				CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		C 01/09/2025	
		IL6000996	B. WING			
JAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BLOOMIN	IGTON REHABILITA	TION & HCC	UTH MAIN STE			
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETI DATE
S 000	Initial Comments		S 000			
	Investigation of Fac 11/25/24 / IL18255	cility Reported Incident of 9				
S9999	Final Observations		S9999			
	Investigation of Facility Reported Incident of 11/25/24 / IL182559					
	Statement of Licen	sure Violations:				
	1 of 2 Section 300.1210 Nursing and Perso Section 300.12100					
	to assure that the r as free of accident nursing personnels	ary precautions shall be taken esidents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.				
	review the facility fa resident in his where falling forward out of sustaining a subara failure affected one	ion, interview and record ailed to safely transport a elchair resulting in the residen of the wheelchair and achnoid hemorrhage. This of three residents (R1) in the sample of three.	t			
	Findings Include:					
	dated 9/6/23 docur protocol is to guide prevention of falls v Environmental fact conditions can place	evention Program/Protocol ments the purpose of the facility staff regarding the within the facility. ors and certain medical ce residents at risk for falls.				
	ment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE
-1	cally Signed					02/02/25

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 01/09/2025		
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE ZIP CODE		00/2020
	NGTON REHABILITA	1925 SO	UTH MAIN STF			
		BLOOMI	NGTON, IL 61			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 1	S9999			
		y team with implement a all prevention plan to reduce for each resident.				
	documents R1 is di Diabetes, Anxiety,	noses List dated January 2025 iagnosed with Type 2 Congestive Heart Failure, and Neuromuscular Disorder.				
	documents R1 is co	a Set dated 11/20/24 ognitively intact, uses a , and is dependent on staff for				
	at risk for falls and	ed 12/23/24 documents R1 is staff were retrained to esidents safely on 12/19/24				
	ago (12/19/24) a st Director SSD) was from outside back i too fast as she pus door threshold and door frame which p chair onto the ground first into the ground stated he was sent had a brain bleed a R1 stated the ramp was in need of repa	PM R1 stated a couple weeks aff member (V6 Social Service pushing him in his wheelchair inside. R1 stated V6 was going hed his wheelchair through the the wheel of the chair hit the propelled him forward out of his nd. R1 stated he went face and was in extreme pain. R1 to the Emergency room and and skin tear to his right hand. o on the threshold of the door air and he thinks his wheel p ledge and went into the door				
	documents R1 fell returning inside afte documents R1 was	estigation Report dated 1/2/24 on 12/19/24 at 2:10 PM when er a smoke break. The report brought inside by staff (V6 hair and the wheel of his chair				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6000996	B. WING		C 01/09/2025	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BLOOMI	NGTON REHABILITA	TION & HCC	UTH MAIN STE NGTON, IL 61			
(X4) ID	SUMMARY STATEMENT 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 2	S9999			
	got caught on the c	loor jam/frame and resident				
	fell from his wheeld	chair onto the floor. R1 was				
		nospital where he received				
	treatment for sever					
		orrhage that was sustained as inserviced regarding proper				
		and safe transport. The				
	5	doorframe was repaired and made safe.				
	R1's Emergency R	oom Notes dated 12/19/24				
		seen in the Emergency Room				
	post fall at the facility. R1 is wheelchair bound					
		ve the knee amputation. R1				
		Ichair and struck the right side				
	of his head on the	ground.				
	R1's Head Comput	ed Tomography Scan results				
		cument R1 was seen for head				
		fall out of his wheelchair. The				
	scan revealed R1 s					
	subarachnoid hem	ormage.				
	On 1/8/25 at 2:00 F	PM V6 SSD stated she was				
		ck inside after a smoke break				
		ated there was a gap in the				
		ay. V6 stated as she brought				
		prway, the wheelchair wheel hit jerking motion/sudden stop of				
		fall forward and hit his face on				
		of R1's face was bleeding and				
		to his hand. R1 was yelling out				
	in pain.					
	On 1/8/25 at 11:28	AM V1 Administrator stated				
		rame/ramp did need repair.				
		xtend all of the way across the	•			
		ed a ledge on one side. R1's				
		nust've hit on the side of the				
		reated enough force that he he chair. V1 confirmed R1 did				
	rtment of Public Health					

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
		IL6000996	B. WING			C 09/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	NGTON REHABILITA	TION & HCC 1925 SO	UTH MAIN STR	REET		
BLOOM		BLOOMI	NGTON, IL 61	701		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT 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
S9999	Continued From pa	ige 3	S9999			
	Subarachnoid Hem hand due to the fall repairs to the doorv that went all the wa	cy Room and he sustained a lorrhage and skin tear on his . V1 confirmed the facility did way and installed a new ramp y across the entrance. V1 also e educated regarding safe ng residents.)			
	A					
	2 of 2					
	Section 300.3210 General					
	Section 300.3210t)					
	not subjected to ph	shall ensure that residents are ysical, verbal, sexual or e, neglect, exploitation, or f property.				
	failed to protect a re misappropriation of resident feeling dist This failure affected	and record review the facility esident's right to be free from funds which resulted in the traught, fearful, and angry. d one of three residents (R1) in the sample of three.				
	Findings Include:					
	documents residen misappropriation of establish an environ sensitivity, resident mistreatment. Misa property means the exploitation, or wron	Policy dated 9/15/23 ts are to remain free from property. The facility is to nment that promotes resident security, and prevent ppropriation of resident deliberate misplacement, ngful temporary or permanent belongings or money without				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BLOOMI	NGTON REHABILITAT		UTH MAIN STE NGTON, IL 61			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	(EACH DEFICIENC) REGULATORY OR L	/ 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	ge 4	S9999			
	documents R1 is di Diabetes, Anxiety, (oses List dated January 2025 agnosed with Type 2 Congestive Heart Failure, and Neuromuscular Disorder.				
	R1's Minimum Data Set dated 11/20/24 documents R1 is cognitively intact, uses a manual wheelchair, and is dependent on staff for transfers.					
	has the potential fo personal history of poor ambulation or wheelchair, and fra factors that increas dementia, confusio and giving away pe psychosocial well-b anxiety, disease pro	ed 12/20/24 documents R1 r abuse/neglect due to a physical vulnerability such as inability to ambulate/propel ilty/weakness. Underlying e vulnerability include n, poor judgment, wandering rsonal property. R1 also has a eing problem related to pocess, ineffective coping, lack urrent condition, lack of n.				
	11/25/24 before a s cash was missing f he doesn't know wh he believes someou money was given to his sister (V12) who facility. V12 gave hi	M R1 stated on Monday moke break, he realized \$305 rom his coat pocket. R1 stated hat happened to the money but he stole it. R1 stated the him on Sunday 11/24/24 by came to visit him at the m three \$100 bills. R1 stated his coat pocket because he	1			
	does not trust the fa or to give him acces wants/needs it. R1 night and the mone member V7 Certifie helped him to bed.	acility to keep his money safe ss to his money when he stated he went to bed that y was in his coat pocket. Staff ed Nurses Assistant (CNA) R1 stated staff members (V8 him dressed and up and ready				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
					с	
		IL6000996	B. WING		01/	09/2025
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BLOOMI	NGTON REHABILITA	FION & HCC	UTH MAIN STF NGTON, IL 61			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 5	S9999			
	in the morning. R1 stated when he got his coat on to go smoke, he noticed the money (\$300) was gone. R1 stated he knows someone took it because there were only staff that came in and out of his room and he did not take the money out of his pocket or do anything with it himself. R1 stated he wants to move out of the facility, and he is tired of living in a place where you can't trust the people who are supposed to help you and take care of you to do the right thing. R1 stated he is angry about the situation and nothing ever gets resolved. R1 stated that was the last of his money and now he has nothing. R1 stated he feels he can't have anything nice in the facility because it will come up missing, he can't keep his own money because it will get stolen, and he can't rely on the people (staff) that he is supposed to be able to rely on.		t 5			
	with the \$300. V7 s been there that day dollars. V7 stated h with his money in h bed so he would fee doesn't trust anyone office to keep his m others have had mo past. V7 stated the noticed his money w	PM V7 CNA stated he saw R1 tated R1's sister (V12) had and given him hundreds of e put R1 to bed and R1 slept is jacket and his jacket by his el it was safe. V7 stated R1 e and doesn't trust the front noney either. V7 stated R1 and oney come up missing in the next day (11/25/24) R1 was no longer in his coat knowing what happened to				
	on 11/24/24, she br clothes, and \$325 c \$100 dollar bills. V1 the money because staff to keep his thin	AM V12 (R1's Sister) stated rought R1 two cases of pop, cash which included three- l2 stated R1 wanted to keep the did not trust the facility ngs safe. V12 stated she feels g issue with theft because				

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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AME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
	NGTON REHABILITA		JTH MAIN STR NGTON, IL 61			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
RÉFIX 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	ige 6	S9999			
	whatever she bring within a short time.	s in for R1, will end up missing				
		PM V6 Social Service Director R1 reported he had \$300				
	missing from his co	oat. V6 alerted V1				
	Administrator and began an investigation. V6 confirmed the money was never found and the					
		hat happened to R1's money.				
	В					
	В					