STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145760	A. Building B. Wing	09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Robinson Rehab and Nursing	600 East Robinwood Drive Robinson, IL 62454

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 - Actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (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 0550 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to respond to residents' requests for assistance in a timely manner to promote dignity and respect for 1 (R1) of 4 residents reviewed for call light response in the sample of 4. This failure resulted in R1 having to urinate on herself, causing her feelings of discomfort, anxiety, humiliation, and embarrassment.Findings Include: R1's admission Record documented an admission date of 4/27/25 and included diagnoses of morbid (severe) obesity due to excess calories, spinal stenosis, need for assistance with personal care, presence of right artificial hip joint, pain in right hip, presence of artificial knee joint, bilateral, essential tremor, anxiety, and muscle weakness. R1's Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15, indicating R1 is cognitively intact. This MDS also documents under Functional Abilities and Goals, R1 is dependent for toileting hygiene, shower/bathe self, upper body dressing, and putting on/taking off footwear. R1's current Care Plan included a focus area of I currently have an alteration to my ability to care for self and need assistance d/t (due to) Anxiety, Cognitive impairment, Weakness initiated on 1/31/25. Corresponding interventions include: encourage resident to participate to the fullest extent possible with each interaction, encourage resident to use bell to call for assistance, praise all efforts at self care, PT (physical therapy), OT (occupational therapy) and ST (speech therapy) evaluation and treatment. R1 also has a focus area of I am currently able to perform mobility with 2 assist, gait belt and walker initiated on 5/7/25 with corresponding interventions of: encourage (R1) to use bell to call for assistance if needed and monitor/document ability to perform ADLs (activities of daily living).Facility Resident Council meeting minutes dated 7/18/25 document under 4. New Business: (R1) says only one CNA (Certified Nurse Assistant) at night needs more. A facility Resident/Family Concern/Grievance Form dated 07/18/2025 documented Resident Council by the Resident Name. Under Section 1, the Nature of Concern documented Resident states not enough CNA's on the floor at night. Says she needs things like ice water and there is no one to get it. In Section 2 under Review and Action Taken, V2 (Director of Nursing/DON) documented Nurse managers come in to assist as needed, assured resident council that there is always at least 3 CNAs overnight. Staff more assist b/t (between) 6 - 10p and 4-6a to help during busy X's (times). Facility Resident Council meeting minutes dated 8/15/25 under #4, New Business documented Still not enough CNAs at night.On 08/29/2025 at 10:53 AM, R1 stated she sometimes has trouble getting her call light answered. R1 stated on night shift, there is one CNA per hall. R1 stated that she has been told staff have been hired but she has yet to see any new faces. R1 stated that she has peed on herself waiting for her call light to be answered. R1 stated she knows of three times that this has happened and added that this has only occurred on weekends. R1 stated it's embarrassing when she's in the hall and has to pee on herself. R1 said she does not like that she had to pee on herself, but she had to wait too long. R1 stated there isn't a problem on day shift, that shift always has plenty staff. R1 said on weekends the staff number is much lower than during the week. R1 stated she has complained about staffing in resident council meetings and has even sent a text message to V7 (Assistant Director of Nursing/Licensed Practical Nurse - ADON/LPN) on 08/22/2025 and told her that she has had her call light on for over an hour. R1 stated the staff that work here are really good, there just isn't always enough staff to take care of all the residents. On 08/29/2025 at 11:09 AM, V3 (Family Member) stated that R1 called him about 6 weeks to 2 months ago crying and upset. V3 couldn't recall the exact date, but stated R1 told him her call light had been on for 2 hours and no one was answering. V3 stated he told R1 that if she had an accident that was ok, she couldn't help that no one was answering. V3 said he told R1 if you go in the hallway and have pee on yourself then maybe they will help you. V3 stated he hated to tell R1 that, but he did not know what else to do. V3 stated that he was furious, so he called the facility and sternly told them to go take care of R1. V3 stated the nurse who answered the phone told him if you think you can do it better then you need to come here and help. V3 stated he then got on social media and found V7 (ADON/LPN) and explained to her what happened. V3 stated V7 said she would take care of the problem. V3 stated he had no issues with this until last weekend 08/23/2025 and 08/24/2025. V3 stated on 08/23/2025 around 8:00 PM, R1 called because her call light had been on since she came back from the dining room after supper. V3 stated R1 said she told the staff member pushing her that she needed to use the restroom but R1 ended up having to relieve herself and was incontinent. V3 said R1 didn't say who the staff member was. V3 stated he checked with R1 on 08/24/2025 and R1 had no complaints at that time, but R1 called V3 later that night on 08/24/2025 around

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure sufficient staff were scheduled/available to provide timely care to meet residents' needs. This failure has the potential to affect all 60 residents residing in the facility. Findings Include:1. R1's admission Record documented an admission date of 4/27/25 and included diagnoses of morbid (severe) obesity due to excess calories, spinal stenosis, need for assistance with personal care, presence of right artificial hip joint, pain in right hip, presence of artificial knee joint, bilateral, essential tremor, anxiety, and muscle weakness. R1's Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15, indicating R1 is cognitively intact. This MDS also documented under Functional Goals and Abilities R1 is dependent for toileting hygiene, shower/bathe self, upper body dressing, and putting on/taking off footwear.R1's current Care Plan included a focus area of I currently have an alteration to my ability to care for self and need assistance d/t (due to) Anxiety, Cognitive impairment, Weakness initiated on 1/31/25. Corresponding interventions include: encourage resident to participate to the fullest extent possible with each interaction, encourage resident to use bell to call for assistance, praise all efforts at self care, PT (physical therapy), OT (occupational therapy) and ST (speech therapy) evaluation and treatment. R1 also has a focus area of I am currently able to perform mobility with 2 assist, gait belt and walker initiated on 5/7/25 with corresponding interventions of: encourage (R1) to use bell to call for assistance if needed and monitor/document ability to perform ADLs (activities of daily living).On 08/29/2025 at 10:53 AM, R1 stated she sometimes has trouble getting her call light answered. R1 stated on night shift there is one certified nurse assistant (CNA) per hall. R1 stated on weekends the staff number is much lower than during the week. R1 stated she has complained about staffing in resident council meeting and even sent a text message to V7 (Assistant Director of Nursing/Licensed Practical Nurse - ADON/LPN) on 08/22/2025 telling V7 she had her call light on for over an hour. R1 stated the staff that work there are really good, there's just not enough staff to take care of all the residents.2. R2's admission Record documented an admission date of 10/13/2024 and included diagnoses of iron deficiency anemia, major depressive disorder, anemia, osteoarthritis of knee, morbid obesity, major depressive disorder, anxiety disorder, chronic pain syndrome, essential hypertension, unspecified atrial fibrillation, and unspecified systolic congestive heart failure. R2's MDS assessment dated [DATE] documented a BIMS score of 15, indicating R2 is cognitively intact. The same MDS documented under Functional Abilities and Goals R2 is dependent for toileting hygiene and putting on/taking off footwear. The MDS also documented substantial maximum assist for shower/bathe self and lower body dressing.R2's current Care Plan included a focus area of I currently have an alteration to my ability to care for self and need assistance. The interventions listed are to encourage resident to participate to the fullest extent, encourage resident to use bell for assistance and praise all efforts.On 08/29/2025 at 11:27 AM, R2 stated that staffing on weekends is sparse. R2 stated she has to wait long periods of time on the weekends to get her call light answered. R2 stated the staff are all very helpful and can only do what they can. R2 stated that they do not have enough staff on night shift to take care of everyone.3. R3's admission Record documented an admission date of 12/11/2024 and included diagnoses of aftercare following joint replacement, pain in right knee, difficulty walking, morbid obesity, major depressive disorder, acute kidney failure, sleep apnea, essential hypertension, and chronic obstructive pulmonary disease.R3's MDS assessment dated [DATE] documented a BIMS score of 15, indicating R3 is cognitively intact. This MDS documented under Functional Abilities and Goals R3 requires substantial/maximum assist for toileting, showering, dressing, and putting on/taking off footwear.R3's current Care Plan dated 05/22/2025 documents a focus area of I currently have an alteration in my ability to care for myself and need assistance. Interventions listed include encourage provide range of motion, praise all efforts, and therapy as ordered.On 08/29/2025 at 12:10 PM, R3 stated it takes up to an hour for call lights to be answered on weekends. R3 stated the facility does not have enough staff on nights.4. R4's admission Record documented an admission date of 11/08/2022 and included diagnoses of contracture of the left hip, major depressive disorder, atherosclerosis of native arteries, anemia, morbid obesity, essential hypertension, chronic atrial fibrillation, chronic systolic heart failure, and chronic obstructive pulmonary disease.R4's MDS assessment dated [DATE] documented a BIMS score of 15, indicating R4 is cognitively intact. The MDS under Functional Abilities and Goals documented R4 requires substantial/maximum assist for toileting, shower/bathe self, dressing, and putting on/taking off footwear.R4's