

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145631	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Newman Rehab & Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  418 South Memorial Park Drive Newman, IL 61942	

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>37813</p> <p>Based on interview and record review the facility failed to report an injury of unknown origin to the Administrator and the State Agency for one resident (R1) of three residents reviewed for abuse in a sample list of five residents.</p> <p>Findings include:</p> <p>The facility Abuse Prevention Program revised 11/28/16 states The nursing staff is additionally responsible for reporting on a facility incident report the appearance of bruises, lacerations, other abnormalities, or injuries of unknown origin as they occur. Upon report of such occurrences, the Nursing Supervisor is responsible for assessing the resident, reviewing the documentation and reporting to the administrator or designee. This policy also documents, Final Investigation Report: The investigator will report the conclusions of the investigation in writing to the administrator or designee within five working days of the reported incident. The final investigation report shall contain the following: Name, age, diagnoses, and mental status of the resident allegedly abused or neglected; The original allegation (note day, time, location, the specific allegation, by whom, witnesses to the occurrence, circumstances surrounding the occurrence, and any noted injuries;facts determined during the investigation, review of medical record and interview of witnesses); conclusion of the investigation based on known facts; If there is a police report attach the police report; Attach a summary of all interviews conducted with names, addresses, phone numbers and willingness to testify of all witnesses. This report also states, A written report shall be sent to the Department of Public Health.</p> <p>R1's diagnoses list printed 4/8/25 at 2:52 PM includes the following diagnoses: Encephalopathy, Fall, Urinary Tract Infection, Cardiac Arrhythmia, Anticoagulant Use, Congestive Heart Failure, Hypertension, Hyperlipidemia, Mild Dementia with Anxiety, Protein Calorie Malnutrition, Weakness, and Pressure Ulcers of both heels Stage II.</p> <p>R1's AIM for Wellness note dated 3/11/25 at 12:15AM documents R1 has bruising to R1's right buttock measuring 4 centimeters in length and 2 centimeters in width. The Note documents R1 appears to have sustained an injury that was unwitnessed or is of unknown origin. Event was first noted on 03/11/2025 at 12:15 AM. Evaluation of the resident and event occurred on or about 03/11/2025 12:15 AM. Just prior to/at the time of the event (R1) appears to have been sleeping in bed. R1 is unable to relate details. Witness to the event includes: No one.</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:  145631	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Newman Rehab & Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  418 South Memorial Park Drive Newman, IL 61942	
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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 4/9/25 at 2:00PM V1, Administrator stated Quite frankly I didn't do a complete report for the bruise because I wasn't aware the bruise had been found. I also did not report to the (State Agency) because I wasn't aware of the injury of unknown origin. If I had been aware I would have initiated an immediate investigation and reported to the (State Agency).		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145631	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Newman Rehab & Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  418 South Memorial Park Drive Newman, IL 61942	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>37813</p> <p>Based on interview and record review the facility failed to promptly and thoroughly investigate an injury of unknown origin for one resident (R1) of three residents reviewed for abuse in a sample list of five residents.</p> <p>Findings include:</p> <p>The facility Abuse Prevention Program revised 11/28/16 states The nursing staff is additionally responsible for reporting on a facility incident report the appearance of bruises, lacerations, other abnormalities, or injuries of unknown origin as they occur. Upon report of such occurrences, the Nursing Supervisor is responsible for assessing the resident, reviewing the documentation and reporting to the administrator or designee. This policy also documents, Final Investigation Report: The investigator will report the conclusions of the investigation in writing to the administrator or designee within five working days of the reported incident. The final investigation report shall contain the following: Name, age, diagnoses, and mental status of the resident allegedly abused or neglected; The original allegation (note day, time, location, the specific allegation, by whom, witnesses to the occurrence, circumstances surrounding the occurrence, and any noted injuries;facts determined during the investigation, review of medical record and interview of witnesses); conclusion of the investigation based on known facts; If there is a police report attach the police report; Attach a summary of all interviews conducted with names, addresses, phone numbers and willingness to testify of all witnesses. This report also states, A written report shall be sent to the Department of Public Health.</p> <p>R1's diagnoses list printed 4/8/25 at 2:52 PM includes the following diagnoses: Encephalopathy, Fall, Urinary Tract Infection, Cardiac Arrhythmia, Anticoagulant Use, Congestive Heart Failure, Hypertension, Hyperlipidemia, Mild Dementia with Anxiety, Protein Calorie Malnutrition, Weakness, and Pressure Ulcers of both heels Stage II.</p> <p>R1's AIM for Wellness note dated 3/11/25 at 12:15AM documents R1 has bruising to R1's right buttock measuring 4 centimeters in length and 2 centimeters in width. The Note documents R1 appears to have sustained an injury that was unwitnessed or is of unknown origin. Event was first noted on 03/11/2025 at 12:15 AM. Evaluation of the resident and event occurred on or about 03/11/2025 12:15 AM. Just prior to/at the time of the event (R1) appears to have been sleeping in bed. R1 is unable to relate details. Witness to the event includes: No one.</p> <p>On 4/9/25 at 2:00PM V1, Administrator stated I didn't do a complete investigation of the bruise that was found on (R1's) bottom on 3/11/25 because I wasn't aware. I was kind of blindsided when you mentioned it.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145631	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Newman Rehab & Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  418 South Memorial Park Drive Newman, IL 61942	

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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37813</b></p> <p>Based on interview and record review the facility failed to provide CPR (cardiopulmonary resuscitation) according to current standards of practice for one resident (R1) of three residents reviewed for Cardiopulmonary Resuscitation in a sample list of five residents.</p> <p>Findings Include:</p> <p>R1's diagnoses list printed [DATE] at 2:52 PM includes the following diagnoses: Encephalopathy, Fall, Urinary Tract Infection, Cardiac Arrhythmia, Anticoagulant Use, Congestive Heart Failure, Hypertension, Hyperlipidemia, Mild Dementia with Anxiety, Protein Calorie Malnutrition, Weakness, and Pressure Ulcers of both heels Stage II.</p> <p>R1's Hospital Discharge Orders dated [DATE] document R1 was hospitalized from [DATE] to [DATE] for Urinary Tract Infection with Sepsis and Metabolic Encephalopathy. R1's Admission Progress Note documents R1 was admitted to the facility [DATE] with orders for Physical Therapy and Occupational Therapy with the intent of Rehabilitation to home.</p> <p>R1's POLST (Uniform Practitioner Orders for Life-Sustaining Treatment) form dated [DATE] Documents R1's representative chose to have CPR and other life sustaining measures in the event R1 stopped breathing or R1's heart stopped beating.</p> <p>R1's MDS (Minimum Data Set) dated [DATE] documents R1 is moderately cognitively impaired, requires staff assistance to complete ADLs (Activities of Daily Living), and R1 uses a wheelchair for mobility.</p> <p>R1's progress note dated [DATE] at 2:24 PM by V8, LPN (Licensed Practical Nurse) documents (R1) found unresponsive in dining room at 1230 PM by (V11), CNA, (Certified Nurse's Aide) (R1) brought to (V8) no pulse, no respirations, cold to touch. (V8) yelled for (V9), LPN to grab crash cart and head to (resident room number). Started CPR immediately by (V8) and (V9). (V11) took over compressions while (V8) notified 911 and Power of Attorney (POA) at 1245 PM and we continued CPR. Ambulance arrived and called (stopped CPR) at 1:04 PM (R1) expired County Coroner (V5) arrived reviewed body spoke with family. Received orders to release body to County Coroner. Exited facility at 2:55 PM with County Coroner.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145631	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Newman Rehab & Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  418 South Memorial Park Drive Newman, IL 61942	
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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's progress note dated [DATE] at 3:58PM by V9, LPN (Licensed Practical Nurse) documents (V9) was working [NAME] Hall and speaking with family from that hall when the (V8) called out to get the crash cart (12:30pm). I retrieved the crash cart and proceeded to room (number) where resident was unresponsive, and cold to touch. (V9) started CPR while (V11) started O2 (Oxygen) and set up ambu bag. (V8) called 911 while CPR was in progress. (V10 CNA) took over compressions and (V9) utilized ambu bag to give O2 (Oxygen). Aides switched out after 2 rounds. Emergency Medical Services (EMS) arrived approx. 15m (minutes) later and started defibrillator. (R1) was shocked twice with no success, continuous compressions in place while EMS continued on ambu bag. Paramedics arrived at 12:55PM, placed (R1) on their monitor and stated if (R1) were asystole he would call it. Monitor showed no activity and paramedic called time, (V9) was advised no more CPR or compressions to resident. At that time, (V9) stood outside residents' door while family was arriving.</p> <p>On [DATE] at 9:47AM V11, stated On [DATE] I was the CNA caring for (R1). After Breakfast (R1) wanted to sit in the dining room and talk to the other ladies. I rolled (R1) midmorning and sat her at a table with other residents. I then went to help (V10) the other CNA get other residents ready for lunch. I looked in later and saw (R1) with her head lying on the table. (R1) looked like (R1) was napping. I went in at 12:30PM to ask (R1) if she was ready for lunch but (R1) was cold and unresponsive. I ran with (R1) in the wheelchair to the nurse's station where (V8) was charting. (V8) felt for a pulse in (R1's) wrist and couldn't get one. V8 called out for (V9) to get the crash cart. I called out to (V10) who came running. We took (R1) to (R1's) room and laid (R1) on the bed and started CPR. I was nervous. It was my first-time doing CPR on a person. We were in a hurry and didn't get a backboard. We just laid (R1) on the soft mattress. When the first responders came, they put (R1) on the floor and continued CPR. About ,d+[DATE] minutes later the paramedics were here and (R1) didn't have a heartbeat so they stopped CPR and (R1) died .</p> <p>On [DATE] at 11:00AM V10, CNA stated on [DATE] at around 12:30PM (V11) called to me and they were taking (R1) to (R1's) room because (R1) was unresponsive and not breathing. I hurried in the room. We took (R1) out of the wheelchair and put (R1) on the mattress on the bed and started CPR. We do have two backboards, but it was crazy, and we didn't use them. (V11) and I took over compressions and (V9) used the ambu bag while (V8) went to the desk and called 911 and (R1's) POA. At about 12:30 EMS came and put R1 on the floor and hooked up an automatic electronic defibrillator and shocked (R1) and continued CPR. About , d+[DATE] minutes later the paramedics got here and (R1) didn't have a pulse so the coroner came and pronounced (R1) dead.</p> <p>On [DATE] at 12:10PM V8, stated On Saturday [DATE] I was the nurse assigned to (R1). I was at the Nurse's desk charting and the CNAs (V10, V11) were getting residents down to eat lunch. I had helped (R1) eat breakfast (R1) was her usual, slightly confused, hard of hearing, and shouting at times. At 12:30PM (V10, V11) came running out of the dining room with (R1) in the wheelchair. (R1) was cold to touch and unresponsive. We immediately took (R1) to (R1's) room and moved (R1) to the bed and along with (V9) we started CPR because (R1) was a Full Code. I'm not going to lie to you. Things were moving fast, and we did not think to use a backboard or put (R1) on the floor to do compressions. The rest of the team continued CPR on the bed while I rushed to the desk to call EMS and family. Within 20 minutes the first responders were here, and they moved (R1) to the floor, hooked up the defibrillator and continued CPR. About 10 minutes later the paramedics came, hooked (R1) up to the monitor, and (R1) had no pulse. The paramedic then stopped the code. When asked V8 stated (V8) was not aware that it is the expectation in a healthcare facility that when CPR is being administered, perfusion of oxygen to through the circulatory system is verified by periodically checking the femoral or carotid pulse to verify the compressions are perfusing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145631	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Newman Rehab & Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  418 South Memorial Park Drive Newman, IL 61942	

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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 2:52PM V15, Advanced Practice Nurse working with the facility's medical director verified it would be her expectation that anyone receiving chest compressions during CPR be placed on an even solid surface such as a back board or the floor to ensure the compressions are effective and that it is common practice to check a femoral or carotid pulse during compressions to verify this.</p> <p>The American Red Cross website documents Giving CPR: step four: Kneel beside the person. Place the person on their back on a firm, flat surface.</p> <p>The facility's policy Cardiopulmonary Resuscitation Policy dated [DATE] states If the resident is a full code, per the medical record, a staff member that is certified in CPR will initiate CPR until the emergency response team arrives.</p>