

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Downers Grove Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 3450 Saratoga Avenue Downers Grove, IL 60515	
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)		
<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35267</p> <p>Based on interview and record review, the facility failed to ensure resident funds were managed by the resident/spouse per the resident/spouse wishes. This applies to 1 of 3 residents (R1) reviewed for representative payee in a sample of 15.</p> <p>The findings include:</p> <p>Face sheet, printed 9/26/24, shows R1 was admitted to the facility on [DATE] and R1's diagnoses included Alzheimer's disease, dementia, heart failure, severe protein-calorie malnutrition, major depression disorder, history of thyroid neoplasm, generalized muscle weakness, anemia, and history of pulmonary embolism. The face sheet shows V5 (Wife) listed as R1's Emergency Contact #1, POA (Power of Attorney) - Care/Medical, POA - Financial, Responsible Party, and Primary [NAME] Contact.</p> <p>On 9/16/24 at 1:55 PM, R1 stated his wife handled all of the finances and paperwork regarding the facility.</p> <p>On 9/16/24 at 10:27 AM, V5 (Wife) stated the facility told her she had to pay \$1020.00 for R1's room and board and then applied to Social Security to become the payee of R1's Social Security checks. V5 stated Social Security never asked her for permission to change the payee to the facility and she never gave the facility permission to ask Social Security for R1's payments.</p> <p>On 9/16/24 at 11:33 AM, V3 (Business Office Manager) stated V5 was using R1's Social Security check for expenses outside the facility and not turning the payment over to the nursing facility to pay towards R1's room and board per Medicaid rules. V3 stated she spoke with V5 and told her R1's income needed to be released to the facility to pay towards his monthly balance but V5 was not paying the facility what was owed. V3 stated V5 was keeping all of R1's income so V3 applied to become representative payee of R1's Social Security income so the checks would come directly to the facility. V3 stated she discussed this with V5 and V5 did not agree to allow the facility to apply to become representative payee, but V3 proceeded to apply and told V5 that the facility could submit the application because they were not receiving their portion of his income. V3 stated the application for representative payee could take months so V5 had time to contest the application, but V5 did not contest the application.</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145657
		If continuation sheet Page 1 of 2

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/16/24 at 2:58 PM, V1 (Administrator) stated she spoke with V31 (Corporate Business Office Manager) who told V1 once the facility has exhausted all attempts to collect the resident's portion of room and board, the facility had the legal right to apply for representative payee to obtain the payment.</p> <p>On 9/16/24 at 12:22 PM, V1 (Administrator) stated that the facility should obtain permission from family prior to applying to become a resident's representative payee.</p> <p>Request To Be Selected As Payee form, signed by V5 (Business Office Manager) on 8/21/24, shows the facility applied for representative payee status of R1's social security and provided a physician opinion that R1 was incapable of managing his funds. The form shows V5 (Wife) was listed as R1's spouse and whom we would contact. The form shows, [R1] does not owe [Facility] any money and we do not expect him to in the future . but also shows R1 owed the facility \$13,266.50 from 6/2023 to the time of the application. The form shows, Spouse is using his income to pay mortgage, insurance, utilities and other expenses to live in the community.</p> <p>Facility Collection Policy, effective 9/1/24, shows, 9. For unpaid Patient Liability balances two days prior to the end of the month, the Business Office Manager must review the account to assess if initiating the Rep (Representative) Payee application is applicable. If applicable the Business Office Manager must initiate a Rep Payee application to be completed, and signed by physician, and submitted to social security before end of moth, or must have a signed RFMS (direct deposit software) agreement authorizing direct deposit.</p>		