PRINTED: 05/16/2023 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:** A. BUILDING: COMPLETED B. WING IL6001176 04/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4538 NORTH BEACON BEACON CARE AND REHABILITATION** CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES (X4) iD PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) **Initial Comments** S 000 S 000 Annual Licensure Certification Survey S9999 Final Observations S9999 Statement of Licensure Violations 300.18101) 300.3210V) Section 300.1810 Resident Record Requirements All Cook County facilities with Colbert Class Members shall submit to the Colbert Lead Defendant Agency, or successor Colbert Lead Defendant Agency, on a monthly basis, an accurate census of all Medicaid-eligible residents, the previous month's voluntary and involuntary discharges conducted under Section 300,3300. including any voluntary and involuntary discharges scheduled to be conducted within 48 hours after the end of the reporting month. This monthly census must be submitted on the form prescribed by the Colbert Lead Defendant Agency using secure (encrypted) email, no later than the fifth business day of each month. Section 300.3210 General V) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all newly admitted Colbert Class Members within one to three days of admission, informing them of their rights and services under the Colbert Consent Decree, as prescribed by the Colbert Lead Defendant Agency. All Cook County Attachment A facilities shall provide verification that the Statement of Licensure Violations educational materials and information were given

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

TITLE

(X6) DATE

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 IL6001176 04/27/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4538 NORTH BEACON BEACON CARE AND REHABILITATION** CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 to the Colbert Class Members, as requested by a Colbert Defendant Agency. These Requirements were NOT MET as evidenced by: Based on interview and record review, the facility failed to: Submit an accurate monthly census of all Medicaid-eligible residents. Submit the previous month's voluntary and involuntary discharges. Provide educational materials and information on rights/services under the Colbert or Williams Consent Decrees to all voluntarily or involuntarily discharged class members. Upon request, provide written verification to a Colbert or Williams defendant State agency that educational materials and information were provided to Colbert or Williams Consent Decree class members. Provide a minimum 48-hour notice of a Colbert or Williams Consent Decree class member's discharge to any agency providing transition service These failures affected all 65 Medicaid-Eligible residents in the facility. Findings include: On 4/26/23 at 10:22 AM, when the surveyor inquired if a list of Medicaid-eligible residents has

Illinois Department of Public Health

been submitted monthly to the Colbert Lead Defendant Agency, V24 (Social Services Director) stated, "No. Am I (V24) supposed to do that." The surveyor asked about all the other requirements

as listed in the 12/30/23 IDPH (Illinois Department of Public Health) regulatory

PRINTED: 05/16/2023 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 IL6001176 04/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4538 NORTH BEACON BEACON CARE AND REHABILITATION** CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 requirement update sent to all Long-Term Care facilities regarding "Recent amendments on census reporting." V24 seemed confused with what the surveyor was asking for and was unable to provide any documentation showing that the facility was following these requirements. When asked specifically about education provided to Colbert or Williams Consent Decree class members, V24 stated, "There is not that much literature I have for them. That is one more thing for me to send them (agency) an email about." V24 stated that other than the fiver that is posted in the facility, V24 has no other educational materials to provide the class members with. On 4/26/23 at 12:13 PM, the surveyor presented V24 with a copy of the 12/30/23 IDPH (Illinois Department of Public Health) regulatory requirement update sent to all Long-Term Care facilities regarding "Recent amendments on census reporting." V24 stated, "If I (V24) knew about it, I'd be doing it." V24 inquired who this update was sent to. 04/26/23 art 3:11 PM, V1 (Administrator) stated, "We didn't do it. It's going to start being done tomorrow for the month of April," The 4/26/23 "Non-Pending Residents" census lists 65 Medicaid-eligible residents. (B)

ISJJ11