STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145713	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Momence Meadows Nursing & Rehab	500 South Walnut Momence, IL 60954

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect a resident's rights to be free of sexual abuse. This applies to 2 of 2 residents (R3 and R4) reviewed for sexual abuse. The findings include:The facility's 03/01/26 Initial Report to IDPH (Illinois Department of Public Health) showed CNA (Certified Nursing Assistant) stated R1 [R3] attempted to make contact with R2 [R4]. R3 and R4 separated. 1:1 placed with R3. Head to toe assessments of R3 and R4 were conducted with no new findings and no complaints of pain. Telehealth evaluations conducted. MD (Medical Doctor), family, and police were notified. Well-being checks initiated. Investigation initiated.The facility's 03/06/26 Final Report to IDPH showed, Conclusion: After investigation and interviews, no evidence of abuse was found. R3 admitted to facility on 02/15/25 and [had moderately impaired cognition]. R4 admitted to the facility on [DATE] and [had moderately impaired cognition]. Per interviews, staff member noticed R3 in wheelchair sitting next to R4's bed. Staff member removed R4 from room and 1:1 put in place. Both R3 and R4 interviews revealed no contact was made with one another. Due to proximity of room location, R3 has been moved to another room. There have been no further instances involving R3 and R4. Care plans have been reviewed and updated. Wellbeing checks confirm residents' moods are stable.On 03/26/26 at 11:40 AM, V5 (Laundry Aide) stated she was delivering clothes to the residents. V5 stated as she was walking down towards the nurses station, she saw R3 sitting in R4's room next to the bed facing the window. V5 stated she found that strange since R4 was sleeping. V5 stated she informed V6 (CNA/Certified Nursing Assistant) that R3 was in R4's room. V5 stated she left the unit after informing V6. V5 stated she did not go in R4's room because R3 is known to be violent with people and she is not a CNA.On 03/26/26 at 3:15 PM, V6 stated on 3/01/26 during the evening shift, V5 informed her that R3 was in R4's room. V6 stated when she walked in R4's room, R3 was standing up from his wheelchair, and standing next to R4. V6 stated R3 had R4's shirt lifted up, and R4's breast was exposed. V6 stated R3's hand was on R4's chest area. V6 stated she removed R3 from R4's room and reported what she witnessed to the nurse and the administrator. On 04/01/26 at 11:00 AM, V1 (Administrator) stated he was not working at the facility when the incident occurred. V1 stated it is expected that all residents in the facility are safe. V1 stated all residents should be free from abuse and neglect.R3 was admitted to the facility on [DATE] with multiple diagnoses which included hepatic encephalopathy, chronic obstructive pulmonary disease, epilepsy, major depressive disorder, lack of coordination, and cirrhosis of liver per the Face Sheet. R3's MDS (Minimum Data Set) dated 02/05/26 showed R3 had moderate cognitive impairment. R4 was admitted to the facility on [DATE] with multiple diagnoses which included hyperlipidemia, diabetes, major depressive disorder, schizoaffective disorder, neoplasm of brain, and panic disorder per the Face Sheet. R4's MDS dated [DATE] showed R4 had moderate cognitive impairment. The Facility's Investigative folder from the incident was reviewed. The folder contained a typed statement from V6. The statement dated 03/01/26 showed, I was walking to the nursing station. I saw the laundry girl there. She said- R3 is in R4's room. I said ok and I headed down there. When I walked in the room, R3 was standing up over R4's bed. He had his arms extended and they were on her chest area. It happened so fast. I said, R3 (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

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	are you supposed to be in here and he sat down in his chair. He left the room. R4 was ok- she wasn't upset or crying. I informed the nurse and we had someone stay with R3. The facility's Abuse Prevention Program revised 03/01/21, showed, Policy: It is the policy of this facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property and a crime against a resident in the facility. If you suspect abuse, separate the alleged perpetrator and assure all residents safety.