STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145442	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Toulon Rehab & Health Care Center	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 30678 Based on observation, interview, and record review the facility failed to prevent staff physical abuse for one resident (R1) of three residents reviewed for abuse in the sample of four. Findings include: The facility's Abuse Prevention and Reporting policy and procedure, dated 9/2024, documents This facility affirms the right of our residents to be from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. This assumes that all instances of abuse of residents, even those in a coma, cause physical harm or pain or mental anguish. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking and controlling behavior through corporal punishment. This same policy documents Resident-to-Resident Abuse (of any type): A resident-to-resident altercation should be reviewed as a potential situation of abuse. Resident-to-resident altercations that include any willful action that results in physical injury, mental anguish, or pain must be reported in accordance with regulations. R1's medical record documents R1 with the following diagnoses: Dementia, Schizoaffective Disorder, Major Depressive Disorder, Anxiety disorder, and Generalized Idiopathic Epilepsy and Epileptic Syndromes. The Abuse/Neglect Screening for R1, dated 11/10/24, documents R1's risk measure for likelihood for a history of previous/recent mistreatment and/or potential future problems/symptoms related to mistreatment at a 6; Indicating high risk due to score greater than five. On 11/14/24 at 11:00 am, interview attempted with R1. R1 closed his eyes and when he opened his eyes, noted R1's eyes would roll up and only white sclera visible, then would lower eyes. R1 became tearful and began mumbling distorted words and not making sense. (continued on next page)

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

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 11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	The initial Abuse Investigation for R1, dated 11/10/24 documents an allegation of physical abuse to R1 by V8 Agency CNA/Certified Nursing Assistant was reported to V1 Administrator on 11/10/24 at approximately 4:18 am by V7 Agency LPN/Licensed Practical Nurse. V7 Agency LPN reported that (V8 Agency CNA) was assisting (R1) when (R1) became combative during the transition, (V8 Agency CNA's) hand made contact with (R1's) head during assistance. (V8 Agency CNA) suspended immediately. Investigation initiated. Police notified and Responsible Parties notified. 5 day to follow. The Progress Note for R1, dated 11/10/24 at 4:03 am, documented by V7 Agency LPN documents (R1) found on floor by CNA, Nurse responded and attempted to perform assessment and vitals but unable to do so due to resident being combative. Nurse received help from CNA to get the resident off the floor, when attempting to do so (R1) became combative with a male CNA in return the CNA struck (R1) on the left side of face. CNA was instructed to leave the residents room and 911 was initiated. Sheriff department and EMS (emergency medical service) responded. Nurse gave sheriff department details of incident. (R1) sent out to (local hospital) via EMS for further evaluation. Administrator and POA (Power of Attorney) notified via telephone. The Alleged Victim Interview form for R1, dated 11/11/24, documents I was asleep, and they came into my room. they woke me up and tried to take my pants off. I wouldn't let them. They called the police. I was in a dead sleep. I thought I was having a dream. R1 stated the incident occurred about 3:30 at night in his room. R1 stated he can't remember the staff names that told him Take all your clothes off - Take his socks. R1 reported he did not suffer injuries. The Alleged Perpetrator Interview form for V8 Agency CNA, dated 11/11/24, documents The nurse asked for help in (R1's) room. I went in (R1's) room with the nurse and two other staff members. (R1) was out of his bed and on the floor. (R1) was kicking and cursing and throwing his slippers at us. We placed the wheelchair close to him, we proceeded to lift him up off the floor and put him in his wheelchair. As soon as (R1) was placed in his wheelchair he punched me closed fisted on the right side of my face. I had a reflex and I hit (R1) open handed on the top of his head. After I hit him, I apologized. (R1) hit me closed fisted two more times on my shoulder area. (R1) went out to into the hallways cursing and yelling. On 11/15/24 V17 SSA/Social Service Assistant stated she did all the staff and resident interviews for R1's physical abuse allegation. V17 SSA stated she called all the staff who worked during the time of the allegation and wrote word-for-word everything they said. V17 SSA stated she did talk to V8 Agency CNA who did say he hit R1 and that it was reflex only and hit him open handed on the head. On 11/15/24 at 10:45 am, V1 Administrator stated she was notified on 11/10/24 at approximately 4:15 am by V7 Agency LPN that there was an altercation between R1 and V8 Agency CNA. V7 Agency LPN sent V8 Agency CNA home, called the local police, and R1 was sent out to the local hospital for evaluation. V1 Administrator stated she called V8 Agency CNA and told him he was not allowed back into the facility pending investigation and notified the staffing agency of the allegation. V1 Administrator confirmed V8 Agency CNA admitted to hitting R1 and has been added to the facility's DNR (do not return) listing.