

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Jennings Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 275 South Lasalle Aurora, IL 60505	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48944</p> <p>Based on interview and record review, the facility failed to respond to a resident's (R1) family representative billing concern.</p> <p>This applies to 1 of 3 residents (R1) reviewed for grievances.</p> <p>The findings include:</p> <p>R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on [DATE] and discharged on [DATE].</p> <p>On 1/28/2025 at 11:35 AM, V5 (R1's Family Member) said that on 9/20/2024 he contacted the facility after reviewing R1's billing for the months of April through June 2023 (from over a year earlier) when R1's family was paying out of pocket after R1 was approved for public aid. V5 said he notified V1 (Administrator) and V2 (Business of Manger/BOM) of his billing grievance regarding R1's credit due. V5 said he felt the facility was not responding promptly to his grievance. V5 said he then contacted V3 (Ombudsman) to help him find a resolution with the facility.</p> <p>On 1/28/2025 at 11:00 AM, V3 (Ombudsman) said she contacted V1 and V2 on 12/13/2024 to assist V5 with his grievance but was unsuccessful. V3 said the facility failed to provide V5 with a response to his grievance and stopped responding to her on 12/26/2024.</p> <p>On 1/28/2025 at 8:30 AM, V2 (BOM) said V5 (R1's Family Member) contacted her in October 2024 regarding R1's billing. V2 said she stopped responding to V5's emails after V3 (Ombudsman) became involved in December 2024. V2 said the facility confirmed the total amount that was due to R1's family on 1/01/2025. V2 was unable to provide a reason for why V5 and V3 were not contacted to provide them with an update regarding the grievance and the money owed to R1.</p> <p>R1's [NAME] Statement dated 1/01/2025 showed the facility acknowledged that R1's family was due a refund credit for R1's stay from 4/04/2023 through 2/18/2024.</p> <p>The email correspondence from V5 (R1's Family Member) to the facility, showed a total of 130 days had passed without V5 receiving a resolution to his billing grievance filed on 9/20/2024.</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
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The email correspondence from V3 (Ombudsman) to the facility, showed the facility failed to provide a resolution to V5's billing grievance and stopped responding on 12/26/2024.</p> <p>The facility's Grievance policy dated 11/28/2016, said Policy: The facility will make prompt efforts to resolve grievances that the resident may have. Grievances are taken seriously and will be subject to the procedure listed below. Procedure: 1. All residents will be notified of their right to file grievances whether it be orally or written, or anonymously. The resident will have access to contact information of the grievance official of the facility and know a reasonable timeframe for completing the review of the grievance .</p>		