

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/24/2026
NAME OF PROVIDER OR SUPPLIER Montgomery Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE State Route 127 Hillsboro, IL 62049	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure one (R1) resident was free of sexual abuse from one (R8) resident reviewed for abuse in the sample of 8. This past non-compliance occurred from 1/9/2026-1/13/2026. Findings include:On 3/23/2026 at 12:41 V3, Assistant Director of Nursing (ADON) stated R1 reported allegation to her spouse and R1's spouse notified the facility. V3 stated she came in to the facility on 1/9/2026 to do a skin assessment. V3 stated R1 had no injuries.On 3/23/2026 at 12:45PM V2 Director of Nursing (DON) stated she got a statement from R1. V2 stated R1 stated she was sitting on side of bed without any pants on. V2 stated R1 stated that R8 entered her room in his wheelchair and touched her privates. V2 stated R1 reported she slapped R8 and he left her room. V2 stated the camera footage was reviewed and R8 was observed entering R1's room in his wheelchair and exiting a short time later. V2 stated R8 was moved to the 400 hall which is a hall where would be more visibility due to more staff passing through V2 stated R8 was placed on a 1:1initially and then phased down to 15 minutes checks. V2 stated this behavior is out of character for R8 and stated he has never been inappropriate with female residents. V2 stated R8 had a urinary tract infection at that time. V2 stated R8 did admit to touching R1 and stated it would never happen again. V2 stated R8 is to be the first one down for bed and the last one up on days. On 3/23/2026 at 12:58PM V1, administrator stated he came to the facility for abuse investigation. R1 stated, but felt would be best if V2, DON did the interview. V1 stated felt R1 may be more comfortable talking with a female. V1 stated the video footage was reviewed and did show R8 entering R1's room and exiting short time later. V1stated during interview with R8, R8 admitted he had touched R1. V1 stated the police was notified and did come to the facility. V1, informed surveyor that had interviewed residents and staff as part of investigation.The facility reported incident dated 1/9/2026 documents On 1/9/26 at 18:20 resident, R1's , husband reported to staff nurse that resident had reported an altercation that occurred around 0500 this morning. Admin (Administration) was immediately notified of allegation. Local police department was notified at 1847. MD (medical doctor) was made aware of allegation at 1900. Deputy arrived at facility at 1905 and interviewed resident and husband at that time. Full skin assessment was completed at 1922 and no new skin alterations were noted. Local PD (police department) ombudsman, attending physician and responsible party of allegation of abuse. Administrator, DON, and Deputy reviewed facility camera footage and found resident, R8, entering R1's room at approximately 0500 the morning of 1/9/26. R8 was interviewed by administrator at 1928 and admitted to entering R1'ss room without permission and touching her in the perineum, resulting in her slapping him in the face twice. R1's face sheet, undated documents a discharge date d of 2/12/2026, R1's face sheet documents a diagnosis of Hemiplegia and Hemiparesis following cerebral infarction, affecting Right dominant side, localized edema, iron deficiency anemia, Vitamin D deficiency unspecified, bipolar disorder, unspecified sequelae of nontraumatic intracerebral hemorrhage. R1's care plan dated 12/31/2025 documents R1 requires staff assistance with Activity of Daily Living (ADL) related to her weakness and impaired mobility. R1's Minimum Data Set (MDS) MDS dated [DATE] documents a Behavior Interview of Mental Status a (BIMS) of 10 . With score 8-12 moderately impaired cognition. (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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's MDS documents R1 requires partial to moderate assistance-helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort for oral hygiene, toileting hygiene, bathing, dressing and personal hygiene. Eating supervision or touch assisting. R8's undated face sheet documents R8 has a diagnosis of unspecified Dementia moderate, without behavioral disturbances, psychotic disturbance, mood disturbance and anxiety, Acute kidney failure.R8's MDS dated [DATE] documents BIMS 3 with severely impaired cognition. R8's MDS documents personal hygiene, toileting hygiene, bathing, and personal hygiene R8 requires substantial /maximal assist -helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. Dressing partial to moderate assistance- helper does less than half care Eating supervision or touch assistance. The facility Abuse and Prevention Program dated, revised 9/29/2022 documents abuse is the willful infliction of injury, unreasonable confinement intimidation, or punishment with resulting physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse and mental abuse. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm The facility Resident Rights dated revised 8/2022 documents Freedom from abuse and neglect, and exploitation; the resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the residents' medical symptoms'.Prior to the survey dated the facility took the following actions to correct the non-compliance: R1 no longer resides at the facilityEducation on abuse prevention policy with emphasis on residents with sexual behaviors and awareness of at-risk residents provided 1/9/2026.Education on resident supervision policy with emphasis on wandering residents/ residents with sexually inappropriate behaviors and at-risk residents provided to staff 1/9/2026All abuse/ neglect risk observations updated with completion 1/13/2026Victims room change to area located on all female unit completed 1/13/2026.Behavior tracking of sexual behaviors was reviewed and revised for all residents who exhibit behaviorsCare plans for residents with sexual behavior reviewed and revised as necessary.Director of Nursing (DON)/ Designee will audit facility activity reports daily for any residents who exhibit sexual behaviors 5 times weekly x 4 weeks, then 3x weely for 4 [NAME].Administrator/ Designee will conduct random staff and resident interviews 3x weekly x 4 weeks focusing on any reports of potential abuse.</p>		