

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: 145495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/29/2026
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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review the facility failed to protect residents from verbal abuse from staff. This applies to 2 of 4 residents (R1, R2) reviewed for abuse in the sample of 4. The findings include: R1's Physician's Order Sheet dated June 2026 shows that R1 has diagnoses including Alzheimer's Disease and Vascular Dementia. R2's Physician's Order Sheet dated June 2026 shows that R2 has diagnoses including Dementia and Encephalopathy. On 6/29/26 at 9:55AM R4 stated, (V4- CNA- Certified Nursing Assistant) was trying to provide care of some kind (to R2), I don't remember what and (R2) wouldn't listen. I heard (V4) say, You better roll over or I'm going to get the nurse to give you a shot and it is going to hurt. I thought that is not going to make her listen to you. (V4) was here a lot- she went on vacation for a week and then she was back so yes, she was regular staff here. She was not a very nice CNA. Not friendly at all. When she said that to (R2) I couldn't believe she was threatening her like that and I lost a lot of respect for her. I just thought she should be doing her job. I said something to another CNA about her but not about that exact thing. She has not been back since. At least that I have seen. Sometimes (R2) is difficult to work with but that does not excuse (V4's) behavior. She just needs to do her job. I have no issues with her as a roommate. On 6/29/26 at 10:55AM, R3 stated, One CNA was always abrupt. (R1) sometimes doesn't cooperate, she has Dementia. This CNA was kind of forceful- not in a physical manner but verbally. She always seemed kind of lazy to me. Never saw her work a lot. Liked to walk to hallways but really not doing much. Never called (R1) a name or anything. Got a little loud at times. (R1) is not hard of hearing. She is stubborn as hell- has been for 58 years. (R1) requires full assistance with everything. This CNA (V4) was always in a hurry. Get things done and get out of the room and get on her way. She never did or said anything to me. I am pretty easy going. That was just her way of working- her way of doing things. (R1) is a little heavier than (V4) so I imagine it is hard for her to turn her and take care of her. If I said she said Get your a** over here last week then that is what she said. I can't remember if it was a** or s**. I have not seen (V4) lately and that is a good thing. On 6/29/26 at 10:15AM V5 (CNA) stated, I've heard from residents like (R4)- her roommate (R2) is sometimes with it and sometimes she can be difficult, and it is the tone that (V4- CNA) says things. I've been in the halls, and I've heard (V4) and it sounds like she is yelling at the residents- like she doesn't explain what she is doing- she just goes in there and starts doing it. I've heard complaints from residents and other CNAs have noticed it too. Other CNAs and Nurses have seen it. No verbal cussing or anything, just the tone and the yelling. Last Tuesday or Thursday, I went to (V2-DON-Director of Nursing) and then to (V6- Social Worker) and they were just like Thank you for reporting this and they went and got (V4) and sent her home. They went and talked to the residents (R3 and R4) and got more information from them. I never heard anything that the residents reported to them. (V4) has not worked here very long, less time than me. She wants everyone to help her, but she won't help anyone else. She has not been back since that day. On 6/29/26 at 11:35AM V6 stated, The CNA (V5) reported to the (V2- DON) that he had concerns with another CNA. (V5) stated that concerns had been brought to him from (R3) and (R4). He also voiced concerns that the (V4) was not friendly with staff and not working with the others on the floor- although that is not really relevant to this investigation. I went into (V1's -Administrator's) (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 06/29/2026
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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	office and had the (V3- ADON) pull (V4) from the floor. We told (V4) she was under investigation but couldn't give her too much information as to why. I walked (V4) out of the building after taking her radio and her badge, so she had no way to access the building, and I made sure she got in her car. As she was leaving, she asked if she could work her shift on Friday and I told her it was pending my investigation. Then I went and spoke to (R3). He told he didn't think (V4) was the brightest of ladies. He said nothing physical had ever happened but then I asked him if (V4) had ever cussed at him or his wife and he said there was this one time when she said, Get your a** over here to (R1- R3's wife). I asked (R3) how that made him feel and he said it was whatever. He said, 'my wife can be difficult, I told my wife she needs to cooperate.' I told (R3) that does not give (V4) the right to talk to her like that. Then I went and spoke to (R4). She said (V4) is not a nice lady. She had had difficulty with (R2), her roommate. She would come in the room and say, How are we going to act today? and that just set the tone for a bad day. One time she came in, and (R2) was being resistant and (V4) told (R1) if she didn't behave, she was Going to get the nurse to give her a shot and it was going to hurt. That was a big alarm for me. Basically, she was saying if you don't do what I want you are going to get hurt. That is not how we treat residents here. (R4) said it made her feel bad for (R2) and she didn't like it when that CNA was around. She had a real issue with (V4's) approach. It was almost like (V4) got really agitated when the residents didn't cooperate. I called (V4) the next day and told her she was terminated and she said she was ok with that. I called (R2's) POA and explained the situation and she was satisfied with our actions. It is basically a he said she said but I don't know any situation where a person is actually going to admit to saying something like that. Do I think she was trying to be abusive, probably not but that is not how we speak to residents in our facility. The facility abuse investigation dated 6/24/26 states, Upon conclusion of my investigation, I find that the allegations of verbal abuse involving residents (R1) and (R2) are substantiated based upon the witness statements obtained during the investigation. In order to protect the health, safety, and well- being of the residents entrusted to our care, (V4) will no longer be permitted to work with residents or be present on (Facility) property. The facility policy entitled Abuse, Neglect and Exploitation Policy dated 5/2025 states, It is the policy of this facility to provide to provide protections to the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. This same policy defines Verbal Abuse as, the use of oral, written or gestured communication or sounds that willfully includes disparaging and derogatory terms to residents or their families or within their hearing distance regardless of their age, ability to comprehend, or disability.		