STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145631	A. Building B. Wing	05/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Newman Rehab & Health Care Ctr	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure residents dignity and respect for two (R3, R4) residents out of five residents reviewed in a sample list of nine residents.Findings include:1.R4's Electronic Medical Record (EMR) documents R4's medical diagnoses as Hemiplegia and Hemiparesis following nontraumatic Intracerebral Hemorrhage affecting right non-dominant side, Schizoaffective Disorder Bipolar Type, Cerebral Infarction, Anxiety and history of Trans Ischemic Attack (TIA).R4's Minimum Data Set (MDS) dated [DATE] documents R4 as moderately cognitively impaired. This same MDS documents R4 requires moderate assistance with transfers.R4's Care Plan intervention dated 3/13/25 documents R4 is totally dependent on one staff member for locomotion using a wheelchair.On 5/3/26 at 11:20 AM V11 [NAME] stated she witnessed V4 CNA use inappropriate language in front of R4. V11 [NAME] stated she was standing by R4's dinner table when V4 CNA walked up to R4 and stated in R4's ear Let's go to f****** (expletive) bed. V11 stated then V4 CNA removed R4 from the dining room. V11 [NAME] stated no staff should ever use profanity in front of residents. V11 [NAME] stated she should have reported this to V1 Administrator immediately but did not because she thought it was already known that V4 CNA used profanity in front of residents.On 5/3/26 at 1:45 PM R4 was laying in bed in his room. R4 stated V4 CNA has used profanity to/in front of him. R4 stated he did not like being spoken to like that but doesn't think (V4) knows what she is saying. On 5/3/26 at 2:00 PM V1 Administrator stated staff should never use profanity in front of residents. V1 stated this facility is the resident's home and all staff should act accordingly. V1 stated the residents have the right to be treated with dignity and respect. 2. R3's Electronic Medical Record (EMR) documents R3's medical diagnoses as Dementia, Seizures, Obstructive and Reflux Uropathy, Spinal Stenosis, Unsteady on Feet, Abnormal Posture and Disorder of Muscle.R3's Minimum Data Set (MDS) dated [DATE] documents R3 as severely cognitively impaired. This same MDS documents R3 requires moderate assistance for bed mobility, personal hygiene and is dependent on the assistance of staff for toileting and transfers. R3's Care Plan intervention dated 3/14/214 documents R3 requires one staff member for assistance with Activities of Daily Living (ADL). This same care plan intervention dated 3/14/24 instructs staff to provide dignity, provide sufficient time to complete tasks and avoid rushing R3. The daily schedule staffing sheets dated April 2026 document V3 Certified Nurse Aide (CNA), V4 CNA and V7 Registered Nurse (RN) all worked at the facility 4/28/26 6:00 PM-6:00 AM. On 5/2/26 at 9:30 AM V2 Director of Nurses (DON) stated V7 RN reported that allegedly V4 CNA pulled R3's hair, hit R3 with her own pillow in the face and told R3 to shut the f*** (expletive) up. On 5/2/26 at 11:30 AM V4 Certified Nurse Aide (CNA) stated she knows she can seem loud, angry or negative at times but does not mean to sound like that. V4 CNA stated that is just my personality. V4 CNA stated she was providing incontinence care for R3 on the evening of 4/28/26. V4 stated R3 was yelling and carrying on while V4 CNA was trying to provide incontinence cares. V4 stated she had heard R3 was calling her a b**** (expletive) the next morning. V4 stated she did not think anything of it because she had to do her job. On 5/2/26 at 1:00 PM V7 Registered Nurse (RN) stated ?about' three weeks ago she was walking down the resident hallway and heard R3 yelling out Don't hurt me! Don't hurt my back! (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145631	A. Building B. Wing	05/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Newman Rehab & Health Care Ctr	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	repeatedly. V7 stated R3's room door was closed. V7 RN stated she knocked and entered R3's room to see V4 CNA providing incontinence care for R3. V7 RN stated V4 CNA asked What do you want? to V7 who replied she heard R3 screaming from down the hall and came to investigate. V7 RN stated this happened around 2 AM. V7 RN stated at shift change (6AM) the same morning R3 was sitting in her wheelchair next to the nurses station yelling (V4) is a b**** (expletive)! (V4) is evil! (V4) is an evil b**** (expletive)! V7 RN stated she did not report this incident but should have. V7 RN stated she should have called V1 immediately to inform her of R3's statements at 2 AM and at 6AM. On 5/3/26 at 9:00 AM R3 stated They (staff) don't treat me very good here. They yell at me at night. I don't like that. R3 stated she felt safe at the facility but did not like getting yelled at. R3 could not remember days or times or who might have yelled at her. R3 stated I don't remember anything else but I know it happened.On 5/3/26 at 11:45 V8 Certified Nurse Aide (CNA) stated V4 CNA sometimes says things that are not appropriate. V8 CNA stated V4 CNA says things that really shouldn't be said but we all make mistakes. On 5/3/26 at 2:00 PM V1 Administrator stated the facility is currently in servicing on appropriate language/body language to use in front of residents, resident dignity and resident rights. V1 Administrator stated the staff should always treat all of the residents with dignity and respect. V1 Administrator stated she thinks the staff sometimes act in front of the residents as they do in their own home, forgetting that this is the resident's home. V1 Administrator stated she did not believe that V4 CNA willfully abused any resident but that V4 did forget to treat the residents with the dignity they deserve. The Illinois Long Term Care Ombudsman Program pamphlet titled Resident Rights for People in Long Term Care Facilities revised November 2018 documents the facility must treat residents with dignity and respect

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145631	A. Building B. Wing	05/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Newman Rehab & Health Care Ctr	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 - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to report allegations of verbal and physical abuse to the abuse coordinator for two of five residents (R3, R4) reviewed for abuse in a sample list of nine residents. Findings include:1.R3's Minimum Data Set (MDS) dated [DATE] documents R3 is severely cognitively impaired. This same MDS documents R3 requires moderate assistance for bed mobility, personal hygiene and is dependent on the assistance of staff for toileting and transfers. The facility report to the State Agency dated 4/30/26 documents V3 Certified Nurse Aide (CNA) reported an allegation of verbal and physical abuse of R3 by staff member V4 CNA on 4/29/26. This same report documents V3 CNA allegedly witnessed the incident on the evening of 4/28/26 and reported it to V7 Registered Nurse (RN) on the evening of 4/29/26. On 5/2/26 at 1:00 PM V7 Registered Nurse (RN) stated about three weeks ago (early to mid April) at 2 AM, she heard R3 screaming from down the hall, went to investigate and found V4 CNA in the room with R3 providing incontinence cares. V7 RN stated R3 was yelling Don't hurt me! V7 RN stated at 6AM the same morning R3 was yelling (V4) is a b**** (expletive)! (V4) is evil! (V4) is an evil b**** (expletive)! V7 RN stated she did not report this incident but should have. V7 RN stated she should have called V1 Administrator immediately to inform her of R3's statements at 2 AM and at 6AM. V7 RN stated the evening of 4/29/26 V3 Certified Nurse Aide (CNA) reported to V7 RN that V4 CNA had verbally and physically abused R3 the evening of 4/28. V7 RN stated she called V2 DON to report these allegations on the evening of 4/29/26. On 5/2/26 at 1:00 PM V2 Director of Nurses (DON) stated V7 reported to her that V3 CNA reported to V7 allegations of abuse from V4 CNA towards R3. V2 stated V7 RN reported that allegedly V4 CNA pulled R3's hair, hit R3 with her own pillow in the face and told R3 to shut the f*** (expletive) up. V2 DON stated when V3 CNA was interviewed, V3 stated she could not tell anyone because V4 CNA was there and V3 CNA did not want to upset V4 CNA. 2.R4's Minimum Data Set (MDS) dated [DATE] documents R4 as moderately cognitively impaired. This same MDS documents R4 requires moderate assistance with transfers.The facility was unable to provide a copy of this report to the State Agency due to V1 Administrator was initially notified of the allegation on 5/2/26.On 5/3/26 at 11:20 AM V11 [NAME] stated about a month ago V1 witnessed V4 CNA use profanity in front of R4. V11 [NAME] stated she should have reported this to V1 Administrator immediately but did not because she thought it was already known that V4 CNA used profanity in front of residents.On 5/3/26 at 2:00 PM V1 Administrator stated V3 CNA reported abuse allegations to V7 Registered Nurse (RN) on the evening of 4/29/26. V1 stated V7 Registered Nurse (RN) reported V3's allegations of V4 CNA's care of R3 to V1 Administrator and V2 Director of Nurses (DON) on 4/29/26. V1 Administrator stated V3 CNA should have reported any allegation of abuse to V1 Administrator immediately (4/28/26). V1 Administrator stated V7 RN should have reported her concerns from a few weeks ago with V4 CNA and R3. V1 stated V11 [NAME] should have reported her allegation of V4 CNA using profanity in front of R4 from a month ago. The facility policy titled Abuse Prevention Program revised November 28, 2016 documents employees are required to immediately report any occurrences of potential/alleged mistreatment, exploitation, neglect, and abuse of residents and misappropriation of resident property they observe, hear about, or suspect to a supervisor and the administrator.