FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6012074 01/25/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3490 HUMBERT ROAD LA BELLA OF ALTON **ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Survey: 2440413/IL168781 S9999 Final Observations S9999 Statement of Licensure Violations 300.1210b) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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) These Requirements were NOT MET as evidenced by: Based on interview and record review the facility failed to a protect a resident from misappropriation of property by a staff member for 1 of 2 residents (R8) reviewed for theft, in the sample of 11. This failure resulted in \$1100 being

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

diverted from R8's bank account by staff causing R8 to be upset and deprived of money for her

Electronically Signed

TITLE

(X6) DATE

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go to the automatic teller machine (ATM) for (R8) on approximately three (3) occasions. (V3) advised this was not uncommon for the

employees in the office to do this for residents if they were of sound mind and understood the

process. (V3) advised that (R8) pays approximately \$550.00 per month to stay at (Facility). It should be noted, (V3) advised (R8) was behind on her monthly payments, so she was

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V3 who had withdrew \$400 x2 and this was supposed to be for her room and board. V1 continued to state that the bank had verified those withdrawals, one on 18th of December and one on the 19th from ATM. R8 reported that (V3) had previously gotten a money order for \$400.00

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The facility's "Abuse and Neglect- Clinical Protocol, undated, documented, "The facility management and staff will institute measures to address the needs of resident and minimize the

The facility contract between Resident and Facility, Attachment E statement of resident rights, documented, "The facility shall exercise reasonable care for the protection of the

possibility of abuse and neglect."

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