

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2024
NAME OF PROVIDER OR SUPPLIER  Toulon Rehab & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  Highway 17 East Toulon, IL 61483	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>31682</p> <p>Based on record review and interview the facility failed to ensure a staff member treated a resident with respect for one of three residents (R1) reviewed for resident rights in the sample of three.</p> <p>Findings include:</p> <p>The facility's Resident Rights policy dated 11/2018 documents, Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.</p> <p>R1's BIMS (Brief Interview of Mental Status) dated 3-25-24 documents R1 is cognitively intact.</p> <p>The facility's typed interview statement dated 5-25-24 and received from V6 (RN/Registered Nurse) documents, I (V6) had told (R1) he could only have one cigarette due to tornado warnings being around us. Then (R1) went to call his mom (V7). I then said to (R1) what are you tattling to your mother about now?</p> <p>On 5-28-24 at 10:40 AM R1 stated, (V6/RN/Registered Nurse) called me a tattletale because I was talking to my mom. (V6) needs to learn some respect and not be so rude. I did not feel abused. I felt disrespected.</p> <p>On 5-28-24 at 10:50 AM V1 (Administrator-In-Training) stated, (V7/R1's Mother) reported to me that (V6) called (R1) a tattletale why he was on the phone. I immediately investigated. (V6) did not treat (R1) with respect.</p> <p>On 5-28-24 at 11:10 AM V7 stated, On 5-21-24 around 8:30 PM (R1) called me and wanted to know who to give his urology paperwork to. I heard (V6) say to R1 'Who are you tattling on now.' (V6) has a harsh voice and is rude to (R1).</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
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