

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2025
NAME OF PROVIDER OR SUPPLIER  Hillsboro Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 East Tremont Street 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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>40650</p> <p>Based on interview and record review, the facility failed to notify law enforcement of an allegation of sexual assault for 1 of 1 resident (R2) reviewed for reporting abuse in a sample of 6.</p> <p>Findings include:</p> <p>Local law enforcement report, dated 1/5/2025, documented, On 01/05/2025 at approximately 0120 hours, I, (V12, officer at local police department), was on routine patrol when my dispatch advised me of a nurse from (Regional Hospital) was needing to speak with me in reference to a sexual assault report she had just recently taken. The nurse, (V13, Sexual Assault Nurse Examiner/SANE, Registered Nurse) RN, was transferred from dispatch to my cell phone.</p> <p>R2's Regional hospital record, dated 1/5/2025, V13, SANE RN, documented, Writer contacted (local police department) and spoke with officer (V12, officer at Local Police Department.) Writer reported what was happening to the officer and officer gave a phone number for writer or (regional law enforcement agency) to contact him. (Regional law enforcement agency) was contacted at 1:15 am.</p> <p>On 1/07/2025 at 10:20 AM, V5, Admissions Coordinator, stated she was the weekend manager on 1/4/2025, in the facility that day, and was talking with R2 to finish her re-admission paperwork. V5 stated R2 stated to her that she was sexually assaulted in a grocery store. V5 continued to state she made sure R2 was safe, she let R2's nurse know what she had said to her, and she immediately called the Director of Nurses, since the Administrator had just quit. The Director of Nurses did not pick up her phone, so she called V2, Assistant Director of Nurses. V2 told her to get the statements from the staff that were there. V5 continued to state R2 has been in and out of the hospital recently and she just got back from the hospital that week.</p> <p>On 1/07/2025 at 12:45 pm, V2, Assistant Director of Nurses, stated she did not call the police because she got busy with the investigation, and then she saw where the hospital notified them in the hospital paperwork, so she did not call the local police.</p> <p>The facility's policy, Abuse, Prevention and Prohibition Policy, dated 1/2024, documented, An employee and agent or any Covered Individual will make or cause a report to be made to law enforcement and the facility.</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
---	-------	-----------