

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: 145604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2026
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)		
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on observation, interview and record review the Facility failed to promptly respond and resolve Resident Council concerns in a timely manner for five of five Residents (R1, R2, R31, R40 and R41) reviewed for Resident Council concerns in a sample of 28. Findings include: The Facility Resident and Family Concerns and Grievances Policy, revised 10/5/23, documents: prompt resolution of medical and non-medical grievances while maintaining confidentiality, in accordance with Federal and State statutes and regulations; Facility is committed to ensure the continued provision of such exceptional care and services and has established grievance process to address Resident and family member concerns or dissatisfaction about the Facility provision of care and services; should a Resident require assistance in voicing a grievance the Facility associates shall provide needed assistance; the management or supervisory staff will commence a formal investigation of the grievance as is practicable; and will follow-up with Resident or their family/guardian within 72 hours of the filing of the grievance; the Facility will advise the Resident of the outcome of the grievance investigation and will provide the Resident with a written Grievance Decision (date of grievance, summary statement, steps take to investigate grievance, whether the grievance was confirmed or not confirmed, corrective action and the date the decision was issued); and in the event the Facility cannot resolve the grievance within 30 calendar days, the Facility will notify the Resident or their family/guardian of the estimated completion date of the resolution. The Resident Right for People in Long-Term Care Policy, dated 11/2018, documents: the Facility must provide services to keep your physical and mental health at their highest practicable levels; must be safe, clean, comfortable and homelike; and you have a right to complain to your Facility and get a prompt response and you may not be threatened or punished in any way for asserting your rights. Facility Resident Council Minutes, dated 1/13/26, document unresolved concerns with V1's (Administrator) response times to Resident Council Grievances, more frequent water passing, dietary meal trays being left in rooms, bed making, nursing staff conversing too much and not being attentive and not explaining what is being done while providing care, cleaning/sweeping of floors, chicken too hard to cut or chew, brown gravy put-on everything. The Minutes document that V1 does not handle concerns in a timely fashion. Facility Resident Council Minutes, dated 3/10/2026, document unresolved issues with call light response, water needs on meal trays, sweeping/mopping of floors in rooms, cold hall/room and dining room trays, meal service time, pork/chicken is too tough, no condiments, too many mashed potato and gravy and supper meals unsatisfactory. The Facility Resident Council Minutes, dated 4/14/26m documents unresolved issues with nursing department not returning after answering a call light, call light response time, sweeping/mopping of rooms, no condiments when needed and still running out, nursing phone usage, smoking breaks for employees, laundry not returned on time, dietary concerns with food amount and choice (potato and vegetable variety). The Facility Grievance Report, dated 12/15/25 through 5/12/26, documents concerns and unresolved issues with responses on concerns should be done quicker, soup/crackers are not a meal alone, chicken patties too hard to cut, brown gravy used to cover up food, served too much rice and potato, sweeping floor before mopping and not cleaning against walls, water passing and bed making, meal trays left in room, Certified Nursing Assistants horseplaying and conversing too much and not being attentive, smoking times, quicker (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 145604	If continuation sheet Page 1 of 3

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	response to concerns, unresolved issues from last month (1/14/26), meal carts sitting too long in hallway before trays are passed, drinks on dinner trays, nails not trimmed on shower days, cold meals on halls and in dining room, call light response, unavailable alternative meal choice, running out of condiments and laundry concerns. On 5/13/26 at 9:45 am, R1, R2, R31, R40 and R41/Resident Council President were in resident council group meeting and stated that: Dietary concerns are not addressed or rectified, stating that meal portions are too small, meat is very hard to cut and is tough; snacks are terrible and the only snacks provided are graham crackers & a package of peanut butter crackers, no pudding, yogurt or milk is served with them. R41 stated when R41 went to the kitchen once and asked for peanut butter crackers and V6 (Dietary Manager) said, you can only get one, and R1, R2, R31 and R40 all voiced this same concern. R1, R2, R31, R40 and R41 verified that many concerns have been voiced at many Resident Council Resident Meetings, and many go unresolved and that the same complaints and concerns have all been voiced repeatedly and are not rectified. Also, in the Resident Council group meeting concerns with the kitchen running out of cracker for soup and R2 stated, we have been served graham crackers with our soup because they have run out of saltines. On 5/13/26 at 9:45 am, R1, R2, R31, R40 and R41 all voiced complaints with cold food, dinner meal consisting of only soup and small lettuce salad, R2 stating, They think a small little cup of soup and just a plain lettuce salad consists of a meal. They call a small little bowl of lettuce a salad, nothing else on it, no tomato or carrot or anything. Also, R40 and R41 stated the evening room tray meal is served in their room, while they are on a Facility designated smoking time is cold when they return to their rooms and the timing of the smoking breaks and mealtimes do not work out and need to be looked at. R1, R2, R30, R40 and R41 also verified that call lights are answered and shut off, without anyone helping and when requesting toileting or water they say the Certified Nursing Assistants say they are too busy with other residents and can't help right now or will help when they are done with other things or we are understaffed and I will be back when I can. On 5/13/26 at 9:45 am, R1, R2, R31, R40 and R41 verified that V6 (Dietary Manager) always gives the answer that I have to follow the menu provided and does not respond to the grievances. On 5/13/26 at 9:45 am, R2, R3 and R40 stated they received a shower today and their bed linens were not changed and all stated that bedding is not always changed on our bath days, which is twice a week. On 5/13/26 at 9:45 am, R41 stated, My roommate's bed is not always changed when it is soiled with urine and even when I ask for it to be changed because of the odor they do not do it. Then when I am eating my meals in my room, I have to eat near the open window, to keep me from feeling sick from the smell. On 5/14/26 at 9:22 am, R41's (Resident Council President) bed linens had a dark brown debris area (approximately four inches by 4 inches) and a moderate amount of food debris/crumbs. R1 stated, They hardly ever change my sheets when they should, and I have asked them to do many times. We have got a lot of complaints in Resident Council about this also. We have the same concerns month after month and the management does not follow through on our complaints and sometimes, we never even hear anything back, or they say, ?oh we will look into that, and they do not care. I feel like administration just does not care. On 5/14/26, V1 (Administrator) stated, We may need to work on getting all departments on board and work together on our grievances. We probably need to make some improvements, so we do not get the same issues over and over.		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview and record review the Facility failed to follow a care planned dysphagia diet intervention and monitor/supervise one of 15 Residents (R7) reviewed for diets in a sample of 28. Findings include: The Facility Aspiration Precautions Policy, revised 2/11/26, documents: it is the policy of this Facility that Residents will be identified when they are at risk for aspiration and that the plan of care will reflect appropriate interventions; any resident identified as an aspiration risk will be placed on Aspiration Precautions protocol; Aspiration Precaution protocol may include interventions determined by a Speech and Language Pathologist and Physician; Aspiration Precautions will be noted on the resident plan of care; staff responsible for feeding will be knowledgeable of emergency procedures; resident will be in view of staff for meals and nourishments unless otherwise specified in the plan of care; and resident will be monitored for changes in their condition that would require further evaluation and intervention. R7's current Care Plan documents: Regular diet, Dysphagia Advanced texture; Aspiration precautions related to diet texture alteration and dysphagia; alteration in visual abilities; altered oral/dental health related to missing teeth; swallowing difficulty related to complaints of difficulty or pain with swallowing and to monitor/document/report difficulty swallowing, holding food in mouth, prolonged swallow time, repeated swallows per bite, coughing, throat clearing, drooling or pocketing food in mouth; has alteration in ability to care for self and needs assistance due to dementia; and supervision with eating. On 5/12/26 at 11:01 am, upon entry to R7's room, R7 was sitting on a bedside chair consuming a breakfast meal (scrambled eggs with cheese, oatmeal, toast and milk). R7 was unsupervised and no staff were monitoring R7. On 5/12/26 at 11:20 am, R7 was consuming the breakfast meal and was unsupervised. On 5/12/26 at 11:04 am, while eating the breakfast tray, R7 stated, I am eating my breakfast but it is cold. R7 could not verify monitoring by a staff member. On 5/14/26 at 1:00 pm, V2 (Director of Nursing) stated, A resident with a dysphagia diet should be with a staff member while they eat, so they can be monitored for choking.		