

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER Piper City Rehab & Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Maple Street Piper City, IL 60959	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on interview and record review the facility failed to provide notice prior to transfer/discharge that included the right to an appeal and the contact information for the advocacy and protection agency for individuals with mental illness for one (R4) of four residents reviewed for involuntary transfer in the sample list of four.</p> <p>Findings include:</p> <p>The facility's Notice of Transfer and Discharge policy dated as revised October 2022 documents a statement of the resident's right to an appeal, the contact information to file an appeal, and the contact information for the advocacy and protection agency for individuals with mental illness will be included in all written notices of transfer or discharge.</p> <p>The Facility's Notice of Closure letter dated 11/4/24 sent to residents and resident families documents the facility will be permanently closed as of 1/1/25. This written notice does not include the right to an appeal, how to file an appeal, or the contact information for the advocacy and protection agency for residents with mental illness.</p> <p>R4's Census documents R4 admitted to the facility on [DATE] and discharged on [DATE]. R4's ongoing Diagnosis List documents R4's diagnoses include Bipolar Disorder, Anxiety Disorder, and Cognitive Communication Deficit. R4's Minimum Data Set, dated dated [DATE] documents R4 has moderate cognitive impairment.</p> <p>R4's Nursing Note dated 11/4/24 at 10:00 AM documents V1 Regional Director of Operations met with R4 to notify and discuss the facility's plan to close. This note documents R4 asked the facility to speak with V11 (R4's Family) and R4 needed time to consider R4's options. A message was left for V11 and a letter was mailed to V11 to notify of the facility's plan to close. There is no documentation in R4's medical record that R4 or V11 (R4's Family) was provided written notice that included the right to and how to file an appeal or the contact information for the advocacy and protection agency for residents with mental illness, prior to R4's discharge from the facility.</p> <p>On 11/19/24 at 8:33 AM V3 Social Services Director stated corporate staff spoke with the residents and families about the facility's closure and to determine where to send referral packets. V3 stated R4 was anxious about leaving, since R4 was one of the residents who had resided in the facility the longest.</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
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NAME OF PROVIDER OR SUPPLIER Piper City Rehab & Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Maple Street Piper City, IL 60959	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/19/24 at 11:19 AM V1 Regional Director of Operations confirmed the written notice provided to R4/V11 did not include the right to an appeal, the contact information to file an appeal, or the contact information for advocacy agency for individuals with mental illness.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on interview and record review the facility failed to document coordination of discharge planning for one (R4) of four residents reviewed for involuntary transfer in the sample list of four.</p> <p>Findings include:</p> <p>The Facility Closure and Relocation Plan dated 11/1/24 documents 1/1/25 as the facility's planned closure date and the facility will meet with residents and their representatives to discuss alternative placements and provide assistance with resident transfers.</p> <p>R4's Census documents R4 admitted to the facility on [DATE] and discharged on [DATE]. R4's ongoing Diagnosis List documents R4's diagnoses include Bipolar Disorder, Anxiety Disorder, and Cognitive Communication Deficit. R4's Minimum Data Set, dated dated [DATE] documents R4 has moderate cognitive impairment. R4's Care Plan dated 3/9/24 documents R4/V11 (R4's Family) are in favor of long term placement and there is no discharge/transfer potential at this time and only ask about discharge annually due to this causes R4 distress.</p> <p>R4's Nursing Note dated 11/4/24 at 10:00 AM documents V1 Regional Director of Operations met with R4 to notify and discuss the facility's plan to close. This note documents R4 asked the facility to speak with V11 (R4's Family) and R4 needed time to consider R4's options. A message was left for V11 and a letter was mailed to V11 to notify of the facility's plan to close.</p> <p>R4's Nursing Note dated 11/13/24 at 10:32 AM documents a voicemail was left for V11 to inform that R4 is in the process of being transferred to another facility. There is no documentation of coordination of discharge planning with R4 or V11 after the note on 11/4/24 and prior to this note.</p> <p>On 11/19/24 at 8:33 AM V3 Social Services Director stated corporate staff spoke with the residents and families about the facility's closure and to determine where to send referral packets. V3 stated R4 was anxious about leaving, since R4 was one of the residents who had resided in the facility the longest.</p> <p>On 11/19/24 at 9:40 AM V2 Resident Care Coordinator/Licensed Practical Nurse stated V1 Regional Director of Operations documented the residents' discharge planning on paper nursing notes. At 11:10 AM V2 and V3 confirmed they had not documented discharge planning in R4's medical record. V3 stated V3 spoke with V11 either on 11/7/24 or 11/8/24 regarding discharge planning and referrals were sent to three facilities, who declined to admit R4. V3 stated V11 was then in agreement to send a referral to (sister facility) where R4 was accepted and discharged to.</p> <p>On 11/19/24 at 11:00 AM V1 stated V2 was responsible for R4's discharge planning and V2 spoke to V11 to confirm R4 wanted to transfer to (sister facility). V1 confirmed discharge coordination/planning should be documented in the progress notes of the resident's medical record.</p>		