STATEME AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G:	(X3) DATE	E SURVEY PLETED
IL6008536			B. WING _	B. WING		
NAMEOF	PROVIDER OR SUPPLIER	STREET	ADDRESS CITY	, STATE, ZIP CODE	1 07/	07/2022
SHELBY	VILLE REHAB & HLT	TH C CTR 2116 SC		ACEY DRIVE		
(X4)ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	AOUI D DE	(X5) COMPLE DATE
S 000	Initial Comments		\$ 000			
	Investigation of Fac 6/15/22/IL148332	cility Reported Incident of		11 2 2 2		
				A. A		
S9999	- Mari Casson Vallonia		S9999			
	Statement of Licens	sure Violations:			-	i.
Ho.	300.610a) 300.1210b)		=:			
	300.3240a)	and the state of t			. 6	: :::
	Section 300.610 Re	sident Care Policies	-			
	procedures, governing the facility which sha Resident Care Policy least the administration medical advisory representatives of number facility. These powith the Act and all ruffnese written policies operating the facility seast annually by this	have written policies and ng all services provided by all be formulated by a y Committee consisting of at or, the advisory physician or committee and ursing and other services in policies shall be in compliance ules promulgated thereunder, a shall be followed in and shall be reviewed at committee, as evidenced by atted minutes of such a				
S	Section 300.1210 Ge lursing and Persona	neral Requirements for I Care				
w ea pi	are and services to a racticable physical, r ell-being of the resid ach resident's compl an. Adequate and p	all provide the necessary attain or maintain the highest mental, and psychological dent, in accordance with rehensive resident care roperly supervised nursing re shall be provided to each		Attachment A Statement of Licensure Violations		

(X6) DATE

NO6911

PRINTED: 08/14/2022 FORM APPROVED

Illinois	Department of Publi	c Health	i .	a say	FORM	: 08/14/202 APPROVEI
STATEM	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008536		(X2) MULTI A. BUILDIN	(X3) DATE	(X3) DATE SURVEY COMPLETED	
790			B. WING	97.4 664	_	C
NAME OF	F PROVIDER OR SUPPLIEF	STREET A	ODRESS CITY	, STATE, ZIP CODE		7/2022
SHELB	YVILLE REHAB & HL	TH C CTR 2116 SO	UTH 3RD C	DACEY DRIVE	9	
(X4) IÓ PREFIX	I CACH DEFICIENC	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TON T	<u></u>
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	M C C .	(X5) COMPLETE DATE
S9999	- Strandar Tom p		S9999	10 III 24		
	resident to meet the care needs of the r	e total nursing and personal				
di.	Section 300.3240				72 = =	
2. ,			X20			
	I and a seculto si	ee, administrator, employee or nall not abuse or neglect a	3	755 - 20-		
34-1	resident. (Section 2	-107 of the Act)	A 20=00	Same a		a ii,
	These Regulations by:	were not met as evidenced	*		11.	- S
8' .			\$7. \$40.85			1 5 5 6
, **	Based on interview	and record review the facility	g g n			= **
	subjected to misage	ne resident (R1) was not	. (3		. =	315
	TO ADUSE. 2) I ne ta	acility failed to develop and policy regarding how the	78		9	
	racility will ensure a	resident can safeguard their			E	
. == 1	building. This securi	or property within the ty failure has led to R1's	E .	ii.		
G. 1	perinission. These f	rom R1's room, without allures resulted in R1 to				1 14 68
	experience financial cash stored in R1's t	harm due to loss of \$238		Law A. San	10 ===1	
ין	harm expressed as a nability to trust care	RDG6r, disappointment and				V= 85
100	Findings include:	V 2 2	:==: ::		100	na 10
	The facilit∕'s Abuse F	Prevention Program revised	100		# # # # # # # # # # # # # # # # # # #	
	1740/10 States "Thei	re are two specific instances considered: (first bullet	(0.1		17.5	er eg Sa
_ P	ORRY THE THERE VAIUS	3 Of a Diece of property Amy I	-		€-• ¥ï	
- E 10.	xeu property such as	ry, watches, or other large, s radios or TVs should be		2. 30 30 40		88
U	iere are ciear indical	ed as possible theft, until	74	14 N	14	43
m	islaid or lost by mea	ns other than theft."	38			
s Denartme	ant of Dublic Co-Ide		i		1	

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NO6911

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ANDPLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUCTION		SURVEY	
30		ORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			
128	IL6008536		B. WING			C	
VAMEOF	PROVIDER OR SUPPLIER					07/07/2022	
	ter age	STREETAD	DRESS, CITY, S	STATE, ZIP CODE			
OLIETR J	/VILLE REHAB & HLTI	CCTR 2116 SOU	ITH 3RD DA	CEY DRIVE		- 1	
(X4)ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES					
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS, PEEERS NOTE ACTION	1 CUALII D. D. D.	(X(5)	
3E (0 F)			TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLE	
S9999	Continued From page	ge 2	S9999	DEI IOIENCY)			
T			03333	_55			
	Written fails to speci	Prevention Program policy as	12		25 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	
}	be implemented to a	fy security measures that will	÷ #	THO ALL	5X 64		
ľ	Dersonal helongings	afeguard resident's money or that residents choose to	ſ	age of			
	maintain control of	ular residents choose to	ļ	J €0	* 1 ml		
			UL 76	1.2	39 E		
	R1's Physician's Ord	er Sheet (POS) for June 1st	E	Library Control in the Act	G. G.	8. 6	
	W GUND SOUL ZUZZ II	ncuidee the following	W		i i		
	uiagi ioses: Bibolar ()	ISBASS and Anviolation Date	la la	integral in the control of the	¥		
1.0	JAN 196 SISO UNDITIONS	// SS dated E/40/22			14		
	ACCOULTED LKJ IS COOK	itively intact and done	84	4 4 4		8	
	suffer from Dementia	or Alzheimer's Disease.	100		S 22 - 14		
		The state of the s	9 3"	- 120 O TE		-	
[]	R1's Nurse's Note da	ted 6/15/22 at 2:15PM	. 14				
S	uocuments (R1) repo	Oried missing funds from	* **		± 0	40	
1100	LOOKE LIMES I STAT	I searched room and	-	grand and the state of the stat			
(•	o mia (iliones). (23)	Save he leaves it in Lin	}		L	100	
- 13	NOSEL III S DOX. WINE	Staff (VA) Activity Applean	[
	volir io ger tile illone/	(K1) realized it was	ĺ	== #*			
10.00	mosning. Power of att	Orney (POA) Medical				A MA	
	POULDI (IVID), Administ	rator and Police			*	Section 2	
· -	Department notified of	missing funds.	1 222				
- 10	n 7/7/22 of 0.45 ALA	4.0	i	26			
si	tated "On Mondow (e)	/4, Certified Nurse's Aide		500 E E	<u> </u>		
hi	is money with him	13/22) (R1) had me count e had \$238.00. He had	8 3 4 11	STATE OF STATE		·	
i m	le separate it into tuo	envelopes and put it in a	-		-	2	
bo	OX in his closet under	some DVDs (Digital Video	1.00	₽ } □		31	
D	iscs). I saw and cour	nted the money. He had it	5=3			1	
sc	he could send if with	Activities when they went	ļ	U is	28	₹′	
sh	opping on Wednesda	ev "		- 100 P	}		
		The state of the s	1	502	103		
Oı	n 7/7/22 at 10:00AM	R1) stated "My (POA)	33	of the state of			
l (CII	neo care or thy mone	V and brings it to me and all	W	*	1.3%		
J 1 4	13N 101 1L. OJI 0/1/22 (F	(CIA) brought me toog on I	1	2.	7.0		
1 (1)	AUI MAIN TO THE SIULE	and brought ma same	2.0	76	1	- T.	
. 130	uas, sulle (5000s 1);	inks) and come other	1.0	*A 74.5	. 1		
7 4111	1199. THEILI D20 3738	On loff I hid it in man	1611	- Part	n (c		
1 010	iodi iika 1 always nava	On Monday (6/40/00)	}		**	4	
	ty incided title collut th	e money and there was	100				
epartmen	nt of Public Health		1 6		- 1		

NO6911

PRINTED: 08/14/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	(X3) DAT	(X3) DATE SURVEY COMPLETED			
	* ***	**		10		PLETED	
20. 10.		IL6008536	B. WING			C C	
NAME OF	PROVIDER OR SUPPLIER	STREET	DDRESS CITY S	STATE, ZIP CODE	1 071	07/2022	
SHELBY	WILLE REHAB & HLT		UTH 3RD DA		3	323	
	TIER TELINO GIAL	SHELBY	VILLE, IL 625	565	33		
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DESICIENCIES	ID I		18	10	
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH		(X5) COMPLE	
- H			TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	PROPRIATE	DATE	
S9999	Continued From pa	age 3	S9999	DELICIENCY)			
	100	Early IV Section 19	30000			14	
8	two envelopes Ly	/4) helped me separate it into			4.0	577	
85	money and send of	as going to keep part of the ome of it with (V6), Activity	S &	70.56			
West .	Assistant when the	y went shopping Wednesday] [¥		-	
	(6/15/22) On Wed	nesday (6/15/22) (V6) went to	2 5		86.	1	
31	get the money for s	hopping and it was gone and	-	TO SERVICE OF THE SER	***		
82	\$0 was the other or	ivelope. I like to keep some of		3.	-	- 8	
ĺ	my money with me	because it's hard to run them				f	
i.t	down to get it out of	the bank here. I was real			#		
5. 11	P***ed (expletive) o	ff. I just can't trust anybody	33	a a			
X1 00	now. I thought the	people here cared about me	10			71	
100	and I trusted them.	but not anymore. They never		and the second			
- 1	offered me a lock be	ox for my room. They said			1 -1		
35	They would put it in I	TV account or lock it in the	20	k y	_		
1797	Administrator's offic	e. but those people aren't					
100	always around to ge	t it when I need it. It still		22 10 10 10 10 10 10 10 10 10 10 10 10 10			
E148 15	potners me a lot. Th	ev say I will get it back from	- 1		4.5		
989	the nursing home, b	Ut I haven't seen it vet it had		N	_ }	374	
- 11	to be one of three po	PODIE Who work here who	= .	A 140		3.40	
	took it. I didn't tell an	ybody else where it was."		19	9		
		6 S 8 I	20 20		88	14.33	
2500	On 7/7/22 at 11:00Al	M V1, Administrator stated	2=3		-1		
- 1	we are aware (R1)	is missing \$238 00 and we	Value in the military		10.0		
[:I	have agreed to repla	ce if (V4) saw \$238 nn and 1	8 9	5811 Mass			
	nen when they went	to get it it was missing. We I	1 12		D 10	3 =	
. [5	searched (K1.2) toon	n. but we didn't find it We	"]		:	100	
- 15	eally don't know wha	at happened to it.	[#455			
Į,	vnen asked if the fa	cility has a policy to guide	ĺ		ļ		
լս	nem when a residen	t exercises their right to					
- 1 P	iossess significant s	ums of money in their room		* 3	3.5		
. 2	of their person V1	stated "We don't have a					
· P	orporate (D4)	I discussed that with	F-0		1		
	would have lastes to	have put it in his account or	97:	€			
	would have locked	t in the lock box in my office,	127 129			88	
10	ar (iz.i) mants to kee	p his money with him."			V I	71, 4	
	n 7/7/22 at 2:40Pt 4	()(0) (()(1))	6 - 5		S)4		
. 61	71 111122 dt 2:79PM	(V8), (R1's) family member		•			
	une I not (P4) ****	\$320.00 at the beginning of	J				
th	ings iset wook I de	drinks and a few other					
J WI	ent of Public Health	In't go in, but the facility			}		

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTI	PLE CONSTRUCTION	FORM APPROVED	
AND PLAI	NOF CORRECTION	CTION IDENTIFICATION NUMBER:		G:	(X3) DATE SURVEY COMPLETED	
	45 AS	IL6008536	B. WING_	- F	C	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	, STATE, ZIP CODE	07/07/2022	
SHELBY	VILLE REHAB & HLT	THIC CTR 2116 SOL		PACEY DRIVE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D RE COURTER	
S9999	Continued From pa	age 4	S9999			
	dropped off the thir (R1) called me on (and upset. (R1) sa (R1) said (V4) had and put it in two en	money from (R1) and I ngs he wanted with his change. 3/15/22 and was very angry id he had \$238.00 missing. counted it Monday 6/13/22 velopes and put the envelopes				
	They went to get it over and we literally down. The money vectorfused and is able Someone had to tall	et underneath some DVDs. and it was all gone. I came turned that room upside vas gone. (R1) is not e to keep track of his money. ke it while he was out of his at is a lot of money for (R1)."				
	3:00PM documents	report dated 6/15/22 at "Details of Complaint Theft of (R1) reported \$238.00 cash closet."	120			
	believe it was a thef the office when it wa little chance we will o so our procedure is mean the staff knew	Police Officer stated "I tof \$238.00. I was here in its called in. There is probably ever know who took the cash, to take a report by phone. I he had the money and it eone had to have taken it."				
	(B)					
- 35				1975 - 1		
				2 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		