

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Carlinville Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 751 North Oak Street Carlinville, IL 62626	

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 - 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** 42108</p> <p>Based on interview and record review, the facility failed to keep a resident free from misappropriation of property related to a staff member's use of a resident's money, for 1 of 3 residents (R3) reviewed for misappropriation in a sample of 8. This failure resulted in R3 having money stolen from bank account and feeling unsafe, like a fool, stupid and like a target. This past non-compliance occurred on 7/9/24 to 7/17/2024.</p> <p>Findings include:</p> <p>R3's Minimal Data Set, dated 5/30/2024, documents that R3 is cognitively intact.</p> <p>The facility's investigation documents On 7/16/2024, resident (R3), notified her bank of inconsistencies with her bank account. She filed a report with the bank. The bank did an investigation and determined that two staff members made several transactions using (R3's) (mobile payment application). The bank notified (Local) Police Department (PD) (report #) (Local) PD notified the facility. Upon receiving the initial concern on 7/17/2024, we initiated an internal investigation in accordance with our protocols. Our investigation involved interviewing residents, interviewing staff, reviewing the evidence and consulting our interdisciplinary team to ensure a thorough investigation. The findings of our investigation are as follows: 1. On 7/16/2024 (R3) reported to her bank that she had multiple charges to her account. The bank then reviewed the transactions with (R3) and they determined that these were fraudulent charges. The bank then notified (Local) Police Department of this incident. (Local) Police Department came to facility on 7/17/2024 and reported that the fraudulent charges were made by CNA (Certified Nursing Aid) (V9) and former employee (V8) (CNA). 2. Statements were collected from the staff that were working that night. a. (V9) (CNA) reports that (R3) had asked her to order pizza. V9 saved (R3's) card to her phone so she could place the order. She reports that she forgot to delete the card and that her cell phone made the debit card her default card. She reports that she didn't realize that it wasn't her card but when she did, she notified (R3) and they called the bank together. When questioned about (V8) charge, she reported that she sent him \$100 because he asked her for \$100 and that she gives him money all the time. 3. (R3) reports that she asked (V9) (CNA) to order pizza for the hall. R3 states she took her debit card out and laid it on her bedside table and then she thinks she must have fallen asleep. When she awoke, she changed her mind and decided it would cost too much to order pizza for the entire hall. It also documents 4. At the conclusion of our investigation, it was determined that the allegation of abuse was substantiated due to the evidence provided to both the resident and staff. We will be submitting a past non-compliance for misappropriation of resident's property. All information was taken into Consideration during this investigation.</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: 145454	If continuation sheet Page 1 of 4

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<p>F 0602</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R3's bank Statement documents Current & Previous Cycle documents: multiple transfers from R3's Account to V9 (mobile payment application) totaling \$678.70, \$100 to V8 (mobile payment application) and additional store charges for total of \$750.</p> <p>R3's Police Report, dated 7/17/2024, documents Initial Report Debit Card Fraud On 07/17/24 I (V13) was requested to (Local) Bank to speak with Branch Manager (V10). (V10) said she had a customer named (R3) with fraudulent activity on her account. R3 is currently living at (facility). (V10) had started the fraud dispute paperwork and she provided copies of the suspected transactions. (V10) said the suspects were (V8, CNA) and (V9, CNA). I then went to (facility). I spoke to (V14) and (V2, DON). They did confirm (V8) was a former employee with (facility) and (V9) is a current employee. I then went and spoke to (R3). (R3) said she did not give permission for (V8) or (V9) to use her debit card. (R3) said she did speak to one of the employees about buying pizza for some of the residents but the pizzas were never delivered. (R3) could not remember who she spoke to about the pizzas. (R3) was able to show me her debit card. Whoever obtained the debit card information would have had to have access to R3's room. I was able to review the paperwork provided to me by (V10). The debit showed multiple transfers to the financial application (mobile payment application) with the name (V9). On 07/14/24 a \$50.00 dollar transfer was made to (V9). On 07/12/24 \$350 was transferred to the (mobile payment application) under the name (V9). On 07/11/24 \$449.86 was transferred through the (mobile payment application) to (V9). On 07/09/24 \$300.00 was transferred to (V9) through the (mobile payment application). The total amount transferred to (V9) is \$1099.86. Charges were also made to (online retail store) on 07/09/24, 7/10/24, and 07/12/24 for a total of \$283.05. On 07/09/24 \$100.00 was transferred through the (mobile payment application) to (V8). It is believed Lock is short for (V8).</p> <p>On 8/21/2024 at 11:39 AM, R3 stated that some staff are rude, and others are nice. R3 stated that she has had an incident where she felt wronged. R3 stated that she wanted a debit card and with the help of the staff she was able to go to the bank and get a debit card. R3 stated that she had the card on her over bed table. R3 stated that (V9), was caring for her that day and had taken care of R3 for a long time. R3 stated that she informed (V9) that she wanted to buy pizza for the other residents on the hall. R3 stated that (V9) informed her that it would be close to \$200. R3 stated that this was too much for her and did not want to do it and told (V9) this. R3 stated that later she was informed that (V9) had used R3's debit card, transferred money, made purchases and even given money to other people. R3 stated that she took at least \$600. R3 stated that she did not give (V9) permission to use her card or save R3's information in her phone. R3 stated that she is not sure how (V9) got it. (V9) must have taken a picture. R3 stated that she feels sad and like a fool. R3 looking down and eyes [NAME] with water. I feel so stupid. I trusted her. How? Why would she do that to me? R3 stated that she does not feel safe and that she feels like she is being looked at as a target.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/19/2024 at 2:28 PM, V9, CNA stated that (R3) told her that she wanted to buy pizza for the residents. V9 stated that she was going to order it online. V9 stated that she entered (R3's) card information into her phone. V9 stated that she left the room and went to help other residents. V9 stated that when she returned (R3) was asleep. V9 stated that she did send money to her (mobile payment application), made purchases, and sent money to other people. V9 stated that she was not aware that she was using (R3's) card. V9 stated that the information must have gone to her electronic wallet. V9 stated that when (R3) told her this she and (R3) called the bank and tried to fix it. V9 stated that she has not returned the money. V9 stated that she does not know how much it is. V9 stated that she is waiting on the States's Attorney's office to contact her and tell her what she needs to pay. V9 stated that she thought she was using her own money but when she found out she did not tell the facility and that's her fault. V9 stated that she did use (R3's) money and when she found out she should have said something to her boss but she didn't and takes responsibility for what she did.</p> <p>On 8/22/2024 at 3:26 PM V10, Local Bank Manager, stated that the bank noticed that there were some fraudulent charges on (R3's) account. V10 stated that the bank investigated it and found the charges and transfer of cash was not authorized by the account holder. V10 stated at that time she notified the police. V10 stated that they were able to identify (V9) as the unauthorized user and this was notified to the police. V10 stated that the bank card was closed, and the account holder was notified.</p> <p>The facility's Abuse, Prevention and Prohibition Policy, dated 01/24, documents STATEMENT OF INTENT: Each resident has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals. POLICY: This facility prohibits mistreatment, neglect, or abuse of residents. This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This presumes that all instances of abuse, even those residents in a coma, can cause physical harm, pain, or mental anguish. The facility also prohibits misappropriation of resident property. The residents must not be subjected to abuse by anyone. The facility will educate all employees upon hire and at least annually of the definitions of the Abuse Prevention and Prohibition Policy including definitions pertaining to abuse and neglect. Annually, the Administrator will contact local law enforcement to review the requirements for reporting to law enforcement. It also documents Misappropriation of Resident Property is defined as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. Mistreatment Means inappropriate treatment or exploitation of a resident. Willful as defined in the definition of abuse, and means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p> <p>The deficiency practice that began on 7/09/24 was corrected on 7/17/24 after the facility took the following actions to correct the noncompliance prior to the start of current survey:</p> <ol style="list-style-type: none"> 1. Social Service Director provided residents with emotional support and reassurance. The Social Service Director provided Trauma Assessment 2. AD HOC QAPI meeting was held to discuss the investigations and theft of resident items. It was also determined that the facility would develop a past non-compliance to address the issue. <p>(continued on next page)</p>		

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F 0602 Level of Harm - Actual harm Residents Affected - Few	<p>3. The Director of Nursing notified the Medical Director of the investigations and theft of resident monies. He was additionally notified that the facility would develop a past non-compliance to address the issue.</p> <p>4. R3 was offered a lock box for their room to keep their valuables.</p> <p>5. V9 and V8 employee files was reviewed. It was noted that pre-employee screening was done including reference checks and background checks. At the time the report was made, V8 was not employed at the facility. V9 employment was terminated following the outcome to the investigation.</p> <p>6. AD HOC QAPI was held to discuss the conclusion of the investigation. The past non-compliance was also discussed, and it was determined that the facility would allege compliance on 7/17 /24 the Medical Director was updated as well.</p> <p>7. The resident was notified by the financial institution that the money would be reimbursed to the account.</p> <p>8. The Director of Nursing initiated all staff education on the Abuse policy with special focus on theft of resident items. All staff receive an education prior to working.</p> <p>9. In servicing is ongoing with all staff on not using resident personal property. They need to report to the abuse coordinator if the resident is unable to keep personal items so we can supply a lockbox or give it to family for safekeeping.</p> <p>10. Audits are in place related to the abuse deficiencies cited during the annual survey. The facility will continue to audit through the plan of correction and address any issues identified.</p> <p>11. Compliance Achieved 07/17/2024.</p>		