(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			71. BOILDING.		С	
		IL6005391	B. WING			6/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BENTON	REHAB & HCC	1409 NOR BENTON,	TH MAIN ST IL 62812	REET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ON	(X5)
PRÉFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
S 000	Initial Comments		S 000			
	Facility Reported In	cident of 5/24/24/IL176304				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations (1 of 2)				
	300.610a) 300.3210f)					
	Section 300.610 R	esident Care Policies				
	a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.					
	Section 300.3210 (General				
	prevent loss and the Those efforts shall facility and may incl	make reasonable efforts to eft of residents' property. be appropriate to the particular lude, but are not limited to, onitoring, labeling property, rty inventories.				
	These requirements by:	s were NOT met as evidenced				
	Based on interview	and record review, the facility				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 08/26/24

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		IL6005391	B. WING			; <mark>6/2024</mark>
NAME OF PF	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BENTON I	REHAB & HCC	1409 NOR BENTON,	TH MAIN ST IL 62812	REET		
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	trust funds and privival, former Busines residents (R1-R50) of 52. This failure recash on R1 through account, totaling \$5 from R1's individual \$10,650. These actreasonable person worry, stress and although the monet of 6/10/24. Findings include: A letter dated 6/10/25. The past noncomplete for a find a finitial report subtregarding an allegating and legating and local Police Deland investigation. The Nand local Police Deland investigation in and revealed that (Value of the communicated conversation. (V6) value for the first fund.	e misappropriation of resident ate checking accounts from a Office Manager for 50 of 50 reviewed for theft in a sample esulted in checks written for a R50's pooled resident trust 515.19 and checks written a checking account totaling ions would cause a to have feelings of sadness, anguish while residing in a ary theft occurred. Liance occurred from 4/22/21 24 addressed to IDPH (Illinois ic Health) stated in part, "This is follow up and final report to omitted on 05/24/2024 tion of misappropriation of the facility was unable to esident involved at the time of . On 05/24/2024 at am, Housekeeper (V6) on of misappropriation of the alleged perpetrator was nager (BOM), V3. V6 voiced ans regarding V3 and the (V3) was immediately	S9999			

Illinois Department of Public Health

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Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6005391	B. WING		08/1	6/2024
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BENTON	REHAB & HCC	BENTON,	TH MAIN ST IL 62812	KEEI		
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S9999	Continued From pa	ge 2	S9999			
	money'. (V6) brother facility) (V3) was resident monies an residents. In subset asked to explain her obtaining receipts a written from the resunable to locate sor answer some specific written from the resunable to resident trust account or sesident trust account or sesident trust account for the items (R2) required the resident trust account for sesident trust account for the items (R2) required to account for \$272 this amount for the (V10) Transportation voices since Februatake (R1) to her (R2) written to "cash" for (V3) would write a count to account for the (V10) transportation voices since Februatake (R1) to her (R2) written to "cash" for (V3) would write a count the month and about she would take (R1) and then purchase (V10) voices they write (R1) would give (V3) voices she doesn't cash. (R1's) account noted R1 owes \$98 (R1's) checking account (R1's) root paid in full The account in the factor of the	er, (R3) is a resident of the interviewed and denies using any way other than for the quent interviews (V3) was er bookkeeping process, and regarding recent checks ident trust account. (V3) was me receipts and unable to ific questions related to checks ident accounts and the unt (R2) was interviewed and ave (V3) order items from a elevated for order have since elevated for order for elevated for elevated for elevated for elevated for order for elevated				
	account was recond	ciled with bank statements by reconciliation, the facility was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	IL6005391	B. WING			C 16/2024	
NAME OF PROVIDER OR SUPPLIER BENTON REHAB & HCC	1409 NOF	DRESS, CITY, ST RTH MAIN STI IL 62812				
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replaced the above unaccounted for employment effect investigation has be Police Department with any requests in Department." This Former Administra R1's Face Sheet dof 1/1/24 and listed Type 2, Anxiety Dis Chronic Obstructive listed as being her Care Plan dated 6/2 areas, "Resident hemodication for anxies related to confurbate Set (MDS) da Interview for Mental indicating R1 has recognitive functioning R2's Face Sheet doff 2/1/24 and listed Depressive Disord Chronic Kidney Dis Face Sheet also list of State Guardian) (POA). R2's Care In a problem area, "Recognition." R2's 6/2 (MDS) documente indicating R2 has refunctioning. A List of Resident	for \$5515.19. The facility has a amounts that were (V3) has been terminated from ive immediately. The een turned over to the Local. The facility will fully cooperate made by the Police letter was signed by V1, tor. ocumented an Admission Date I diagnoses including Diabetes sorder, Depression, and e Pulmonary Disease. R1 is own responsible party. R1's 5/24 documented problem as diagnosis and takes iety", and "Impaired cognition sion at times." R1's Minimum ated 6/4/24 documented a Brief al Status (BIMS) score of 11, moderate impairment in	S9999				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLII IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		IL6005391	B. WING		1	6/2024
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	period.					
	penou.					
	oriented to person a that, "The lady who some from my according sure how much modid not know how mad in it or how mustated she had nev suspicions about strated she would go carton of cigarettes a check for cash arbring all the change care of that stuff, arputting it toward my wasn't." R1 stated swrote the checks for change she was briwas not really upselet stuff like that get not recall ever getti	m, R1 who was alert and and place, but not time stated took care of the money took bunt." R1 stated she was not ney she got every month, and nuch her checking account the it should have in it. R1 er previously had any aff taking her money. R1 to out twice a month to buy a to and that R1 would make out not take it to the bank, and to back to, "The lady who took and she was supposed to be to bill here, but I guess she she is not sure how much she is not sure how much she to cash out for or how much inging back. R1 stated she to her." R1 stated she does not being paid. R1 stated skbook in her room.				
	to person and place spring of this year, money out of R2's t	m, R2 was alert and oriented but not time. R2 stated in the V3 was supposed to be taking trust account and loading it				
		lit card and ordering items for				
	_	R2 stated the items never e asked V3 about it, she would				
		ed she did not know how much				
	money was taken o	out of her account, how much				
		t, or how much money she				
		2 stated the facility went and paid for the items, and				
	she is satisfied with	this outcome. R2 stated she hat was all she had wanted.				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		IL6005391	B. WING		08/1	6/2024
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040.15	CLIMMA DV CTA	BENTON,		DROVIDERIO DI ANI OF CORRECTIO	DNI .	()(5)
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	On 8/2/24 at 11:10a Clinical Operations (Former Administra investigation. V11 s V3's background of 4/22/21, there was ran a background of came back with a "not show what the employee backgrowith no other disquered or 8/7/24 at 8:20ar April 2024, a couple hunt for kids in the (Housekeeping Supcash in them had b when the kids oper cash in them. V7 st taken the cash. V7 on (R3's) trust according POA (Power of Attoread or write. V6 st this immediately be accuse V3 if it was date unknown, V6 voutlining her conceshe believed this had V6 stated V3 was hat least until 1:30pr she returned to wor heard V3 had been investigation started. An undated letter p that is addressed to "(V7) said (V3) is all	am, V11 (Regional Director of), stated she had assisted V1 tor), in the above referenced tated when she went to pull neck from her hire date of n't one on file. V11 stated she sheck on V3 on 5/31/24, and it disqualifying offense", but it did offense was. V11 stated all and checks were then audited alifying offenses found. m, V6 (Housekeeper) stated in the weeks after the Easter egg community, V7 of opervisor) told V6 that eggs with the en left in V3's office, but need them later, there was no neated she believed V3 had told V6, "I better keep an eye ount." V6 stated she is R3's office, and he is unable to not true. V6 stated later in May, wrote out a letter to V1 of one cause she didn't want to not true. V6 stated later in May, wrote out a letter to V1 of one and took it to V1. V6 stated appened on a Thursday, and were the remainder of that day on when V6 gets off. V6 stated walked out and an	39999			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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	she was hired on 2/beginning of her en would take R1 to R for cash, R1 would take R1 to a liquor scigarettes. When the or R1 would give V3 which V3 had stated room and board. V7 receipt. V10 stated for the same amounthe first of the montanywhere from \$20 written toward the m\$300 to \$700. V10 sconfusing and felt stated she went to \$5/23/24 and told he with R1. V10 stated thought something was rustling papers listening to me. She that's the business V10 stated she ther Regional Director of about it. V10 stated interviewed by V11 begun. V10 stated, understands really v10 me. She check on her at the she had a forgery concects in her husbanever taken or stoles.	m, V10 (Transportation) stated 11/24. V10 stated from the ployment, twice a month she 11's bank with a check written get the cash and V10 would store to buy a carton of the remainder of the money, of was being put toward R1's 10 stated V3 never gave R1 at the checks were never written int, and the checks written on the would be written for 100 to \$2500, with the checks incide of the month between stated she found this situation omething was off about it. V10 v1 about it on the morning of it to look into this money thing in a proached V16 (Corporate of Marketing) and talked to her the next day, she was who said an investigation had "I don't think (R1) really what happened." m, V3 stated she was hired as nager on 4/22/21. V3 stated accility had done a background time. V3 stated years ago onviction for writing bad and's name. V3 stated, "I have en money from any resident, or cash, or their belongings,				

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NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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S9999	or petty cash." V3 stated on 5/24/24 she was informed by V1 that a facility employee had written a letter to V1 stating that V7 had told the employee to watch her brother R3's resident trust account carefully because V3 couldn't be trusted.		S9999			
	V3 stated she does not know why V7 would say that. V3 said she was told to gather her belongings and was walked out. V3 stated V1					
	called V3 around 6/1/24 and stated they were terminating V3 due to her background check					
	criminal conviction.	neligible to work due to a V3 denied she confessed to sappropriated funds. V3				
	stated twice a mont	th, R1 would tell V3 to write out ecking account, and R1 would				
	tell V3 how much to	o write the check for. V3 stated oney but didn't have anything				
	to show for it and V	/3 doesn't know what she ed V10 nor R1 ever brought				
	aware, R1 owed the	ated the last time she was e facility around \$20,000 for				
	about R1's bill, but	3 stated she tried to talk to R1 she ignored V3. V3 stated she				
	V3 stated R1 did no	er any specific check amounts. of have a POA or guardian and				
	V3 stated she does	Idling her own financial affairs. Ithink she discussed R1's It somebody from the corporate				
	office, but is not sur	re who or when. V3 stated in cyberattack took out the				
	program used for re	esident trust accounts, and my way to find out what resident				
	balances were. V3	stated she would call the it they would never get back to				
	corporation went int	n a few weeks after the to receivership in early				
		all the trust information was t the accounts hadn't been				
	balanced since Oct	ober 2023. V3 stated she did				

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not then balance them because she did not have

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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		IL6005391	B. WING		1	6/2024	
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BENTON	I KEHAD & HCC	BENTON,	IL 62812				
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S9999	Continued From pa	ge 8	S9999				
	time, as she was or administrative char stated the receivers system for account training required to On 8/8/24 at 9:00ar stated there have be of functioning since discovered. V2 statincrease in behavior the time, has not rechanges, and R1's remained at baselir training about abus 5/24/24. V2 stated immediately to the administrative charges.	werwhelmed from all the ages that were going on. V3 ship organization set up a new ing, but she had not taken the use it. m, V2 (Director of Nurses) een no changes in R1's level the misappropriation was ed R1 has not had an ors, remains confused a lot of equired any medication level of cognition has ne. V2 stated the most recent e she has had was on abuse is to be reported Administrator. V2 stated she y problems with resident					
	Office Manager) sta facility on 5/31/24 to the misappropriation audits of resident to checks written and at one point, the facts \$3000 in petty cash should only keep a cash. V4 stated the in one account with each individual resident takes mondeducted form that amount. V4 stated which when audited November 2023, at balancing the according to the comporation who may be supported to the misable properties of	am, V4 (Corporate Business ated she first entered the paudit the accounts as part of n investigation. V4 stated that ust fund petty cash showed signed by V3 documented that cility would have had about a, whereas a facility of its size few hundred dollars worth of a resident trusts are comingled separate recordkeeping for dent. V4 stated when a ey out of petty cash, it is to be resident's trust account V3 kept meticulous records d, balanced correctly, up until which point V3 stopped unts. V4 stated the previous anaged the facility has refused lent trust documentation to the					

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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DENITON	I REHAB & HCC	1409 NOR	TH MAIN ST	REET		
BENTON	I KENAB & NCC	BENTON,	IL 62812			
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	current receivership on 2/8/24. V4 stated former residents hat the period of 12/1/2 be affected by misa account. V4 stated large checks written back to the facility, the facility for the remaining Medicaid in R1's resident trus audits documented balance on R1's rocchecks written out the stated the pooled revisited the pooled revisited the pooled revisited less than the have written checks there is no document has reimbursed all an audit of R2's trus suspicious activity, had been paid for bitems were ordered facility. V4 further significant with the members found to the members found to the members found to the stated the stated the members found to the stated the	o corporation, which took over d a total of fifty current and d resident trust accounts for 3 to 6/1/24, all of whom would ppropriation from the pooled R1 should never have had a for cash and then brought but instead written a check to som and board with the \$60 individual allowance put at account. V4 stated her a total of \$9,857 outstanding om and board, \$10,650 of o cash from R1's account. V4 esident trust account, on which exists for cash, was missing a the checks V3 had written at amount, indicating V3 may be earlier than 2/1/24, although antation. V4 stated the facility the missing money. V4 stated st account balance showed no but since R2 reported items by her and not received, these for R2 and paid for by the stated Business Office to keep resident checkbooks specifically signs a written a of the residents, including stated R1 keeps her som. V4 stated during the me to the facility and was ceipts for the petty cash and ught in, but V3 was unable to be evere no other staff one involved as the checks signed by V3. V4 stated since				

that R1 has not requested any checks to be written or to be given cash, and the only thing R1

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S9999	Continued From pa	ge 10	S9999			
	has requested is ci	garettes.				
	On 8/8/24 at 1:45pr V6 (Housekeeper) and when V6 appro 5/23/24, she considurama." V1 did statto V7, V6 should kemoney. V1 stated s V16 (Corporate Mahave notified (V11-Operations)." V1 sto V11 and the investated as far as she and V1 did not suspresident funds. V1 when, V10 approace on R1's checking anot realize V10 was misappropriation. V2023 and V3 was a V1 stated she was Administrator had recheck. V1 stated in one occasion R1 hawanted to go to the became upset and bank today. V1 stated uring the investigated V1 that she had misoutlined above. V1 previous corporation community easter or rumor going around three or four eggs ftime she asked V3	m, V1 stated she considered to be a disgruntled employee, bached her with the letter on lered it to be about, "Staff ethe letter said that according the packet of the letter said that according the packet of the letter said that according the packet of the letter with rketing Director), "Who must Regional Director of Clinical ated she then gave the letter stigation was started. V1 knew, V3 was doing her job, the packet V3 of misappropriating stated at some point, not sure the V1 with a check written account, and V1 stated she did a reporting potential to stated she was hired in the latest of the previous and not felt well and had not bank that day, and V3 said no, she has to go to the ed she spoke with V3 privately ation, and that V3 confessed to sappropriated the money as stated for Easter 2024, the n gave the facility \$500 for a legg hunt, and there was a did that V3 stole \$5 bills out of or the kids. V1 stated at that about it, which V3 denied.				

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			TH MAIN ST			
BENTON	REHAB & HCC	BENTON,	IL 62812			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
	interviewed multiple he did not interview stated all staff were interview. V17 state interviewed as V3 is V17 stated the inve ongoing, and as sur released. V17 state	as suspected of sident funds. V17 stated he e staff members. V17 stated R1 as she was asleep. V17 every forthcoming during ad V3 had not yet been a savoiding law enforcement. Stigation at this time is still the character v3 is interviewed, the sent to the States Attorney				
	where charges may Attorney's discretion On 8/13/24 at 8:50a Marketing and Develor a letter on 5/23/was told by V7 not account. V16 stated immediately notify vinvestigation. V16 sasked V11 if V1 had letter, which she had V11 about the contestarted an immediately about the investigation between the investigation outlined above. V16 was initiated, V16 reporting abuse and provided staff with a Policy. V16 stated sknowledge or suspifinancial misapproprimmediately.	whe filed at the States on. am, V16 (Regional Director of elopment) stated V1 showed (24 written by V6 stating V6 to trust V3 with R3's trust of she advised V1 to (11) and to start an estated the following day, V16 of contacted her about the don't. V16 stated she informed ents of the letter, and V11 the investigation. V16 stated uring an interview with V3 using an inte				
	cognitively intact an	nd found out that staff may ney, "His heart would be hurt,				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			,
		IL6005391	B. WING		08/1	6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BENTON	I REHAB & HCC	1409 NOF BENTON,	RTH MAIN ST IL 62812	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	nge 12	S9999			
	like mine was wher	n I found out (V3) took other He wouldn't be mad, he would				
	oriented to person, he has a resident tr was not aware of a resident trust mone he would, "Be agitate to cigarettes and he A Grievance Comp documented,"(R2) (Digital Video Disc) delivered. Resident have been delivere reported she had a ordering these item Replaced all her Documented and purchase of checks were signed by R1	am, R47 was alert and place, and time. R47 stated rust account. R47 stated he nybody misappropriating his ey. R47 stated if this happened ated, he would not have access a is addicted to nicotine." laint Report dated 5/31/24 reported clothing and DVDs a she ordered have not been at reported these items should d 5/4/24-5/7/24. Resident assistance from (V3) when as. Method of correction: VD's and clothes that she had ased items for resident." written to cash provided with ants were reviewed. The checks and were written on the manounts as follows:				
		o written to cash, written on the st account were written on the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		IL6005391	B. WING		08/1	6/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BENTON	REHAB & HCC	1409 NOR BENTON,	TH MAIN ST IL 62812	REET		
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\$9999	following dates and follows: 2/1/24: \$500 3/14/24: \$500 4/19/24: \$1000 5/16/24: \$1000 5/21/24: \$600 The facility was una as to what the cash receipts given to re R1's Billing Stateme 2/29/24 through 6/1 R1's room and boa balance as of 6/1/2 A Checking Accound documented that \$1 R1's account on 6/6 A Resident Trust Clated 6/27/24 documented that \$1 R1's account on 6/6 A Resident Trust Clated 6/27/24 documented 6/27/24 documented 5,515.19 was deput and IDPH Healthcar Background Checke "(V3): Work Eligibili Criminal Offenses. record." The facility policy time program dated 11/1 facility affirms the reform abuse, neglect property, and exploating facility is commenced.	able to provide documentation was used for, such as sidents. ent documented that between 1/24, nothing was applied to rd, and the outstanding 4 was \$9,857. At Activity Report dated 8/15/24 10,650 was deposited into 6/24. The hecking Account Statement mented that on 6/7/24, osited into that account. The Worker Registry dated 5/31/24 documented, try: Ineligible: Disqualifying Date: 10/22/07. No waivers on the 1/28/16 documents, "This ight of our residents to be free try, misappropriation of resident itation as defined below mitted to protecting our see by anyone including; but not	\$9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NOWIBER.		A. BUILDING:		COMPLETED			
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IL6005391		B. WING			6/2024		
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IVAIVIL OI I	TROVIDER OR OUT LIER		RTH MAIN ST				
BENTON	I REHAB & HCC		, IL 62812	KEEI			
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S9999	Continued From pa	ge 14	S9999				
		services to the individual,					
		legal guardians, friends, or					
		s" Under the section titled					
		ments "Misappropriation of					
		eans the deliberate loitation, or wrongful,					
		anent use of a resident's					
		ey without the resident's					
	consent."	Marcut ine recidente					
	Prior to the survey date, the facility took the						
	following actions to	correct the noncompliance:					
	4 Th	A It I					
		t cash box was reconciled and					
	assured of accurac	y on 5/30/24 by V4. It account was balanced and					
		vere deposited into the					
	account on 6/5/24 k						
		ed on 5/24/24 and terminated					
	on 6/10/24 by V1.						
		as an authorized user of the					
		unt on 5/31/24 by V4.					
		nistrator was inserviced on					
		and checks on 5/31/24 by V11. inserviced on the Abuse					
	,	on misappropriation of					
	resident property or						
		ee background checks were					
	audited on 5/31/24						
		buse reports weekly for four					
		orough investigations are					
	being completed.						
		inistrator/BOM, will review all					
	employee new hires	s for complete background					
		a. e above audits will be					
		ality Assurance meeting with					
		patterns/trends discussed by					
		will make recommendations					

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as indicated.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			.
		IL6005391	B. WING			, 6/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BENTON	REHAB & HCC		TH MAIN ST	REET		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 15	S9999			
	(B) Statement of Licensure Violations (2 of 2)					
	300.611 300.650a) 300.650d)					
	Section 300.661 Health Care Worker Background Check					
	A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.					
	Section 300.650 Personnel Policies					
	a) Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the following requirements.					
		check the status of all Health Care Worker Registry				
	These requirements by:	s were NOT met as evidenced				
	failed to perform a perform a perform a perform a performance of the busing the failed and the performance of the performance o	and record review, the facility pre-employment background ness office manager. This has ct all 46 residents living at the				
	This past noncomp to 6/10/24.	liance occurred from 4/22/21				
	Findings include:					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1` '			X3) DATE SURVEY COMPLETED	
		A. BUILDING:		С		
	IL6005391	B. WING			, 6/2024	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BENTON REHAB & HCC	1409 NOR BENTON,	TH MAIN ST IL 62812	REET			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
Notification Form da documented, "Staff misappropriation of member immediatel results of investigati MD (Medical Doctor (Report) to follow." A addressed to IDPH as a follow up and fi submitted on 05/24/ of misappropriation facility was unable to involved at the time 05/24/2024 at appropriation of perpetrator was Bus (V3)." A List of Resident To through 5/24/24 doc having had resident period of time. On 8/2/24 at 11:10a Clinical Operations, Former Administrate investigation. V11 st V3's (Former Busine background check of there wasn't one on background check of back with a 'disquali show what the offen employee backgrou with no other disquali	epartment of Public Health) ated 5/24/24 at 9:40am reported an allegation of resident property. Staff by suspending pending the on. POA (Power of Attorney), on and Police notified. Final A letter dated 6/10/24 stated, "This letter will serve inal report to the initial report (2024 regarding an allegation of resident property. The original allegation of the initial allegation. On eximately 9:30 am, reported an allegation of resident property. The alleged siness Office Manager (BOM), arust Accounts from 2/1/24 rumented R1 through R50 trust accounts within that accounts within that the W11, Regional Director of stated she had assisted V1, or, in the above referenced rated when she went to pull ress Office Manager) rom her hire date of 4/22/21, file. V11 stated she ran a on V3 on 5/31/24, and it came ifying offense', but it did not use was. V11 stated all nd checks were then audited allifying offenses found. V11 ended and walked out on	S9999	DEFICIENCY)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	ON SHOULD BE COM HE APPROPRIATE DA		
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		IL6005391	B. WING		08/1	6/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 17	S9999				
	subsequently terminated after it was determined she had misappropriated resident's funds. An IDPH Healthcare Worker Registry Background Check dated 5/31/24 documented,						
	"(V3): Work Eligibility: Ineligible. Disqualifying Criminal Offenses: Date: 10/22/07. No waivers on record."						
	On 8/7/24 at 9:55am, V3 stated she was hired as Business Office Manager on 4/22/21. V3 stated she assumed the facility had done a background check on her at that time. V3 stated, "Years ago, she had a forgery conviction for, writing bad checks in her husband's name."						
	Office Manager, sta facility on 5/31/24 to the misappropriation audits of resident to checks written and at one point, the fact \$3000 in petty cash should only keep a cash. V4 stated the commingled in one keeping for each in when a resident take is to be deducted for account amount. Varecords which when up until November is stopped balancing of fifty current and for trust accounts for the all of whom would be	account with separate record dividual resident. V4 stated tes money out of petty cash, it form that resident's trust 4 stated V3 kept meticulous a audited, balanced correctly, 2023, at which point V3 the accounts. V4 stated a total former residents had resident the period of 11/1/23 to 6/1/24,					
	On 8/8/24 at 1:45pm, V1 stated she was hired in						

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AND DUAN OF CODDECTION DENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
IL6005391		B. WING		C 08/16/2024			
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE			
10 101	NOVIBER OR COLL FIELD		TH MAIN ST				
BENTON	REHAB & HCC	BENTON,					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 18	S9999				
	2023 and V3 was a V1 stated she was a Administrator had no check on V3. The facility's Abuse dated 11/28/16 state knowingly employ a crimes listed in the Background Check the provision of the listed on the Illinois A Facility Matrix dat of 46 residents livin Prior to the survey of following actions to 1. V3 was suspended on 6/10/24 by V1. 2. The former Admi employee backgroud. Facility staff were policy with a focus of resident property or 4. 100% of employee audited on 5/31/24 5. V5, Current Administrator of the checks as indicated 6. The results of the discussed in the Quence of the check	Iready employed at the facility. Inot aware the previous not completed a background. Prevention Program Policy ed, "The facility will not any staff convicted of any Healthcare Worker Act (unless waivered under act), or with findings of abuse Healthcare Worker Registry." Ited 8/1/24 documented a total g at the facility. Idate, the facility took the correct the noncompliance: Ited on 5/24/24 and terminated instrator was inserviced on and checks on 5/31/24 by V11. In inserviced on the Abuse on misappropriation of a 5/31/24 by V16. In instrator/BOM, will review all as for complete background d. Ite above audits will be utility Assurance meeting with					
	any discrepancies/patterns/trends discussed by V5. The Committee will make recommendations as indicated. (C)						

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