. BUILDING:		33		
		IL6012074	B. WING		01/1	1/2023	
NAME OF (PROVIDER OR SUPPLIER		DRESS, CITY, STATE, ZIP CODE				
7.5		3490 HUM	BERT ROA			4	
RIVERC	ROSSING OF ALTON	ALTON, IL				407	
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
\$9999	Continued From pa	age 3	S9999	*			
		goes in the room, they are to			3	6	
	check to make sure	e the call lights are in reach.				#5	
	V17 stated that if the them in reach.	ney are not then the staff put		9			
7	6	9					
		2:15 V2, Director of Nursing,				S	
		ects the call lights to be in expects the staff to make sure		F 199 (2) 20 (2)			
	the residents call lig					22	
	The Basidant Bight	to for Doomin in Long Torm		žį.			
7.		ts for People in Long-Term ed 11/18, documents "As an		- M		¥	
-=	individual living in a	long-term care facility, you					
		hts as every citizen of Illinois		20			
	and of the United States." It continues "Your facility must treat you with dignity and respect and			0.00			
		n a manner that promotes your		N .	B		
	quality of life." 2.) R76 diagnosis ir	nclude muscle weakness,	,= <u>:</u>	i)		-	
	difficulty walking, ne	eed for assistance with		2			
-	personal care, GER	₹D and scoliosis.					
	R76's Minimum Da	ta Set dated 12/19/2022			*8	37m 1	
25	200	interview of mental status of a		3.		T.	
		R76 is severely cognitive cuments R76 needing		W #		1	
	extensive assist for	bed mobility, locomotion,		1/4			
		nal hygiene, and dependent also documents R76 as	<				
		of bowel and bladder.	5.0			83	
1	- E		1,2			i .	
	on 1/10/2023 R76's call light is in reach.	s care plan documents ensure		-		35	
	On 1/3/2023 at 10:0	00 am observed R76 in chair					
	in her room without	call light. R76 was yelling for				5	
		e needed to go to the					
		noted to be pulling her art and throwing the cotton		=			

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stuffing on the floor.

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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 01/11/2023 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 (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 4 S9999 On 1/5/23 at 10:00am R76 was observed up in chair in room without call light. On 1/9/23 at 10:00am R76 was observed up in chair in room without call light. On 1//9/2023 at 10:50am V7 stated R76 will use her call light at times. On 1/10/2023 at 12:15pm V2 stated she expected her staff to provide residents with call lights within reach. The facility policy, dated 9/15/2022, titled call lights states when the resident is in bed, confined to a chair or using the toilet and bathing facilities the call light should be within easy reach of the resident. (B)

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