PRINTED: 03/30/2023

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 IL6014401 02/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6277 CENTER GROVE ROAD** RIVER CROSSING OF EDWARDSVILLE **EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 **Initial Comments** S 000 **Annual Licensure and Certification Survey** S9999 Final Observations S9999 Statement of Licensure Violations 300.1210b) 300.2210b)5) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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 300,2210 Maintenance Each facility shall: Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition. Section 300.3240 Abuse and Neglect

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

neglect a resident. (Section 2-107 of the

An owner, licensee, administrator,

employee or agent of a facility shall not abuse or

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	M.S. R	(X3) DATE COMP	SURVEY
		IL6014401	B. WING	10 10	- 10	02/2	4/2023
NAME OF	PROVIDER OR SUPPLIEF	STREET ADI	ORESS, CITY,	STATE, ZIP CODE			
RIVERC	ROSSING OF EDWA	POSVILLE	TER GROV SVILLE, IL		==	8	V se
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE
S9999	Continued From p	age 1	S9999	7	to the same of the		
4.50		e a sa					4
V. V.				G 57-00			
	These requiremen	its are not met as evidenced by:					
: ii ba		No. of the					59
		tion, interview and record	- 2			- 41 m *1	
8		failed to ensure a resident was					
		y, and had needs met timely for 35, R51, R54, R77) observed			1.5		
		nple of 43. This failure resulted					
		, nasty and embarrassed.					15.5
			(0)				
	Findings include:	" , " ₀		ž	9 2	17.77	
		Data Set (MDS), dated nts that R77 is cognitively					
	0- 2/22/2022 -4 0	40 AM DZZIe wheelebein wee				100	\$P
	heavily soiled with	:10 AM, R77's wheelchair was visible caked on food on the on, and both sides of the					
270	On 2/22/2022 of 9	:59 AM, R77 stated that his		1 1 1 1			
		R77 stated that he has not		95			1850
30		r cleaned since being here. R77					
	stated that he was		N 1	16 E			
3	Carrier Control Control and and and	stated that he doesn't have heelchair is how he moves	9	N 3		7	
		that he feels dirty and nasty.		9 Vi			
	"This is what you s	see when you see me. They		8 8			
		Who wants to be seen like this?					7.00
	This is embarrass	ing."			24	65	
-	On 2/22/23 at 9:05	5 AM, V13, Certified Nurse	25				
1		stated that the day shift does				ie.	100
× 9.	not clean the whee	elchairs. V13 stated that the	100				3.0
		upposed to be cleaned on the stated that caked on food				13.	
		n there for some time and does					50

YTWO11

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The Residents' Rights for People in Long-Term

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