

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/06/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER JERSEYVILLE NSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH STATE STREET JERSEYVILLE, IL 62052
---	---

(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 Complaint Investigation 2344184/IL160073	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.3240 a) 300.3240 b) 300.3240 c) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the Department and to the facility administrator. (Section 3-610(a) of the Act) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER JERSEYVILLE NSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH STATE STREET JERSEYVILLE, IL 62052
---	---

(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
S9999	<p>Continued From page 1</p> <p>writing to the resident's representative and to the Department. (Section 3-610(a) of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to keep residents free from attempted and misappropriation of money, related to a staff member trying, and getting money from residents (R1, R3), and failed to submit an initial resident abuse of misappropriation to the State Agency within the time allotted for reporting (R1) for 2 of 3 residents reviewed for misappropriation in a sample of 8. These failures resulted in R1 having money stolen from his account and R1 now feels unsafe and can't trust staff and R3 having staff attempting to withdraw money from his account, and now he feels angry at staff.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. R1's Minimum Data Set, dated 03/03/23, documents R1 is cognitively intact. <p>R1's check number 2686, dated 04/22/23, documents Pay to: V6, Certified Nursing Assistant, in the amount of \$2000.00. with a memo: Loan.</p> <p>R1's written statement, dated 05/22/23, documents he had not given any employee money, or a check, to cash for their personal use. The staff must have gotten it out of his bag, in his book, in his nightstand, but he never saw them. He keeps some checks in his room in a bag in his drawer. He is missing checks, not sure how much, but his POA (Power of Attorney), and lawyer would be returning, and would let him</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/06/2023
NAME OF PROVIDER OR SUPPLIER JERSEYVILLE NSG & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH STATE STREET JERSEYVILLE, IL 62052		
(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
S9999	<p>Continued From page 2</p> <p>know the amount.</p> <p>On 05/24/2023 at 9:00 AM, V1, Administrator, stated she was made aware of R3 voicing his money had been taken. V1 stated R3 had identified V6. V1 stated R3 and V7, R3's sister, notified her V7 attempted to remove money from the account per cash app and was denied. R3 and V7 stated she was notified of ATM (Automated Teller Machine) withdrawals that R3 denies doing and giving permission to anyone. R3 and V7 did not have any written proof of the withdrawals. V1 stated V7 was going to get the bank statements and bring them back to the facility. V1 stated V7 has not done so at this time. V1 stated the police were called and that they were told, without an amount they could not investigate it. V1 stated she interviewed V6. V6 admitted to taking \$200 dollars from the ATM, for R3, per his request. V1 stated V6 said she gave the money to R3, but no one saw her. V6 stated this happened 2 months prior. V1 stated she can't, at this time, say V6 stole money from R3. V1 stated either way, V6 was in the wrong, and should not have used R3's card for any reason. V1 stated she became aware of another incident of R1 having a check removed from his check book and money taken from his account. The check was out of sequence, and did not look like R1's handwriting. V1 stated she was aware R1 had checks at the facility. V1 stated the checks were in his drawer, next to his bed, under some items. V1 stated to retrieve the checks you would have to dig and get them. V1 stated they had a copy of the check. V1 stated the police were called, and a report was filed, and she had interviewed R1, and he denied giving his check book to anyone. V1 stated R1 is alert and aware of his surroundings, and knows what's going on. V1 stated the checks were written in a different</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2023
NAME OF PROVIDER OR SUPPLIER JERSEYVILLE NSG & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH STATE STREET JERSEYVILLE, IL 62052		
(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
S9999	<p>Continued From page 3</p> <p>handwriting than the other checks.</p> <p>On 05/24/23 at 8:50 AM, R1 stated initially, he did not know there was any money taken out of his account. R1 stated he was notified by his POA (Power of Attorney), V5. V5 writes his checks and pays his bills. V5 brought a cashed check to him that was written to V6, CNA. R1 stated they looked through his check book and were able to find where the check was removed, which was out of sequence. R1 stated he did not write a check to anyone; he doesn't write his checks. R1 stated if he would have written the check, then he would have taken the check off the top. The check was not cashed at his bank, the check was cashed at the bank across the street from the facility, and that was not his bank. R1 stated this is not the first time he has had money stolen. R1 stated the facility found the money on the bus. R1 stated he doesn't feel safe and can't trust the staff and stated, "How do you live like that?"</p> <p>On 05/24/23 at 8:55 AM, V5, R1's POA, stated he noticed there was money missing from R1's account, when he went to pay his bills. V5 stated he notified the bank, and was then notified of a check written to V6 for \$2000.00. V5 stated R1 is alert and knows what's going on. R1 has not written his own check in a long time. V5 stated he was not made aware of any check R1 would have written, and that the handwriting was different. That's when he notified the facility, and reported it to the police.</p> <p>On 05/25/2023 at 9:25 AM, V4, CNA, stated R1 is alert and knows what is going on.</p> <p>On 05/24/23 at 3:00 PM, V3, Regional Clinical Operations, stated R1's allegation was not reported to the State Agency. V3 stated it was</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/06/2023
NAME OF PROVIDER OR SUPPLIER JERSEYVILLE NSG & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH STATE STREET JERSEYVILLE, IL 62052		
(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
S9999	<p>Continued From page 4</p> <p>combined with a previous allegation, because it was the same staff member.</p> <p>On 05/25/2023 at 3:40 AM, V1 stated she was previously notified, the allegation was reported, and then she was told it wasn't and that it was combined with the other one.</p> <p>2. R3's MDS, dated 03/22/23, documents R3 is cognitively intact.</p> <p>R3's written statement, dated 05/18/2023, documents his sister called the bank and the bank said there were several withdrawals from his account, and he didn't do them. It documents V6 tried to move money and was denied, but thinks she took money out of the ATM (Automated Teller Machine). It documents he knows who V6 is, and she works the night shift at the facility. It documents he has given his PIN (Personal Identification Number) number to his roommate who goes to the store for him. It documents he is not aware how someone could have gotten his PIN.</p> <p>On 05/24/2023 at 9:06 AM, R3 stated he is a resident at the facility, and has been here for some time, and he has a debit card he keeps at the facility. R3 stated V6, CNA, stole money from him, and he is not sure of the amount, but is aware she, (V6), took the money. R3 stated V6 went to the ATM (Automated Teller Machine) across the street, and took up to \$200 dollars out of his account twice. He did not give V6 permission to take or use his debit card. R3 stated he did not give V6 the PIN number, and is unsure how she got it. R3 stated his phone was missing for some time, and his phone had his banking information in it, including his PIN number to his card. R3 stated, "The staff looked</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/06/2023
NAME OF PROVIDER OR SUPPLIER JERSEYVILLE NSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH STATE STREET JERSEYVILLE, IL 62052		
(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	
S9999	<p>Continued From page 5</p> <p>for the phone and no one could find it. Then miraculously, (V6) located the phone on my dresser." R3 stated he was notified V6 attempted to remove money from his account using Cash app. R3 stated he does not have a Cash app account. R3 stated he has given his card and PIN number to his roommate because he gets things for him, but his roommate brings him a receipt. R3 stated he wants to press charges and they have called the police, but was unable to file a report, because R3 didn't know the amount taken. R3 stated he has asked the staff to help him buy things because he doesn't usually get out of the facility.</p> <p>On 05/25/2023 at 11:33 AM, V7, R3's sister, stated she had gotten R3's bank card from him to go and get money to pay his bills. V7 stated the balance on the account was a little over \$300 dollars. V7 stated she notified R3 of this, and he said this was a mistake, and he had well over \$1000 in the bank. V7 stated when she spoke with the bank, she was notified of several withdraws around 5:00 AM and 6:00 AM. V7 stated she was also notified V6 attempted to transfer money from R3's account to her account on 04/24/23 and 04/26/23. V7 stated the bank denied both transactions. V7 stated she was waiting for the bank to send the statements.</p> <p>On 05/25/23 at 1:30 PM, R6 stated R6 and R3 are roommates. R6 stated R3 has given him his card to go to the store and get some things. R6 stated R3 doesn't go anywhere. R6 stated R3 did give him his PIN number. R6 stated when he uses the card, it is because R3 has given it to him, and has asked him to get him something. R6 stated he always brings a receipt back. R6 stated he has never shared R3's PIN number and has never been to a bank for R3.</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004907	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/06/2023
NAME OF PROVIDER OR SUPPLIER JERSEYVILLE NSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH STATE STREET JERSEYVILLE, IL 62052		
(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	
S9999	Continued From page 6 On 05/26/2023 at 2:32 PM, V6, CNA, stated she had worked at the facility and took care of both R1 and R3. V6 stated she had not stolen any money from a resident. V6 stated R3 gave her his card and PIN number, and told her to go to the bank and withdraw money for him, and she did. V6 stated she felt bad for R3 because he had asked several people, and they would not do it, so she did. V6 stated she did not try to transfer any money from R3's account with a cash app, because she does not have a cash app account. V6 stated she knew she shouldn't have done it, but she did. V6 stated she has never received a loan from any resident. When asked if she cashed a check from R1, V6 would not answer, and ended the phone call. The facility's Abuse policy, dated September 29, 2022, documents, "Misappropriation of resident property: Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use if a resident's belongings or money without the resident's consent." "Procedures of Prevention 8. External Reporting of Potential Abuse In response to allegation of abuse, neglect, exploitation, or mistreatment, the facility must: a. Must ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made." (B)	S9999			