

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145464	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2026
NAME OF PROVIDER OR SUPPLIER Hammond-Henry District Hsp		STREET ADDRESS, CITY, STATE, ZIP CODE 600 North College Avenue Geneseo, IL 61254	
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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. Based on interview and record review, the facility failed to protect a resident from misappropriation of property for one of three residents (R1) reviewed for misappropriation of property in a sample of three. Findings include: The facility's Long Term Care Abuse and Neglect Procedures, revised 10/8/2025, documents, It is the policy of this hospital that all residents will be free from abuse, neglect, exploitation, mistreatment, including injuries of unknown source, involuntary seclusion, and/or misappropriation of property. This form documents that misappropriation of resident property is the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent. This form documents that if an allegation is made that involves an employee, that employee will immediately be suspended pending the result of the review. The facility's Final Report Misappropriation of Property/Theft, dated 6/12/26, documents that V8 (Environmental Services Staff) found R1's credit card on 6/6/26 in the hallway of the hospital. V8 was off on Monday, so the card was given to V3 (Plant Services Manager) on Tuesday morning. This form documents that due to not recognizing the name on the card, it was taken to lost and found, where V9 (Supervisor) thought it was a long-term care resident. On Wednesday, June 10, 2026, R1 stated that 5 unauthorized transaction attempts were made on his credit card on 6/5/26-6/9/26. This form documents that R1 went into the hospital on Thursday but did not take his wallet. This form documents on 6/5/26 at 10:16am, V4, Housekeeper, was seen entering R1's room to clean. At 11:36am V4 was seen walking towards the area where the card was found. V4 was seen grabbing into her side pocket on her pants as she walked around a pillar. V4 sat down in the chair and appeared to bend down. V4 then immediately got up and went back down the hallway toward maintenance/laundry. On 6/12/26 at 1:30pm, V4 was notified that R1's credit card was compromised and that videos of her in the spot where the card was found. V4 stated that she found the credit card on the floor of the resident's room. V4 stated that she took it, carried it to the hospital's main hallway, and left it on the floor so that someone could find it and return it to the owner. V4 was immediately terminated. V1 provided V4's work schedule, which was 6/5/26, 6/6/26, and 6/7/26, indicating that V4 worked 6/6/26 and 6/7/26 after R1's credit card was found. On 6/27/26 at 9:10am, V1, Administrator, stated that R1's credit card was found in the main hospital area on 6/6/26 by V8, but V8 did not turn it in until 6/9/26. V1 stated that after reviewing the video surveillance, V4 was seen entering R1's room, then walking around to the area where R1's card was found. V1 stated that it appeared V4 took something out of her pocket and sat down in the chair. V1 stated that V4 then immediately got up and walked back where she came from. V1 stated that V4 was terminated. V1 stated that V8 was unsure as to what to do with the credit card, because her direct supervisor was off, so she held on to it till they next day, when they worked together. V1 verified that the allegation of theft investigation was not initiated until 6/9/26, three days after the credit card was found. On 6/27/26 at 11:50am, R1 stated that V1 brought his credit card to him and told him it was found in the hallway of the hospital. R1 stated that he was not in the area where the card was found. R1 also stated that he did not take his wallet with him when he went into the hospital. R1 stated that he called the credit card company, and there were five attempted charges on two different days. R1 stated that one was at an apparel shop, and the others were from Amazon. R1 verified that all the (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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145464	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2026
NAME OF PROVIDER OR SUPPLIER Hammond-Henry District Hsp		STREET ADDRESS, CITY, STATE, ZIP CODE 600 North College Avenue Geneseo, IL 61254	
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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	orders were declined by the company. R1 stated that he cancelled the card. R1 also stated that V4 had to really dig for the card because he had it hidden at the bottom and back of his nightstand drawer. R1 stated that he hasn't used the card for over a month. On 6/27/26 at 1:00pm, V7, Human Resources, stated that V4 was terminated on 6/11/26.		