

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145598	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Seminary Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2345 North Seminary Street Galesburg, IL 61401	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to: (1) return resident trust fund balances for 46 residents (R1, R5-R49) reviewed for trust fund balances after being discharged /expired 30 days; and, (2) provide notification or trust fund balances reaching \$200 less than the SSI/Supplemental Security Income resource limit for three residents (R2, R3, and R4), of 111 residents, reviewed for trust fund account balances, in a total sample of 111 residents. FINDINGS INCLUDE: 1) The facility admission Contract document: V. Deposits and Refunds: The Facility hereby acknowledges receipt of the deposit, if any, noted at the beginning of the contract. Any refund owed to the Resident for advance payments shall be paid by the Facility within forty-five (45) days after discharge or transfer or within the time frame required by State law. In the case of Medicaid residents, any such refund will be paid within thirty (30) days of the Facility's receipt of the final Medicaid payment for care of the Resident or as directed by the Department of Public Aid. The facility policy, entitled Resident Trust Fund Account, document: 10. All facilities should dispose of any remaining resident's funds in accordance with State, Medicaid and Federal specific regulations within 30 days of discharge or expiration; and Uncashed Checks: Payees will be contacted regarding checks issued to close a resident trust account that have not be cashed within 2 months of being issued. Checks will be voided and reissued as necessary. If unable to contact payees within 6 months of issuing a check that has not yet been cashed, the check will be voided and turned over to the State Unclaimed Property Division. On [DATE], at 9:00 a.m., V8/Complainant-R1's daughter confirmed money in R1 Resident Trust Fund has not been returned, within 30 days of R1's discharge on [DATE].R1's Electronic Medical Record/EMR document, R1 was admitted , to the facility, on [DATE] and discharged on [DATE].R1's admission Contract was signed, by R1, on [DATE].R1's Resident Trust Fund Current Balance Report, as of [DATE], indicates a balance of \$69.00. There is no evidence in R1's record that indicates R1's remaining balance was refunded.In addition, the EMR's for R5-R49, document the following dates of discharge [or expiration/death] and the Current Balance Report dated [DATE], document the balances remaining in their trust fund account: R5-[DATE] \$61.87; R6-[DATE] \$52.00; R7-[DATE] \$39.60; R8-[DATE] \$98.01; R9-[DATE] \$105.00; R10-[DATE] \$37.00; R11-[DATE] \$708.30; R12-[DATE] \$78.00; R13-[DATE] \$26.00; R14-[DATE] \$10.00; R15-[DATE] \$35.00; R16-[DATE] \$9.00; R17-[DATE] \$30.00; R18-[DATE] \$10.00; R19-[DATE] \$100.00; R20-[DATE] \$169.00; R21-[DATE] \$66.00; R22-[DATE] \$36.00; R23-[DATE] \$6.00; R24-[DATE] \$6.00; R25-[DATE] \$8.00; R26-[DATE] \$120.08; R27-[DATE] \$54.02; R28-[DATE] \$26.00; R29-[DATE] \$0.87; R30-[DATE] \$40.00; R31-[DATE] \$103.46; R32-[DATE] \$3.00; R33-[DATE] \$0.25; R34-[DATE] \$47.00; R35-[DATE] \$153.27; R36-[DATE] \$37.00; R37-[DATE] \$29.00; R38-[DATE] \$1,797.00; R39-[DATE] 288.00; R40-[DATE] \$150.01; R41-[DATE] \$2.00; R42-[DATE] \$100.00; R43-[DATE] \$10.00; R44-[DATE] \$48.00; R45-[DATE] \$12.00; R46-[DATE] \$40.00; R47-[DATE] \$39.00; R48-[DATE] \$46.00; and R49-[DATE] \$9.97 On [DATE], at 12:00 p. m., V1 confirmed refunds are needed to be made for the residents discharged /expired. On [DATE], at 9:00 a. m., V1/Administrator confirmed V1 and V5/Corporate Accounts Receiving verified the Current Balance Report, dated [DATE], which documents resident trust fund balances. 2)) The facility policy, entitled Resident Trust Fund Account, document: 9. Notification of Responsible Party for SSI Resource Limit / Personal allowance. When a Medicaid Resident's RTF [Resident Trust Fund] account reaches \$200.00 less than the SSI resource limit, the RTF Custodian will notify the Resident, Legal Representative, and Social Services. The Social Security Administration website, document the individual resource limit is \$2000.00 The facility document, entitled Current Balance Report, dated [DATE] document the following individual balances which exceed the SSI resource limit: R2 \$2925.88; R3 \$4450.68; and R4 \$3449.00. On [DATE], at 12:00 p.m., V1/Administrator confirmed R2, R3, and R4's trust fund accounts exceed the SSI resource limit. During this interview, V3/Business office Manager confirmed V3 started in V3's position four months ago; V3 is still training/learning; and V3 was unaware of the SSI resource limit. On [DATE], and 10:47 a.m., V1 confirmed there is no written documentation that R2, R3, and R4, were notified that their accounts reached the \$200.00 less than the SSI resource limit.</p>		