

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2025
NAME OF PROVIDER OR SUPPLIER  Henry Rehab and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  1650 Indian Town Road Henry, IL 61537	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>30899</p> <p>Based on observation, interview and record review the facility failed to develop comprehensive care plans for three residents (R6, R22, R31) identified as requiring Contact Precautions of five residents reviewed for Transmission Based Precautions in a total sample of 22.</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy, entitled Comprehensive Care Plan Policy, dated 6/25/2020, documents: An individualized comprehensive care plan that include measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Each resident's comprehensive care plan has been designed to: Incorporate identified problem areas; Incorporate risk factors associated with identified problems.</p> <p>R6's current Physicians Order Summary Report indicates R6 has diagnoses to include ESBL (Extended Spectrum Beta Lactamase Resistance and Urinary Tract Infection (UTI) and indicates R6 has Infection Precautions-Contact for ESBL in urine. (date initiated 5/16/24).</p> <p>R22's current Physicians Order Summary Report indicates R22 has diagnoses to include ESBL (Extended Spectrum Beta Lactamase Resistance and Urinary Incontinence and indicates R22 requires Contact Isolation (date initiated 2/6/25).</p> <p>R31's current Physicians Order Summary Report indicates R31 has diagnoses to include ESBL (Extended Spectrum Beta Lactamase Resistance, Malignant Neoplasm of Unspecified Kidney, UTI, Acute Pyelonephritis, Hydronephrosis with Renal and Ureteral Calculus Obstruction and indicates R31 has Infection Precautions-Contact Isolation every shift for ESBL of urine. (date initiated 6/13/24).</p> <p>On 4/15/25 and 4/16/25, R6 and R22's room (roommates) and R31's room was noted to have a Contact Precaution sign posted on the door to R6/R22 and R31's rooms.</p> <p>R6's current Care Plan indicates R6 currently has an alteration to Genitourinary system due to UTI related to antibiotic (Gentamycin) - end date 5/27/24. Date Initiated: 05/17/2024 Revision on: 05/20/2024</p> <p>R6's care plan does not include a Focus/Problem area for Contact Isolation or identify ESBL as the organism requiring transmission based precautions.</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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R22's current Care Plan indicates R22 is at risk for urinary incontinence but does not include a Focus/Problem area for Contact Isolation or identify ESBL as the organism requiring transmission based precautions.</p> <p>R31's current Care Plan indicates R31 has an alteration to her Genitourinary system due to ESBL. Care Plan intervention indicates R31 has Enhanced Barrier Precautions (EBP) in place.</p> <p>On 4/17/25, at 9:30 am, V1/Administrator, confirmed the facility currently does not have an MDS (Minimum Data Set)/Care Plan Coordinator.</p> <p>On 4/17/25, at 9:35 am, V1 and V3/ADON (Assistant Director of Nursing)/IP (Infection Preventionist) both acknowledged the care plans should have been developed to include problem area of transmission based precautions and appropriate interventions.</p> <p>On 4/17/25 V3 confirmed R31 remains in Contact Precautions-not EBP and the care plan needs to be corrected.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>50962</p> <p>Based on observation, interview, and record review the facility failed to obtain smoking agreements and collect smoking paraphernalia for two (R1, R15) of two residents reviewed for smoking in a sample of 22.</p> <p>Findings include:</p> <p>The facility policy and procedure titled, Smoking, revised October 1, 2024, documents, Policy- To ensure compliance with regulatory guidelines and safety protocols, the Facility prohibits smoking except for in specifically designated areas. To protect the safety of other residents and employees, the use of medical oxygen is prohibited in smoking areas. Residents deemed to need assistance to smoke should have this designation noted in the care plan. For purposes of this policy, electronic cigarettes Ce-cigarettes, pipes, cigars, and similar paraphernalia are to be treated as cigarettes. Procedure- 1. B. Residents are not permitted to have any smoking paraphernalia in their room or on their person. All smoking paraphernalia should be given to the nursing staff for safekeeping. Nursing staff should maintain records of residents' property and distribute it accordingly. Nursing staff are required to confirm the resident's status in the smoking log before distributing smoking materials to the resident. Residents who have been determined to require supervision must be actively supervised by a staff member while in the designated smoking area. E. Residents must sign a Smoking Agreement as part of the admission process. Smoking Agreements should be amended and re-signed when the resident's smoking status has changed.</p> <p>R1's Admission Record documents R1's date of admission to the facility was 2/26/25 and her diagnoses on admission included: Cerebral Infarction, Major depressive Disorder Recurrent, Insomnia, Depression, Anxiety, Hyperlipidemia, Myocardial Infarction Type 2, and Type 2 Diabetes.</p> <p>R1's Minimum Data Set assessment, dated 3/6/25, documents R1 has a Brief Interview for Mental Status (BIMS) score of 13/15 indicating cognition intact.</p> <p>R1's Smoking Evaluation Assessment, dated 3/4/25, documents that R1 is a smoker.</p> <p>R1's current Care Plan documents R1 is a smoker and Cigarettes (or other smoking materials) and lighter are required to be stored at the nurse's station or med cart.</p> <p>On 4/15/25 at 1:51pm, R1 stated, I (R1) am a smoker. R1 also stated, I keep my smoking materials with me or in the top drawer of my husbands (R15) dresser in his room. R1's cigarette pack and lighter observed in R1's shirt pocket at this time.</p> <p>R15's Admission Record documents R15's date of admission to the facility was 9/5/24 and his diagnoses on admission included: Cerebral Infarction, Metabolic Encephalopathy, Sepsis, Osteomyelitis, and Nicotine Dependence.</p> <p>R15's Minimum Data Set assessment, dated 3/11/25, documents R15 has a BIMS score of 13/15, indicating cognition intact.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R15's Smoking Evaluation Assessment, dated 9/6/24, documents that R15 is a smoker.</p> <p>R15's current Care Plan documents R15 is a smoker and Cigarettes (or other smoking materials) and lighter are required to be stored at the nurse's station or med cart.</p> <p>On 4/15/25 at 10:53am, R15 stated, I am a smoker and I keep my cigarettes and lighter in the top drawer of the nightstand over there under the television set. R15's cigarette pack and lighter noted in top drawer of nightstand at this time.</p> <p>On 4/16/25 at 10:39am, R1 and R15's cigarettes and lighters observed in R15's nightstand, top drawer. R1 and R15 also stated they do not remember signing a smoking agreement on admission.</p> <p>On 4/16/25 at 11:00am, V5 (Licensed Practical Nurse/LPN) stated, There is no designated smoking times for residents, they go when they want if there is staff available to take them. Resident smoking supplies are kept at the nurses station. V5 (LPN) verified that smoking supplies were not at nurses' station and stated, They are usually kept here but I didn't work yesterday so I'm not sure where they are.</p> <p>On 4/17/25 at 10:00am, V5 (LPN) verified that R1 and R15's cigarettes and lighter were in R15's bedside table, top drawer and V5 (LPN) stated, they (cigarettes and lighter) should be kept at the nurse's station.</p> <p>On 4/17/25 at 10:14am, V1 (Administrator) stated, resident's cigarettes and lighters are to be kept at the nurse's station when they are not smoking.</p> <p>On 4/17/25 at 11:30am, V1 (Administrator) stated, Resident smoking agreement is a new form added when policy was revised in October of 2024 and has not been updated in our system. So, neither of our smokers (R1 and R15) have signed one.</p>

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>30899</p> <p>Based on interview and record review the facility failed to provide a Hospice created Care Plan, visit communication notes and to designate in writing a facility Hospice Coordinator for one resident (R28) of three residents reviewed for Hospice in the sample of 22.</p> <p>FINDINGS INCLUDE:</p> <p>Facility Policy Hospice Care, dated 11/5/2019, document: This facility will work in coordination with the contracted Hospice agency to provide a safe continuum of care for the resident's end of life.</p> <p>Nursing Facility Hospice, General Inpatient And Respite Care Services Agreement, dated 7/13/21, documents: Services to be Provided by Hospice: Hospice will develop, at the time a resident of the Facility is admitted into Hospice's program, a Plan of Care for the management and palliation of the resident's terminal illness. The Plan of Care will identify the care and services that are needed and will specifically identify which provider is responsible for providing respective functions that have been agreed upon and included in the Plan of Care. The Plan of Care will be updated as often as the patient condition requires, but no less frequently than every fifteen (15) calendar days. A copy of each updated Plan of Care will be furnished to the Facility upon each update, but no less frequently than every fifteen (15) days. Hospice will furnish a copy of each Hospice patient's Plan of Care to the Facility at the time of the resident's admission into the Hospice program.</p> <p>On 4/16/25, at 3:00 pm, V4/Business Office Manger and V9/Registered Nurse were unable to find the Hospice Company Care Plan at the nurses station where they both stated it would be kept. V4 stated That particular Hospice Company does not leave communication notes They haven't left them for a long time.</p> <p>No Hospice communication notes were found in R28's electronic medical record or in the binders at nurse station designated for the Hospice Company. There was no designation in writing found indicating who was the facility Hospice Coordinator.</p>		