Illinois D	epartment of Public	Health			FORM	1 APPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
						С
		IL6004089	B. WING		09/	10/2024
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
HAVANA	HEALTH CARE CEN	TER 609 NORT HAVANA,	H HARPHAN	A STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Facility Reported In of 7/30/24 IL17683	ncident Investigation to Incident 1				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300.610a) 300.3210f) 300.3210g) 300.3240a) 300.3240b) 300.3240c) 300.3240d) 300.3240d) 300.3260g)					
	Section 300.610 R	esident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	dvisory physician or the ommittee, and representatives er services in the facility. The ly with the Act and this Part. s shall be followed in operating I be reviewed at least annually documented by written, signed				
	Section 300.3210	General				
	prevent loss and th Those efforts shall	make reasonable efforts to eft of residents' property. be appropriate to the particular lude, but are not limited to,				
	tment of Public Health / DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE
	ically Signed					10/01/24
ATE FORM	N		<sup>6899</sup> Y	PTF11	If continua	tion sheet 1 of

TATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		IL6004089	B. WING	B. WING		C 09/10/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
IAVANA	HEALTH CARE CEN	TFR	RTH HARPHAM	ISTREET			
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S9999	Continued From no		S9999	DEFICIEN	UY)		
29999	Continued From pa	0	29999				
		onitoring, labeling property, rty inventories. (Section 2-103					
	investigating compl residents' property	develop procedures for aints concerning theft of and shall promptly investigate ction 2-103 of the Act)					
	Section 300.3240	Abuse and Neglect					
		ee, administrator, employee o nall not abuse or neglect a 2-107 of the Act)	r				
	aware of abuse or i immediately report	vee or agent who becomes neglect of a resident shall the matter to the Department dministrator. (Section					
	abuse or neglect of report the matter by the resident's repre	trator who becomes aware of a resident shall immediately y telephone and in writing to esentative and to the ion 3-610(a) of the Act)					
	abuse of a resident credible evidence, t long-term care facil abuse, that employ from any further co facility, pending the investigation, prose	gation of a report of suspected indicates, based upon that an employee of a lity is the perpetrator of the ee shall immediately be barred ntact with residents of the outcome of any further ecution or disciplinary action					
	against the employ Section 300.3260	ee. (Section 3-611 of the Act) Resident's Funds					
	g) The facility shall	keep any funds received from					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED C		
		IL6004089	B. WING			09/10/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE			
HAVANA	HEALTH CARE CENT	FER 609 NORT HAVANA,	H HARPHAM IL 62644	STREET			
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S9999	Continued From pa	ge 2	S9999				
	from the facility's fu withdraw any part o purpose other than resident upon the re other person entitle pay the resident his other payment auth other person entitle (Section 2-201(6) o These requirements by: Based on interview failed to protect R1 from misappropriati Business Office Ma (R1-R74) reviewed in the sample of 75 report and investiga misappropriation of alleged perpetrator, Manager/BOM), fro residents' funds wh occurring for 75 (R <sup>2</sup> reviewed for abuse failures resulted in the the residents' pooled resulting in V4 steal months, \$11,815.00 residents' pooled fai without residents' k keeping R46's pre-f	and record review, the facility through R74's right to be free on of property from V4, nager, for 74 of 75 residents for misappropriation of funds The facility also failed to					
	to September 2024 Findings include:	tiple occasions from April 2024					

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		IL6004089			09/	10/2024
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
HAVANA	HEALTH CARE CEN	TER	TH HARPHAM , IL  62644	ISTREET		
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S9999	Continued From pa	ge 3	S9999			
	11/28/16 document of our residents to I misappropriation of exploitation as defin committed to protect by anyone including staff, other resident staff from other age the individual, famil friends, or any othe of resident property misplacement, expl temporary, or perm belonging or money consentEmploye report any occurren mistreatment, expl residents they obse a supervisor and th administrator or des informing the reside the results of the in corrective action ta that all alleged viola exploitation, neglect of unknown source property, and reaso are reported immed the facility and to of with state law throut the events that cau result in serious bo criminal sexual abut to at least one law of jurisdiction and (Sta forming the suspicit hours after forming	Prevention Program dated s, "This facility affirms the right be free from abuse, neglect, fresident property, and hed below. This facility is cting our residents from abuse g but not limited to, facility is, consultants, volunteers, and encies providing services to y members or legal guardians, r individual. Misappropriation weans the deliberate loitation, or wrongful, anent use of a resident's es are required to immediately nees of potential/alleged bitation, neglect, and abuse of erve, hear about, or suspect to e administrator. The signee is also responsible for ent or their representative of vestigation and of any ken. The facility must ensure ations involving mistreatment, it, or abuse, including injuries , misappropriation of resident onable suspicion of a crime, diately to the administrator of ther officials in accordance gh established procedures. If se the reasonable suspicion dily injury or suspected use, the report shall be made enforcement agency of ate Agency) immediately after on (but not later than two the suspicion), otherwise, the de not later than 24 hours after				

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	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE				
		609 NOR					
IAVANA	HEALTH CARE CEN	TER HAVANA	, IL 62644				
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S9999	Continued From pa	ge 4	S9999				
	resident or resident of an occurrence of and that an investig administrator, or de or resident's repress the investigation. If suspicion of a crime administrator shall enforcement as soot than 24 hours in ac the following situati been committed in a resident Upon administrator, or de investigation. Empl- been accused of m neglect, abuse, or r property will be imm resident contact un investigation have to administrator or de of alleged mistreatr abuse, or misappro shall not complete provider to resident designee is respon- written report of the and corrective action five working days o five working days o five working days a occurrence a comp conclusion of the in steps the facility ha allegation, will be so	been reviewed by the signee. Employees accused ment, exploitation, neglect, opriation of resident property their shift as direct care s. The administrator or sible for forwarding the final e results of the investigation on to the (State Agency) within f the reported incident. Within fter the report of the lete written report of the lete written in response to the ent to the (State Agency)" ent Funds Policy and d) documents, "Upon written ompetent resident the facility	t				

	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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S9999	Continued From pa	ge 5	S9999				
	the written authorize resident's fiduciary or immediately fam an interest bearing, facility will institute a that resident funds safeguarded from t shall include signed transactions, comp activity, monthly ove Administrator, and Further, the facility all banking transact well as require rece from residents' pers date of purchase ar of all items or service						
	Injury Incident and Report, dated 7/30/ of residents and thi Staff involved: (V4// Incident of Summa Employee (V4) who Manager for (the fa forging authorized s	Term Care Facility-Serious Communicable Disease 24, documents "Final: Theft s facility's health care fund. BOM) Terminated. Detailed ry: Investigation still ongoing. was the Business Office cility) wrote checks to cash by signer's signatures and then nds into her own bank account.					
	While interviewing to (V4) employee was residents to purcha residents) were not items purchased. A never received the items in the busines taken to the corpora	the residents we found out that taking money from the se things. They (the getting the receipts from the A couple of residents said they items or their money back. All ss office were loaded up and ate office and turned over to prney) along with V7					

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S9999	Continued From pa	ge 6	S9999			
	there is over 11,000	has been determined that ) dollars missing from the for room and board and				
	Director) Employee documents V4 was	ce Manager/Social Service Data Sheet, undated, hired on 10/16/2023 as nager/Social Service Director				
	Employee Timecard	e Manager's/BOM) Individual d dated, 7/16/24 to 7/31/24, t day worked was 7/29/24.				
	undated, document maintaining daily er the facility's ledger a Responsibilities: 1. monthly billings and pay and public aide cash. g. Receives a Prepares and make maintains resident	ess Office Job Description, s "Position is responsible for htries and current balances in and resident monies accounts. General duties. b. Completes d statements for both private residents. d. Handles petty and receipts payments. h. es bank deposits. i. Accurately monies account ledgers and monies to bank statements."				
	Injury Incident and Report, dated 7/30/ of residents and thi Staff involved: (V4/I Incident of Summar Employee (V4) who Manager for (the fa forging authorized s deposited those fur While interviewing t	Ferm Care Facility-Serious Communicable Disease 24, documents "Final: Theft s facility's health care fund. BOM) Terminated. Detailed ry: Investigation still ongoing. o was the Business Office cility) wrote checks to cash by signer's signatures and then hds into her own bank account. the residents we found out that taking money from the				

INDIS DEPARTMENT OF PUBLIC I	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
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AVANA HEALTH CARE CENT	FR	TH HARPHAM , IL  62644	STREET		
REFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
items purchased. A never received the i items in the business taken to the corporat V13 (Corporate Attor (Corporate Trust Ma Trust Manager). It h there is over 11,000 account which was resident's monies." The Local Police De 7/30/24, and signed Sergeant), documer Sergeant), documer Sergeant), documer Sergeant), documer Sergeant), documer Sergeant), and d Department). At app at (the facility) regar money. I made con Director of Clinical O Administrator) and ( Operations) regard money. (V6/Prior Ac employee in questic advised that the res account that holds t (V6) advised that the the facility) showing resident has in the a can only be withdraw a check to cash and (V3/Prior Administrator) on the check. (V6) be sent to (local bar cash the check. (V6)	getting the receipts from the couple of residents said they tems or their money back. All so office were loaded up and ate office and turned over to orney) along with V7 anager) and V8 (Corporate has been determined that dollars missing from the for room and board and epartments Report, dated by V17 (Local Police hts "On 7/30/24, I (V17/Police uty for the (local Police proximately 2:24 PM I arrived ding a theft of a large sum of tact with (V6/Regional		DEFICIENC	Υ)	

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
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IAVANA	HEALTH CARE CEN	TFR	TH HARPHAN , IL  62644	ISTREET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLET DATE	
S9999	Continued From pa	ige 8	S9999				
	account. (V6) advise could be between 2 showed me (V17) t advised there were (V3's) name forged that were missing a in question were nu. The blank checks in numbers 4023, 403 4049. (V19) advise was Medicaid more used (State Police) handling incidents. Law Enforcement v completed a report records to their hom today. I asked (V19 department) to han Police) Medicaid Fr have (State Police) (V19) that I would c event they needed case number. I cle contact with (V9/Lo advised they have v occasions cash a c and deposit that mo advised they had us (V4) had done this. notified (the facility) asked (V9) if she co checks and statem would, and I provide address."	psiting the same cash into her sed she believes the amount 20,000 and 50,000 dollars. (V6) he check book receipts. (V6) checks in the books that had by (V4), and several checks and blank. I believe the checks and the receipt book were check by the had to take all their ne office in (another city) 9) if he would like (local police dle the incident or (State raud. (V19) advised he would handle the incident. I advised complete an initial report in the and provide (V19) with the ared (the facility). I made cal Branch Manager). (V9) witnessed (V4) on several heck from the resident fund oney into her account. (V9) sed marked bills to confirm (V9) advised she has since, and closed the accounts. I ould forward copies of the ents to me. (V9) advised she ed my department emailed epartments Report, dated d by V17 (Local Police ants V17 returned a call to R75 nat her bank account had been					

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	dollars to 3000.00 d V4 (BOM) was the R5's Trust Fund Wi through April 2024 d cash withdrawals th signature or a rease R14's Trust Fund W through April 2024 d cash withdrawals th signature or a rease R16's Trust Fund W through April 2024 d cash withdrawals th signature or a rease	R75 was missing 2000.00 dollars. R75 advised V17 that one who had her debit card. ithdrawal Logs dated January document 229.00 dollars of hat do not contain a resident on for the withdrawals. Vithdrawal Logs dated January document 124.00 dollars of hat do not contain a resident on for the withdrawals. Vithdrawal Logs dated January document 1685.00 dollars of hat do not contain a resident on for the withdrawals.	,			
	through April 2024 of cash withdrawals the signature or a reased R26's Trust Fund W through April 2024 of cash withdrawals the signature or a reased R51's Trust Fund W through April 2024 of cash withdrawals the signature or a reased The facility's Audit of 2024 and signed by Manager) document	Vithdrawal Logs dated January document 70.00 dollars of nat do not contain a resident on for the withdrawals. Vithdrawal Logs dated January document 15.00 dollars of nat do not contain a resident on for the withdrawals. Vithdrawal Logs dated January document 481.00 dollars of nat do not contain a resident on for the withdrawals. dated January through July / V7 (Corporate Trust nts there was an ficit of residents' trust funds	,			

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					03/	10/2024
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S <sup>-</sup> TH HARPHAN			
HAVANA	HEALTH CARE CEN	TFR	, IL 62644	IJIKEEI		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 10	S9999			
	The facility's trust fund withdrawal logs were missing from the facility for the months of May, June, and July 2024.					
	12/30/23 to 7/31/24	nt Fund spreadsheet dated , document that the following cility trust fund that was OM): R1-R74.				
	was not monitoring or ensuring quarter the residents. V3 st resident shopping f Manager) for the re the stuff since she I got it.' I did not go account or receipts	6AM, V3 (Prior AIT) stated she the monthly trust fund accoun ly statements were given to tated, "I would offer to do the for (V4/Business Office esidents and tell (V4) I can get was busy. (V4) would say 'No o over the monthly trust fund and sign off on them or ere getting their quarterly	t			
	2024 V4 (BOM) sta facility and took his told (V4) I wanted r my pre-paid social never received any security around thro me that there were girls' clothes and gi angry. I reported to that I believed (V4) account and fraudu	5 AM, R46 stated in March arted handling his bills at the (pre-paid card). R46 stated, "I ecceipts for all my bills when security card was used. I receipts. I called social ee months ago and they told purchases on my card for rls' shoes. I was so upset and staff at the facility at that time. was stealing money from my ilent charges. V3 (Prior AIT) . I thought I could trust (V4),				
	and now I am so ar and it makes me ve my pre-paid social denied being notifie	ngry. I don't have any money ery upset. (V4) never returned security card to me." R46 ed by the facility regarding the of misappropriation of funds				

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S9999	Continued From pa	ige 11	S9999			
	from R46's trust fur	nd account.				
	V4 (BOM) making f R46's pre-paid soci stating V4 still had card in her possess immediately investi was not notified of R46's pre-paid soci be subjected to fram	surveyor of R46's allegation of fraudulent purchases from ial security card and R46 his pre-paid social security sion. This allegation was not gated, and the state agency this allegation until 9/3/24 ial security card continued to udulent charges on 9/1/24 (2 veyor reported the allegation to				
	Manager) stated sh months that (the fac checks than norma week) instead of or stated, "I noticed a would come to the the residents' trust block, then come b (V4's) own persona watching (V4) close cash a check this la giving the bills to he drove around the b money into (V4's) p notified (V6/Prior Ac	6 PM, V9 (Local Bank ne noticed for the last few cility) was cashing a lot more I (like two to three times per nce or twice a month. V9 few times that (V4/BOM) local bank, cash a check from fund account, drive around the ack in and deposit cash into al bank account. I started er and when she came in to ast time, I marked bills before er. Fifteen minutes later, (V4) lock and deposited the marked bersonal checking account. I dministrator) of my suspicion ent funds for her own use on				
	stated, "The (local l allegation to (V6/Pr contacted our Corp (V4/BOM) was falsi	4 AM, V1 (Regional Director) bank) reported the alleged ior Administrator). (V6) then orate Office. To my knowledge ifying (V3/Prior Administrator ir ) signatures to cash the				

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S9999	Continued From pa	ige 12	S9999			
	herself. (V4) shoul a resident asked fo sign by their name time a withdrawal w not have trust fund of May, June, July 2 over the trust funds audit it was determ was missing from the facility's) Corporate (local bank) reporte (V6/Prior Administra Corporate Office. (V Up on a Tuesday (7 suspended (V4/BO (V4's) office. (V7/C one who has all the facility) are still tryin gave (V4) money a they were wanting of facility) have not ide order for (V4/BOM) account the BOM w (V3/Prior AIT) or (V If someone went sh person should have the residents name the date and time, a resident, then write the resident's accous sending monthly tru Corporate Office wi receipts showing w my knowledge no c building with the true	ealing the residents' money for d have kept a record of when r money and had the resident of how much they took each vas made. We (the facility) do withdrawal logs for the months 2024. No one was watching a this time. After doing an ined that \$11,815.00 (dollars) he residents' trust fund ure which residents' money t account because (the coffice has everything. The ed the alleged allegation to ator). (V6) then contacted our Dur Corporate Office showed 730/24) and immediately M) and took everything out of orporate Trust Manager) is the e information now. We (the ng to find out what residents nd never received their items or their money back. We (the entified those residents yet. In to replenish the trust fund would fill out a check and either 6) would have to sign off on it. nopping for residents, that e had a copy of the receipt, put a the top of the receipt with and give a copy to the it down in the trust fund under unts. (V4) should have been ust fund reports to the ith withdrawal logs and the hat residents purchased. To one was overseeing (V4) in the ust fund or reviewing the logs. I ate Trust Manager) was having				

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IAVANA	HEALTH CARE CEN	TFR	TH HARPHAM	ISTREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
\$9999	reports from (V4) a (V4) would cash the drive around the bld and deposit money was the Administrati those occurrences. On 8/30/24 at 1:10 withdrawal logs for his trust fund accou- withdrawal 481.00 d would I spend that a stealing my money. that anyone has sto account." On 8/31/24 at 11:40 Party) stated the or purchased out of R new wheelchair. Ot not approved any p would have not ask a month at most. W nowhere to spend h very angry and ups stealing his money. notified me that (R1 his account." On 9/1/24 at 6:15 A withdrawal logs from for the months of Ja April 2024 and was did not sign anythin any money from his stated no-one from that money was mis stated, "I earned the	s well. The (local bank) stated e residents trust fund check, ock, then go back in the bank into her own account. (V3) tor in Training at the time of		DEFICIENC		

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	EFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED
		IL6004089	B. WING		C 09/10/2024	
					03/	10/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
HAVANA	HEALTH CARE CEN	TFR	TH HARPHAM , IL  62644	ISIREEI		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 14	S9999			
	On 9/1/24 at 6:30 AM, R33 reviewed the withdrawal logs from R33's trust fund accounts for the months of January, February, March, and April 2024. R33 stated, "My signature is forged on 1/24/24 for the withdrawal amount of 35.00 dollars and on 1/31/24 for the amount of 30.00 dollars." R33 also reviewed a withdrawal of 105.00 dollars on 1/19/24. R33 stated, "I would never request to take out 105.00 dollars here. What would I spend that on? I always request 5.00 dollars or 10.00 dollars to be taken out at a time. Look, you can see where I signed to take out 5.00 dollars, someone added a little one and zero in front of the five to make it look like I took out 105 dollars." R33 stated that the 2/19/24 cash withdrawal was not correct either and she did not take out 24.00 dollars and 50 cents. No signatures from R33 were present next to the withdrawal on the February 2024 withdrawal trust fund log. R33 was visibly upset and angry. R33 stated, "No one has even told me about this until you (this surveyor) showed me." On 9/1/24 at 8:25 AM V1 (Regional Director) stated no resident's or residents' representatives have been notified of the investigation regarding					
	(R1-R74's) trust fur On 9/1/24 at 10:36	AM, R75 stated that on				
	account was overd she had given V4 (l	notification that her bank rawn \$369 and prior to 6/20/24 BOM) her debit card and V4				
	bank statements ar charges from May	ard. R75 stated she requested nd there were unauthorized 15th to June 5th, 2024, for a				
	charges and R75 n	lollars that was not R75's otified V3 (AIT) that R75 taken 1028.49 dollars out of				

Illinois Department of Public Health           STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	IDENTIFICATION NUMBER.	A. BUILDING:			
	IL6004089	B. WING			C 10/2024
PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
HEALTH CARE CEN	TFR		ISTREET		
		ID			(X5)
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Continued From pa	ge 15	S9999			
reported she felt lik about it, and that R	e (V3) did not want to hear 75 almost had another heart				
withdrawal logs from for the months of Ja April 2024. R26 sta dollars to be taken 2024. I always mad money out of my ad	m R26's trust fund accounts anuary, February, March, and ated, "I did not request 15.00 out of my account in April le sure to sign when I wanted ccount. I was not told from				
withdrawal logs from for the months of Ja April 2024. R14 sta 124.00 dollars betw 2024, nor did he giv withdraw money from didn't even know I h	m R14's trust fund accounts anuary, February, March, and ated he did not withdraw veen January 2024 to April ve anyone permission to om his account. R14 stated, "I nad that much money in my				
stated around 7/22, pulled V6 aside at t take (the facility's) of (BOM). V6 stated, suspicious activity of trust fund account f have witnessed (V2 check from the resi money into her acc used marked bills t (V9) advised she ha	(24 V9 (Local Bank Manager) he (local bank) and told V6 to check book away from V4 "(V9) told me there was going on with the resident's from (V4). (V9) advised they 4) on several occasions cash a dent fund and deposit that ount. (V9) advised they had o confirm (V4) had done this. as since, notified (the facility)				
	OF CORRECTION PROVIDER OR SUPPLIER <b>HEALTH CARE CEN</b> SUMMARY STA (EACH DEFICIENCC REGULATORY OR L Continued From par R75's account wither reported she felt like about it, and that R attack. This allegatistic state agency. On 9/1/24 at 1:10 F withdrawal logs from for the months of Ja April 2024. R26 state dollars to be taken 2024. I always made money out of my acc anyone at the facilitistic On 9/3/24 at 9:55 A withdrawal logs from for the months of Ja April 2024. R14 state 124.00 dollars betw 2024, nor did he give withdraw money from didn't even know I H account. I am very my money." On 9/3/24 at 9:39 A stated around 7/22/ pulled V6 aside at to take (the facility's) of (BOM). V6 stated, suspicious activity of trust fund account for have witnessed (V4 check from the resisted money into her account for have witnessed (V4 check from the resisted (V9) advised she have	OF CORRECTION       IDENTIFICATION NUMBER:         IL6004089       IL6004089         PROVIDER OR SUPPLIER       STREET AI         HEALTH CARE CENTER       609 NOR         REALTH CARE CENTER       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 15       R75's account without R75's permission. R75 reported she felt like (V3) did not want to hear about it, and that R75 almost had another heart attack. This allegation was not reported to the state agency.         On 9/1/24 at 1:10 PM, R26 reviewed the withdrawal logs from R26's trust fund accounts for the months of January, February, March, and April 2024. R26 stated, "I did not request 15.00 dollars to be taken out of my account in April 2024. I always made sure to sign when I wanted money out of my account. I was not told from anyone at the facility that my money was stolen."         On 9/3/24 at 9:55 AM, R14 reviewed the withdrawal logs from R14's trust fund accounts for the months of January, February, March, and April 2024. R14 stated he did not withdraw 124.00 dollars between January 2024 to April 2024, nor did he give anyone permission to withdraw money from his account. R14 stated, "I didn't even know I had that much money in my account. I am very upset to know someone took my money."         On 9/3/24 at 9:39 AM, V6 (Prior Administrator) stated around 7/22/24 V9 (Local Bank Manager) pulled V6 aside at the (local bank) and told V6 to take (the facility's) check book away from V4 (BOM). V6 stated, "(V9) told me there was suspicious activity going on with the resident's trust fund account from (V4). (V9) advised they	OF CORRECTION         IDENTIFICATION NUMBER:         A. BUILDING:           IL6004089         B. WING           PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, ST           HEALTH CARE CENTER         609 NORTH HARPHAM HAVANA, IL 62644           SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         ID PREFIX TAG           Continued From page 15         S9999           R75's account without R75's permission. R75 reported she felt like (V3) did not want to hear about it, and that R75 almost had another heart attack. This allegation was not reported to the state agency.         S9999           On 9/1/24 at 1:10 PM, R26 reviewed the withdrawal logs from R26's trust fund accounts for the months of January, February, March, and April 2024. R26 stated, "I did not request 15.00 dollars to be taken out of my account in April 2024. I always made sure to sign when I wanted money out of my account. I was not told from anyone at the facility that my money was stolen."           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WING       PROVIDER OR SUPPLIER     STREET ADDRESS, OITY, STATE, ZIP CODE       BALTH CARE CENTER     609 NORTH HARPHAM STREET       HAVANA, IL 62644     PROVIDERS PLAN OF       SUMMARY STATEMENT OF DEFICIENCIES     ID       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     D       PREFIX     Continued From page 15     S9999       R75's account without R75's permission. R75 reported she fleti like (V3) did not want to hear about it, and that R75 almost had another heart attack. This allegation was not reported to the state agency.     S9999       On 9/1/24 at 1:10 PM, R26 reviewed the withdrawal logs from R26's trust fund accounts for the months of January, February, March, and April 2024. R26 stated, "I did not request 15.00 dollars to be taken out of my account in April 2024. I always made sure to sign when I wanted money out of my account. I was not told from anyone at the facility that my money was stolen."       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WING       09/         PROVIDER OR SUPPLER       STREET ADDRESS, CITY, STATE, ZIP CODE       609 NORTH HARPHAM STREET         HEALTH CARE CENTER       609 NORTH HARPHAM STREET       PROVIDERS PLAN OF CORRECTION         IEGLAP DEFICIENCY MUST BE PRECEDED BY FULL       ID       PROVIDERS PLAN OF CORRECTION         IEGLAP DEFICIENCY MUST BE PRECEDED BY FULL       ID       PREFUX ACCOMPREND TO THE APPROPRIATE         Continued From page 15       S9999       S9999         R75's account without R75's permission. R75       S9999         R75's account without R75's permission. R75       S9999         On 9/1/24 at 1:10 PM, R26 reviewed the       Withdrawal logs from R26's trust fund accounts for the months of January, February, March, and April 2024. R26 stated, ''I did not request 15.00         dollars to be taken out of my account. I was not told from anyone at the facility that my money was stolen."       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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6004089	B. WING		C 09/10/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
HAVANA	HEALTH CARE CEN	TER 609 NOR HAVANA,	TH HARPHAM IL 62644	ISTREET		
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S9999	Continued From pa	ge 16 til 7/30/24 (eight days after the	S9999			
	allegation was mad use to make withdr pooled trust fund ad did not suspend (V- suspended until 7/3 was 7/29/24." V6 v one with access to resident's pooled tr account) and that V resident's pooled tr On 9/3/24 at 1:35 F stated she just notif that R46 had report prepaid social secu charges were being immediately investi allegation on 8/30/2	le (V4) had the checkbook to awals from the residents' ccount (R1-R74's account). I 4) immediately. (V4) was not 60/24. (V4's) last day worked rerified that V4 was the only the check book to the ust fund account (R1-R74's '4's job was to manage the ust fund account." PM V1 (Regional Director) fied the state agency today ted V4/BOM had R46's irity card and fraudulent g made. V1 stated, "I did not gate R46 reporting this 24. I should have immediately event further fraudulent				
	Manager) stated the that was misappropresidents' pooled tr 11th, 2024, for 450. (Corporate) went the withdrawal logs from confirmed that there dollars that V4 had the residents." V7 monthly trust fund to	M, V7 (Corporate Trust e first check she is aware of priated by V4 (BOM) out of the ust fund account was January .00 dollars. V7 stated, "We rrough all the resident's m January 2024 to current and e was a deficit of 11,815.00 stolen without the consent of verified at this time that the withdrawal logs for the months July 2024 are missing.				
	(R46)" spoke with t 9/3/24. During the determined that R4	AM, V2 (AIT) stated "(V2) and he Social Security's office on phone call V2 stated it was 6 does have a pre-paid social nat there have been fraudulent				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			- (X3) DATE SURVEY COMPLETED C	
IL6004089					09/	10/2024
ME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST TH HARPHAM			
AVANA	HEALTH CARE CENT	TFR	, IL 62644			
X4) ID REFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
<ul> <li>S9999 Continued From page 17</li> <li>charges being made. V2 stated, "The social security's office stated they could only see August and September's 2024 charges. On 8/5/24 a fraudulent charge was made in the amount of 75.00 dollars and on 9/1/24 two fraudulent charges were made, one for 77.95 dollars and the other amount for 0.75 cents. The social security's office stated (R46's) account statements from 2023 to present would be sent to (the facility) within five to ten business days. The local police have not been notified by me or anyone at the facility of (R46's) fraudulent charges on his pre-paid social security card." V2 verified she did not immediately investigate the alleged allegation on 8/30/24 of V4/BOM having R46's pre-paid social security card with fraudulent charges being made and should have.</li> <li>On 9/04/24 at 12:20 PM, V3 (Prior AIT) stated R75 did report to V3 that R75 had fraudulent charges between 2,000 to 3,000 dollars taken out of her account on 6/20/24. V3 stated she did not do an investigation and did not suspend V4 at this</li> </ul>						
	time. V3 stated she agency R75's allegation and the state of the state	e did not report to the state ation on 6-20-24 of fraudulent le from R75's bank account.				