

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2025
NAME OF PROVIDER OR SUPPLIER Medina Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 402 South Center Street Durand, IL 61024	
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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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: 145495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2025
NAME OF PROVIDER OR SUPPLIER Medina Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 402 South Center Street Durand, IL 61024	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the safety of a dependent resident who was left outside in the sun for two hours without water or a way to call for help. This applies to 1 of 3 residents (R1) reviewed for safety and supervision in the sample of 6. This failure resulted in R1 being transferred to an acute care hospital for treatment of heat exhaustion, sun burn, hypoxia, and altered mental status. The Immediate Jeopardy began on 9/14/25 when R1 was assisted outside in her reclining wheelchair and placed directly in the sun without staff supervision and monitoring in place for two hours. V2 (Assistant Administrator) was notified of the Immediate Jeopardy on 9/19/25 at 11:25 AM. The surveyor confirmed by observation, interview, and review that the Immediate Jeopardy was removed on 9/19/25, but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training. The findings include: R1's face sheet showed she was admitted to the facility 11/3/2009 with diagnoses to include rheumatoid arthritis, reflex neuropathic bladder, major depressive disorder, scoliosis, encephalopathy, acute kidney failure, hyperkalemia, muscle spasm, anxiety disorder, peripheral vascular disease, and venous insufficiency. R1's facility assessment dated [DATE] showed she has no cognitive impairment and is dependent on staff for all cares. R1's care plan initiated 4/15/2010 showed, [R1] has a diagnosis of rheumatoid arthritis, which has caused her to have limitations in her ROM (range of motion), she is also obese, which has limited her mobility. [R1] requires total to extensive assist with ADL's (activities of daily living) and mobility. R1's care plan initiated 11/2/2017 showed, [R1] requires total care with all ADL (activities of daily living) tasks. R1's care plan did not include anything regarding R1 going outside or a plan for time limits. On 9/18/25 at 1:16 PM, R1 was observed at the local hospital. R1 was lying in bed with IV access to her right arm. R1's face, neck, and chest were visibly red. R1 said, I came here because I got too much sun, that is what happened. I don't remember going out and I don't remember coming back in. R1's 9/14/25 nursing note entered at 3:46 PM showed, The resident was observed outside, unresponsive by a CNA. This nurse obtained vitals, sternum (sternal rub) the resident and she did respond. The resident's oxygen dropped, and oxygen was administered, and oxygen jumped back up to 91%. This nurse gave the resident water, and she was drinking that with no issues, cold compress was applied to face, both arms and legs and was effective. The resident has been sent to [acute care hospital]. R1's Acute Care Hospital documents dated 9/14/25 showed, Chief Complaint. Altered Mental Status. HPI (History of Present Illness) Patient presents by EMS (Emergency Medical Services) from [Long Term Care Facility]. They called for Altered Mental Status. Per EMS she was apparently outside for 2 hours today. She was then apparently not acting like herself. EMS reports she would answer some questions, but other times would just stare at them. Patient doing the same upon arrival here. Patient appears sunburned. She has no specific complaints at this time. EMS reports she was hypoxic to 88% on room air. Physical Exam. Contractures to both hands/arms. Skin: Sunburn to her face, shoulders, and upper chest areas that were exposed with the shirt she is currently wearing. ED Course as of 9/14/2025. Patient presents with above complaint. Was apparently left outside for 2 hours today in the sun. Has sunburn to her face and upper body. I called and spoke with the nursing home. Reports that she was out there for 2 hours. Per the notes, the patient was initially unresponsive. She still seemingly somewhat confused here but is much more alert than arrival. She was hypoxic upon arrival, which has also improved. CMP with an elevated creatinine. Due to the hypoxia D-dimer was obtained which was elevated. Diagnosis: After the evaluation in the Emergency Department, my clinical impression is 1. Acute cystitis without hematuria, 2. Heat exhaustion, initial encounter, 3. Sunburn, 4. Hypoxia, 5. Altered Mental Status. R1's Acute Care Hospital documented dated 9/15/25 showed, Assessment and Plan: . [AGE] year-old female brought in from [nursing home] . for being left out in the sun too long. She was found to be confused, sun burned, and have signs of UTI/dehydration. We will admit. Vitals on arrival show soft/normal BP (blood pressure) 110s, low grade temp 99, slightly hypoxic to 88. Exam shows patient to be dry, sunburnt. On 9/17/25 at 10:02 AM, V6 CNA (Certified Nursing Assistant) said, [R1] asked me to push her outside after lunch. Then I asked her the time limit because it is usually 10-20 minutes. It wasn't all that hot right then. She asked for 20 minutes to be outside. I used the walkie (handheld communication device) and said [R1] was outside and wanted 20 minutes. When I went inside, I told the girls at the desk too. I honestly don't remember who was at the desk, I just know there were 2-3 people there. I told them she wanted 20 minutes. I worked that day from 4:00 AM - 1:30 PM but I think I left at about 1:45 that day. [R1]</p>		