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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145692 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/20/2024 |
| NAME OF PROVIDER OR SUPPLIER Flora Rehab & Health Care Ctr | | STREET ADDRESS, CITY, STATE, ZIP CODE 232 Given Street Flora, IL 62839 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49664</p> <p>Based on interview and record review the facility failed to have a licensed administrator licensed in accordance with state law. This failure has the potential to affect all 33 residents residing in the facility.</p> <p>Findings include:</p> <p>On [DATE] V1's Administrator license that was posted on the wall titled Licensed Nursing Home Administrator Temporary documented an expiration date of [DATE].</p> <p>On [DATE] at 3:37 PM, V1 (Administrator) via phone stated her temporary license expired on [DATE]. V1 stated temporary license are only valid for 2 years. V1 stated she received her temporary license in 2021. V1 was asked if she was working under a Licensed Administrator and V1 stated I didn't know.</p> <p>On [DATE] at 3:46 PM, V3 (Regional Director of Operations/RDO) stated she will become the Regional Director for this facility in November. V3 stated V4 is the RDO for this facility currently. V3 stated there is no licensed administrator employed at this facility at this time. V3 stated V4 does not utilize her Administrator license for this facility.</p> <p>On [DATE] at 3:00PM, V2 (Director of Nursing/DON) stated V1 does not have a license and her temporary licensed has expired. V2 stated it is due to V1 not passing the exam to acquire an Administrator License. V2 stated V1 is out today with illness. V2 stated the Regional Administrator is on vacation and is unavailable. V2 stated the facility has not had any issues related to the administrator issues that she is aware of.</p> <p>The Facility Census sheet dated [DATE] documents there are 33 residents residing in the facility.</p> <p>Illinois Administrative Code title 77, 399.510 documents a) There shall be an administrator licensed under the Nursing Home Administrators licensing and Disciplinary Act .full-time for each licensed facility.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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