STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145772	A. Building B. Wing	08/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Odd Fellow-Rebekah Home	201 Lafayette Avenue East Mattoon, IL 61938

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. Based on observation, interview and record review, the facility failed to protect the resident's right to be free from physical abuse by another resident for two of three residents (R2, R3) reviewed for abuse in the sample list of five.Findings Include:The Facility Abuse Prevention and Reporting policy effective 3/15/2018, documents this facility affirms: 1. All residents have the right to be free of from verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, neglect, misappropriation of property, and exploitation. On 8/23/25 at 12:23pm R2's Care Plan documents an admission date of 03/14/2023 with diagnoses of Muscle Weakness (generalized), Type II Diabetes Mellitus with Diabetic Neuropathy, Paroxysmal Atrial Fibrillation, Hyperlipidemia, Glaucoma, Essential (Primary) Hypertension, Hypothyroidism, Chronic Kidney Disease, Acquired Absence of Right Leg Below Knee, Chronic Diastolic (Congestive) Heart Failure, and Acquired Absence of Left Leg Below Knee. On 8/23/25 at 12:27pm R3's Care Plan documents an admission date of 08/11/2022 with diagnoses of Abnormalities of Gait and Mobility, Muscle Weakness, Essential (Primary) Hypertension, Glaucoma, Dementia, Unspecified Severity, with Mood Disturbance, and Depressive Disorders. The Nurse Progress Note dated 8/10/2025 at 5:00pm documents R2 stated R3 kicked R2 first and R2 kicked R3 back in the bilateral lower extremities. On 8/22/25 at 2:00pm V1 Director of Nursing confirmed the facility submitted a final facility reported incident dated 08/15/25 that stated R2 kicked R3 in retaliation for R3 kicking R2 in the bilateral lower prosthetics. The same report documents R2 used her prosthesis to kick R3 in the bilateral lower extremities. On 8/22/25 at 2:12pm V2 Licensed Practical Nurse stated a Certified Nurse Aide reported to her that R3 was complaining of pain to her legs, R3 stated R2 kicked her in the legs. V2 stated R3 had bruising to bilateral lower extremities. V2 confirmed R2 stated R3 kicked R2's Bilateral Lower prosthetics and R2 kicked R3 back with the prosthesis in the bilateral lower extremities. On 8/22/25 at 12:30pm R2 stated R3 was coming down the hallway and kicked R2 in the prosthetics and R2 kicked R3 back. R2 stated that she was abused (hit and kicked, yelled at) by a former spouse and will not take being hit by anyone and will be kicking/hitting everyone back that hit/kicks/yells at her.

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
	145772	A. Building B. Wing	08/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Odd Fellow-Rebekah Home	201 Lafayette Avenue East Mattoon, IL 61938

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to develop a comprehensive, person-centered care plan for trauma/abuse for one of three residents (R2) reviewed for abuse in the sample list of five.Findings include:The Care Plan Process policy dated 11/2017 documents a comprehensive person-centered care plan shall be developed and implemented to meet the resident's preferences and goals, and address the resident's medical, physical, mental and psychosocial needs, while honoring resident rights to choice. This care plan shall include goals, measurable objectives, and interventions to meet identified resident needs. The same document states all plans of care must be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly assessment.On 8/23/25 at 12:23pm R2's care plan documents an admission date of 03/14/2023 with diagnoses of Muscle Weakness (generalized), Type II Diabetes Mellitus with Diabetic Neuropathy, Paroxysmal Atrial Fibrillation, Hyperlipidemia, Glaucoma, Essential (Primary) Hypertension, Hypothyroidism, Chronic Kidney Disease, Acquired Absence of Right Leg Below Knee, Chronic Diastolic (Congestive) Heart Failure, and Acquired Absence of Left Leg Below Knee. On 08/22/25 at 12:30pm R2 stated she was abused (hit and kicked, yelled at) by a former spouse and will not take being hit by anyone and will be kicking/hitting everyone back that hits/kicks/yells at R2. R2 stated R3 was coming down the hallway and kicked R2 in the prosthetics and R2 kicked R3 back with the prosthetics. On 08/22/25 at 2:12pm V2 Licensed Practical Nurse stated R2 has talked about being verbally/physically abused by a former spouse. V2 stated that R2 can be verbally aggressive and yell at others.On 08/22/25 at 2:00pm V1 Director of Nurses stated R2 did not have a person centered care plan. V1 confirmed R2's medical record did not contain a Trauma Centered Care Plan nor interventions for R2's behaviors of being verbally aggressive (yelling) at/with other residents.