

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145610	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Bloomington Rehabilitation & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE  1925 South Main Street Bloomington, IL 61701	

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>34058</p> <p>Based on interview and record review, the facility failed to report an allegation of misappropriation to the State Agency and local law enforcement. This failure affects one resident (R2) out of seven reviewed for misappropriation on the sample list of eight.</p> <p>Findings include:</p> <p>On 9/20/24 at 10:25 AM, R2 stated, I have been here about three years and I have had money missing out of my wallet three times. I have had money missing out of my wallet twice in the last month or so. R2 further stated, I told (V5, Social Services Director) about it, but all of the (managerial staff) know all about it. During the course of the interview, R2 was not consistent with details such as the number of days which separated the two recent incidents of missing money, ranging between 2 or 4 or 9 days, and the name of the staff member he told about the missing money, ranging from V5 to V7, Registered Nurse, to V1, Administrator. R2 eventually stated, I can't remember exactly who I told, all I know is I told someone and they all know about it.</p> <p>On 9/20/24 at 11:00 AM, V1, Administrator, stated, I knew about (R2's) allegation of missing money. (R2) had told (V7, Registered Nurse) and then (V7) called me on the phone about it. V1 further stated, I had (V7) go to (R2's) room and ask some follow-up questions while I was on the phone. (R2) wasn't being very cooperative or consistent in his statements, so I told (V7) I would talk with (R2) the following day. V1 then stated, I have not reported this to IDPH (Illinois Department of Public Health). I know I should have and I understand that reporting allegations is a part of the process. At 1:15 PM, V1 stated, The police, no they have not been notified about this allegation.</p> <p>On 9/20/24 at 12:59 PM, V7, Registered Nurse, stated, On 9/2/24 (R2) told me he was missing something like \$130.00. I called V1, and she had me go ask (R2) some further questions, but he kept saying it was none of my business where he got the money. V7 continued, (R2) was being very inconsistent in the amounts of money he was missing and that it had happened 2 days in a row. V1 then said to me that she would talk with (R2) the next day because his story was changing.</p> <p>On 9/20/24 at 2:14 PM, V1 brought the facility investigative file which documented the allegation made by R2 on 9/2/24 about missing money from his wallet and describing that this allegation was reported to V1 by V7, a written statement from V7 documenting the statements made by R2 and the actions taken by V7, and email confirmation this allegation had now been reported to IDPH on 9/20/24.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145610	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Bloomington Rehabilitation & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE  1925 South Main Street Bloomington, IL 61701	
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>The facility's abuse Prevention Policy, dated 11/28/2016, documents, The facility must ensure that all alleged violations involving mistreatment, exploitation, neglect or abuse, including injuries of unknown source, misappropriation of resident property, and reasonable suspicion of a crime, are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures. If the events that cause the reasonable suspicion result in serious bodily injury or suspected criminal sexual abuse, the report shall be made to at least one law enforcement agency of jurisdiction and IDPH immediately after forming the suspicion (but not later than two hours after forming the suspicion), otherwise the report must be made not later than 24 hours after forming the suspicion.</p>		