If continuation sheet 1 of 8

		IL6000939	A. BUILDING:		COI	E SURVEY APLETED C
NAME OF	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE ZID COOF	09	03/2023
FLANA	GAN REHABILITATION	& HCC 201 EAS	T FALCON HIS		6	30
(X4) ID PREFIX TAG	LEACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	11	(X5) COMPLET DATE
S 000	Initial Comments		S 000	6 .		
	Complaint # 236708	5/IL163639				
S9999	Final Observations	8 //	S9999	\$0		
10	Statement of Licensu	re Violations:	2 /A 2-	d.		
- 1	300.610a) 300.1210b 300.3240a)	*	9.	2		
#557	Section 300.610 Res	İ				
i i i i i i i i i i i i i i i i i i i	procedures governing facility. The written po be formulated by a Re Committee consisting administrator, the advi nedical advisory common f nursing and other se	of at least the	(a) (a)			
ti by	ne written policies sha ne facility and shall be	all be followed in operating reviewed at least annually	a			m ²⁻¹
Se No	ection 300.1210 Gen ursing and Personal (eral Requirements for care				7.0
we eac pla car res car	re and services to att acticable physical, me ill-being of the resider ch resident's comprel in. Adequate and propre re and personal care:	nensive resident care perly supervised nursing shall be provided to each		Attachment A ***********************************	18	7

HR5L11

STATE FORM

AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		IL6000939	B. WING			C 03/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	1 09/	03/2023
FLANAC	SAN REHABILITATION	& HCC 201 EAS	T FALCON HI	GHWAY		
(X4) ID	SUMMARY STA	TEMENT OF DESICIENCIES	AN, IL 61740			
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S9999	Continued From page	ge 1	S9999			
	Section 300.3240 A	huse and Modlast				
		_		(A)		
1	employee or agent of	censee, administrator, if a facility shall not abuse or				
1	neglect a resident.	Section 2-107 of the Act)			2.40	
	These Requirements by:	s are not meet as evidenced			and the same of th	
Ī	Based on observatio	n, interview and record		55	e ga ette de la companya de la compa	
1	review, the facility fai	led to protect the residents mental and verbal abuse by				
	a statt member for o	10 of five residents (R10)				
	railure resulted in psy	the sample list of 11. This rchosocial harm for R10 as				
- 31	емиепсеа бу к 10 бе	ing tearful and shaking while se three days later and R10	5		THE PART OF STATE AND ADDRESS OF THE PART	
C	peing tearful of retalia	tion from the staff member	v		Augustus para da	
-1	or reporting the abus	e.				
- I	Findings Include:	**			Table of the state	
1	The facility's Abuse Pi 1/28/16 documents t	revention Program dated his facility affirms the right			tive de seguini de se de la constante de la co	
0	our residents to be	free from abuse neclect		90		
e	nisappropriation of re exploitation as defined	below. This facility is				
C	ommitted to protecting	g our residents from abuse ut not limited to, facility			İ	
SI	iaπ, other residents, (Consultants volunteers and				
tn	ie individual, family m	les providing services to lembers or legal guardians,	-		- Andrews	
a in	lends, or any other in	dividuals. Abuse is defined of injury, unreasonable				
(C0	ominement, intimidati	ON, Of DUnishment with	10			
] re	sulting physical ham ouse also includes th	I. Dain or mental anguish	55		ti-fight.	
lino	dividual, including a c	aretaker of goods or				
) se	nt of Public Health	sary to attain or maintain			[

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AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DA	TE SURVEY
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NAME OF	PROVIDER OR SUPPLIE	R STREET A	MODESC OWN		09	<u>/03/2023</u>
EL ANAC	441 D#41 4 D#4 4 TAN-	OTREET A	DURESS, CITY,	STATE, ZIP CODE		
FLANAG	AN REHABILITATIO	N & HCC ZUI EAS	T FALCON H AN, IL 61740	IGHWAY	2	
(X4) ID	SUMMARY S	TATEMENT OF DECICIONOUS	17			
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\$9999	Continued From p	age 2	S9999			la la
,	instances of abuse any mental or phys harm, pain or ment abuse, sexual abus abuse including ab	and psychosocial well-being. of all residents, irrespective of sical condition, cause physical tal anguish. It includes verbal se, physical abuse, and mental use facilitated or enabled				
) 	through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Verbal Abuse is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or					
ri d Jii n re hi	egardless of their a isability. Mental Ab mited to, abuse tha ursing home staff t ecordings in any ma umiliate a resident	leir hearing distance age, ability to comprehend, or use includes, but is not at is facilitated or caused by aking or using photographs or anner that would demean or (s), harassment, humiliation hment or deprivation.				
O et R: V1 do V1 R1	n 9/3/23 at 6:17 an around 5:15 am, \ 10's room and prov 19 knocking loud an or. V17 stated it w 17 because R10 ha 10's door because i	n, V17 CNA stated on 8/31/23 /17 was in the room next to /iding cares when V17 heard nd obnoxiously on R10's as loud and obnoxious to is asked staff not to knock on it scares R10 when R10 is led after knocking, V19				×
and sta V1: said and and time	uid be neard asking the R10 said yes, "I'r ted V17 was not in 9 then pulled the cod, "you're not wet, the R10 continued to 1 do need changed e, V19 said "I (V19	g if R10 needed changed n wet in the back." V17 the room but V17 assumes overs back because V19 you don't need changed," say, "I'm wet in the back, ." V17 stated it was at that) don't need you (R10) to				139
tell nee	me (V19) how to d) don't need you (R10) to o my job, you (R10) don't explained V17 then heard	13			

	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3:	(X3) DAT	TE SURVEY MPLETED
		IL6000939	B. WING		00	C /03/2023
NAME OF	F PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	Us	103/2023
FLANA	GAN REHABILITATION	& HCC 201 EAST	FALCON H	IIGHWAY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF THE A	All Dies	(X5) COMPLETE DATE
S9999	V19 tell R10 to roll, (V19) put a wet brie replied "because yo and I (V19) don't ne my job." V17 stated V19 that R10 was tibeing disrespectful alone." V17 then stated v19 that R10 was tibeing disrespectful alone." V17 then stated v17 room. V17 stated V17 resident V17 was we check on R10. V17 upset and crying." Thot secured, so I (V1 and reported the situ (Licensed Practical I	then R10 said "why would you fin my (R10's) face" and V19 u (R10) didn't need changed ed you to tell me how to do R10 could be heard telling red of V19's attitude and stated, "just leave me ted V19 could be heard e) done with you" and left the it finished up with the orking with and then went to explained R10 was "visibly the brief was under (R10) but l17) finished changing (R10) lation to V18 Agency LPN Nurse) on duty, who reported trator in Training). V19 was	\$9999			
	R10's ongoing Abuse documents an Initial alleged verbal alterca This investigation constatements: V2 BOM (Business CV2 doesn't usually we rounds with V19 at 6: is "short sometimes" has ever seen V19 be was abusive to a resi	It been back. It been back. It been back. It investigation dated 8/31/23 Ireport of "staff/resident ation. All parties notified." Intained the following witness Iffice Manager) documents - Iffice Manager - Iffice				
	you go to the bathroo said no, V19 acted lik R11 get cleaned up.	m?" and then when R11 e V19 was mad but did help previous rounds, V19 was				2 0

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AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING:	E CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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VAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	0	10312023
FLANA	GAN REHABILITATION	FLANAG	T FALCON HI AN, IL 61740			
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP			(X5) COMPLETE DATE
	banging on the door many times not to do my roommate. On la was a little bit wet ar yelling that R10 was feels like R10's wet a please." V19 then ye like that. R10 docum rude but felt like R10 changed. R10 docum disrespectful. V19 to shaking it at R10 say documents, "it's airea without that." R10 do R10's side and asked at R10 and that's whe leaving R10 lying nak	and R10 has asked V19 so that and to be respectful of st rounds, R10 thought R10 d told V19. V19 started of twet. R10 told V19 R10 and asked to "just change me lled at R10 not to talk to V19 ents that R10 was not being was wet and R10 wanted nents V19 is very ok R10's brief off and starteding, "see it was dry." R10 adv embarrassing enough cuments R10 was laying on I V19 to please stop yelling en V19 just stomped off, ed. R10 documents R10 in R10's self but then V17 taken care of, R10	S9999			
) () ()	said R10 needed chaloverhead light, V19 to R10 started screaming under R10 and walked relied, "i'm (expletive) 18 Agency LPN document or right saying that	ments - R10 was upset V19 had velled at R10 and				
F d C	/18 Immediately called R10's MDS (Minimum locuments R10 is aler In 9/3/23 at 9:09 am.	Data Set) dated 6/4/23 t and oriented. V1 AIT stated V1 is still in ating the allegation but				

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE SUR COMPLETE		
		IL6000939	B. WING			C 09/03/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE ZIP CODE		-	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD RE	(XS) COMPLE DATE	
	oxygen on. R10 stated disrespectful and justice every time you attent "don't talk to me like rude to V19 but that V19 when V19 provious thinks R10 is rude to aren't going to talk to like you can't win wit week V19 "left me (FHow humiliating is the mad you are, you justice explained there are in the hallway that coul and uncovered. R10 here throwing a tempwide open." R10 again and incovered at 5:00 amonthe door like the Cosleeping and it scare stated, R10 wakes upnot to knock like that ouder and longer every with the segan yelling at R10 segan yellin	m, R10 was lying in bed with red V19 is "loud, obnoxious, at plain rude." R10 explained, npt to talk to V19, V19 says, that." R10 stated, R10 is not R10 had stopped talking to ded cares because V19 ut will then say, "what, you o me, stop being rude." "It's h (V19)." R10 stated last R10) lying here in bed, naked, at. I (R10) don't care how	S9999	DEFICIENCY			
a a (l w th	explained to V19 that and asked V19 to "just and (V19) continued the R10) didn't need chathen telling the story, ne brief from under or round saying "see, I	R10 felt like R10 was wet st please change me (R10) to yell and scream that I nged." R10 began to cry R10 stated V19 then pulled f R10 and was waving it (V19) told you that you lained R10 "took it until i					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6000939 09/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST FALCON HIGHWAY FLANAGAN REHABILITATION & HCC FLANAGAN, IL 61740 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 (R10), that I (R10) didn't have to put up with this but (V19) continued." R10 stated V19 finally stormed out, leaving R10 naked, the door open and yelled something like "I'm (expletive) done with you." R10 stated this isn't the first time V19 has treated R10 like this but that R10 has never reported it before stating R10 just tried to be nice to V19 but R10 couldn't take it anymore. R10 again started crying, more forcefully this time and stated, V1 told R10 that R10 didn't have to worry about V19 right now until this situation was all figured out but R10 is "scared and can only imagine how mad (V19) will be and what (V19) will do when (V19) finds out I (R10) told on (V19)." R10, who was still crying at this point started shaking R10's hands back and forth and said, "I (R10) don't want to talk about it anymore, it's too upsetting." On 9/3/23 at 11:00 am, V19 confirmed V19 is suspended pending an abuse allegation against V19 in regards to the situation on 8/31/23 with R10. V19 explained the allegation and confessed to saying "I'm (expletive) done," while walking out of R10's room, leaving the resident naked, uncovered and with the door open. V19 stated V19 said that because V19 was irritated, V19 stated V19 might have also raised V19's voice and yelled at R10 "I'm a loud person in general. (R10) is always telling me to be quiet because (R10) thinks (V19) is talking too loud." V19 also confirmed that R10 has told V19 in the past not to knock on R10's door because R10 feels V19 knocks too loud and it scares R10 and makes R10 jump, but V19 "always knocks on the doors because I (V19) don't want to get into trouble for not knocking." On 9/3/23 at 11:45 am, V1 stated V1 feels like staff should still knock but could knock lighter and Illinois Department of Public Health

AND PLAN	MENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (L6000939			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE ZIP CODE	09/	03/2023	
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S9999	Continued From page	ge 7	S9999			-	
	call out the resident for staff not to knock	name, if a resident has aske k, that is there right.					
						and the second s	
		(B)			and the second	12	
				<u></u>	The state of the s		
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