

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Pana Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Sixth Street Road Pana, IL 62557	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident was free from misappropriation of property for one resident (R1) of three residents reviewed for misappropriation in the sample of 3. Findings include: R1's admission Record documented an admission Date of 11/26/24 and listed Diagnoses including Chronic Obstructive Pulmonary Disease, Arteriosclerotic Heart Disease, Atrial Fibrillation, and Diabetes Type 2. R1's Minimum Data Set, dated [DATE] documented that R1 has minimal deficits in cognition. R1's Care Plan dated 12/3/25 documented a problem area, Resident has potential to gift money to the staff. A Police Department Call Detail Report dated 12/4/25 at 3:11pm documented, (V1) called from the facility to let us know that (R1) whom is hospitalized at this time, a family member was alerted by card services that some money had been taken from his debit card that was at the facility. An IDPH Initial Report dated 12/4/25 documented, (R1) Alleged abuse: Misappropriation of property. An IDPH Final Report dated 12/11/25 documented, Power of Attorney (POA) called (12/3/25) and stated she received a text message that R1's debit card was used. Investigation initiated. (V7, Social Services Designee) spoke to POA and asked her to call the bank and ask if they can tell us a location and exact time the debit card was used. (Local) Police department was notified of the investigation. Interviews with the staff conducted. Interview with resident cannot be conducted at this time because he is in the hospital. Facility often has POA pick up ordered items that are delivered to the facility by the resident and staff are aware not to accept any gifts from resident as he often tries to give items to staff. Staff (are to) immediately report all of these incidents. Two housekeepers stated they had cleaned the room a few days before and placed a few cards in his top drawer. (V7) located the debit card and a credit card in the top drawer of his nightstand and returned it to family. After interviews were conducted with all staff on the hall at the time of the transactions, only one person was seen entering the resident's room and that was the housekeeper, she is required to enter the room twice a day to check the refrigerator temperature. She denies using or seeing any card. One other Certified Nursing Assistant (CNA) states she went into the room to get an attend from the closet and denies seeing or using any card, she admits to seeing cards laying around at other times but not the day in question. No residents seen in resident room although there is no video surveillance. At the time of the call from the POA, the card was immediately found in the resident top drawer where housekeeping had placed it a few days earlier. The POA discussed with bank and this facility discussed with vending machine vendor requesting investigation to a confined time and date of the cards use for the investigation. The vending machine company cannot confirm nor deny the exact date and time of use as charges are not exact. Administrator will follow up with resident when he returns from the hospital. A 12/3/25 screenshot copy from V5, R1's Power of Attorneys phone, documented V5 received alerts on that date at 11:49am and 1:13pm that a charge of \$1.35 and a \$5.00 account hold for each purchase was taken from R1's account. On 1/15/26 at 2pm, V5, R1's Power of Attorney, stated R1 is a very generous</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145267
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