

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145713	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Momence Meadows Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 500 South Walnut Momence, IL 60954	

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** 45906</p> <p>Based on interview and record review, the facility failed to refund resident funds after residents discharged from the facility. This applies to 3 of 3 residents (R1-R3) reviewed for resident funds.</p> <p>The findings include:</p> <p>The facility's Admission/Discharge To/From Report shows that R1 was discharged on [DATE], R2 was discharged on [DATE], and R3 was discharged on [DATE] (all over three months earlier). R1's Resident Fund Statement from 12/30/23-3/29/24 shows a balance of \$2,097.70 in her account. R2's Resident Fund Statement from 12/30/23-3/29/24 shows a balance of \$120.08 in her account. R3's Resident Fund Statement from 12/30/23-3/29/24 shows a balance of \$30.09 in his account.</p> <p>On 5/31/24 at 10:41 AM, V3 (BOM/Business Office Manager) said when R1 was discharged from the facility she went to the hospital and then from the hospital he believes that she was sent to another facility, but that facility never contacted V3 to transfer R1's funds over. V3 said he will try to find out where R1-R3 are currently residing and get their funds sent over. At 1:09 PM, V3 said he found out where R1 and R2 were transferred to and contacted those facility's BOMs and let them know that R1 and R2 have trust fund money that he will be forwarding over. V3 said he told the other facility's BOMs that the checks will be in the mail on Monday or Tuesday next week. V3 said he was unable to get hold of R3, he will keep trying and if unsuccessful, he will send his check to social security. At 2:03 PM, V3 said he usually tries to get the resident funds sent over to the resident's new residence as soon as possible and this was an oversight. V3 said he knew that R1 went to the hospital and didn't return to the facility and it was like out of sight, out of mind.</p> <p>On 5/31/24 at 3:02 PM, V4 (Corporate BOM) said the facility has 30 days to return resident funds to them after discharge.</p> <p>The facility's policy titled, Resident Trust Fund Policy dated February 2020 states, Policy: Resident funds are maintained in accordance with the State guidelines. The management of the funds of the residents is the responsibility of the Administrator and the Business Office Manager .It is mandatory that a reconciliation between the resident trust fund and the bank statement be completed monthly .Procedure: .8 When a resident is discharged , provide a report to the resident/responsible party, and refund the personal funds to the proper person .</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
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