STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6001309	B. WING		C 12/12/2024		
IAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	IATE, ZIP CODE			
BURT SH	IELTERED CARE HO	MF	LTON ROAD				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S 000	Initial Comments		S 000				
	Complaint Investiga	ations:					
	2449606/IL181438- 330.4300b)q)4))s)y 2449772/IL181752- 300.4300b)q)4)s)y)	)					
S9999	Final Observations		S9999				
	Statement of Licens 330.710a) 330.710b) 330.4300b) 330.4300q)4) 330.4300s) 330.4300y) Section 330.710 Re	esident Care Policies					
	procedures governi facility. The written be formulated with administrator. The v followed in operatin reviewed at least ar The policies shall co Part. b) All of the information	have written policies and ng all services provided by the policies and procedures shall the involvement of the written policies shall be g the facility and shall be nually by the Administrator. omply with the Act and this tion contained in the policies or review by the Department, the public.	3				
	Section 330.4300 T	ransfer or Discharge					
	transfer or discharg	ights regarding involuntary e from a facility shall be as ctions (c) through (y) of this					

STATEMEN	Department of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		IL6001309	B. WING		C 12/12/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		1414 MII <sup>-</sup>	TON ROAD			
BURT SH	HELTERED CARE HO	ME ALTON, I				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
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S9999	Continued From pa	ge 1	S9999			
	resident from any fa	may transfer or discharge any acility required to be licensed his Part when any of the s exist:				
	adequate arrangem resident has not be	sing or intends to close and nent for relocation of the en made at least 30 days prior ion 3-415(d) of the Act)				
	discharge and reloc transferred or disch through (q) of this S on available alterna shall be involved in discharge and shall alternative placeme emergency makes impossible, the Dep temporary placeme	shall offer transfer or cation assistance to residents arged under subsection (c) Section, including information tive placements. Residents planning the transfer or choose among the available ents, except that where an prior resident involvement partment may make a ent until a final placement can				
	alternative placeme assistance in transf resident may be for or permanent place makes or participat decision, considera	ents may choose their final ent and shall be given ferring to such place. No ced to remain in a temporary ement. Where the Department es in making the relocation tion shall be given to proximity				
	resident shall be all alternative placeme where medically co need for immediate	atives and friends. The owed three visits to potential ents prior to removal, except ntraindicated or where the transfer or discharge requires where of visits. When the				
	Department provide alternative placeme settings for individu transferred from fac	nber of visits. When the es information on available ents in community-based als being discharged or cilities licensed under the Act,				
		st include a comprehensive list priate, client-oriented services				

	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
		1414 MIL	TON ROAD			
BURISE	HELTERED CARE HO	ME ALTON, I	L 62002			
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				DEFICIENC	Y)	
S9999	Continued From pa	ge 2	S9999			
	and the name of an	d contact information for the				
		the relocation locale. The				
		must include the name and				
	contact information					
		ing those services and a				
	summary of the ser	vices provided by each				
		tion. A hotline or similar crisis				
		must also be provided to				
		ig into the community.				
	(Section 3-417 of th	ne Act)				
	y) The administrator of a facility licensed under					
	the Act shall give 60 days notice prior to					
		a facility or closing any part of a	a			
	facility, or prior to cl	losing any part of a facility if				
		ill require the transfer or				
	5	han 10% of the residents.				
		e given to the Department, to				
	the office of the Sta					
		y resident who must be arged, to the resident's				
		to a member of the resident's				
		icable. If the Department				
		, or denies renewal of the				
		en notice shall be given no				
	later than the date	specified by the Department.				
	Notice shall state th	ne proposed date of closing				
		closing. The facility shall				
		an to the Department for				
		Il address the process for the				
		Insfer of residents. The				
		I be included in the notice.				
		er to assist the resident in tive placement and shall				
		on available alternatives.				
		is unable to choose an				
	alternate placemen					
	-	epartment shall be notified of				
	the need for relocat	tion assistance. A facility				

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NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
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\$9999	residents on or afte submitted to the De this Part. The facilit applicable laws and closing, including th discharge of residen place a relocation te under subsection (u These Requirement by: Based on observati review the facility fa and procedures for addressing facility of to notify residents a Public Health of the manner to assist wi discharge causing p related to relocation This failure has the residents residing a Findings include: On 12/02/24 at 1:52 she has been callin know the facility will have a policy and p a past staff membe she had a policy an closure, but she is u A list of Residents p the facility currently On 12/02/24 at 10:00 in the television (TV with R6's family and	r the date written notice is partment under the Act and ty shall comply with all regulations until the date of ose related to transfer or nts. The Department will eam in the facility as provided a) of this Section. ts are NOT MET as evidence on, interview, and record iled to have written policies discharge/transfer and closure. The facility also failed nd Illinois Department of facility's closure in a timely th a safe and orderly osychosocial harm and stress of or R2, R3, R4, R5, and R7. potential to affect all 19 t the facility.				

(X3) DATE SURVEY COMPLETED C	
/2024	
(X5) COMPLE DATE	

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S9999	Continued From pa	ige 5	S9999			
	yet, but it seems lik now.	e there are a lot less people				
	were notified at the November 12, 2024 R4 stated most of t resident council and giving up ownership and she would like R4 said he hasn't re V1 talked to him an possibilities for place get this over with th When R4 was discu agitated gestures a On 12/02/24 at 12:0 about the facility clo so during the meetid doesn't know where said she knows she	00 PM, R1 said she found out osing about two weeks ago or ing V1 had. She said she e she is going at this time. She e talked with someone about cility, but she hasn't heard				
	she wasn't notified closing she said he R2's caseworker th was about a couple doesn't know why t	05 PM, V3, R2's daughter said by the facility that it was er mom (R2) told her and V6, ie facility was closing and that of weeks ago and she hey are closing. V3 said V6 find R2 a place to go after the				
	stated she wasn't n facility, nor has she V7 stated she first l by the regional omb	33 PM, V7, Ombudsman otified of the closure by the e received anything in writing. learned of the facility's closing oudsman who had been dent council president. V7				

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COM	E SURVEY PLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
\$9999	stated that she typic mail when a facility closing. She said sh 11/26/2024 and star facility weekly until the will be assuring the for, she will check the have the food they for the transition pro- continue to follow the is still the assigned home or will transfer the that facility. V7 st V1, and V1 told her of closing the facility wants to make sure go to. On 12/2/2024 at 1:3 mom (R2) told her of she hasn't received heard from the facil (12/02/24) when V1 representative from out to assess R2 ar their facility. On 12/2/2024 at 2:4 President, stated it 4 that the facility wa received any notice when it was annour written notice either housing and his au place. He said this y his aunt wasn't hap	ge 6 cally receives a notice in the is announcing they are ne visited the facility on ted she will be visiting the the closure takes place. V7 residents remain being cared he kitchen to make sure they need and that there is a plan ocess. V7 stated she will he residents personally if she ombudsman of their assigned er care to the ombudsman of said she was speaking with she didn't know the process y and was figuring it out. V7 that everyone has a home to 89 PM, V8, R2's POA said her the facility was closing and ter called her on November 13 f the facility closing. She said a written notice and hasn't ity itself until this morning called her and told her that a another facility will be coming ind will take her as a resident of 45 PM, R7, Resident Council was announced on November until the day of the meeting need, and no one received a . R7 stated that he can't afforce it is helping him to find a was sprung on all of them and py. He stated he heard they sing on December 15, 2024.	F				

If continuation sheet 7 of 8

	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVE COMPLETED	
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S9999	Continued From pa	ige 7	S9999			
		nave known about the move so he could have had more				
	V1 if she had any d talked with IDPH at stated she talked w	42 AM, surveyor questioned locumentation of when she bout the facility closing. V1, vith IDPH on the phone about She said she has a letter, and find it.				
	IDPH documenting	15 AM, V1 stated the letter to the closure is currently on the can't get on the computer.				
	list to this surveyor	15 AM, V1 supplied a resident that documented what facility d be going to, but a transfer at this time.				
	contacted Illinois D (IDPH) and sent the of the facility about she didn't submit a to IDPH and she ha	2 PM, V1 said yes, she has epartment of Public Health em a list regarding the closing a week before last. She said ny closure plan for the facility as been calling the families ow about the closure.				