

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145783	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2025
NAME OF PROVIDER OR SUPPLIER Sunrise Skilled Nur & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 333 South Wrightsman Street Viriden, IL 62690	

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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the Facility failed to follow its abuse policy by reporting and investigating all allegations of abuse for 1 of 4 residents (R2) reviewed for abuse in the sample of 4. Findings include: 1. R2's Face Sheet documents R2 was admitted to the facility on [DATE] with diagnoses including paranoid schizophrenia and delusional disorder. R2's Minimum Data Set (MDS) dated [DATE] documented R2 was cognitively intact, used wheelchair and was dependent for transfer. R2's Hospital Records dated 12/6/25 documented R2 expressed concerns of sexual abuse in the Facility and requested transfer to a different facility after hospital discharge. The Facility's Statement dated 12/8/25 at 2:00 PM documents V5, Case Manager, contacted the Facility regarding an allegation made at the hospital. On 12/10/25 at 12:00 PM, V1, Administrator, stated V5 notified the Facility of R2's sexual abuse allegation in the hospital. R2 made a similar allegation back in May 2025 that was reported and investigated but this allegation was not reported and investigated due to being an old allegation. On 12/10/25 at 1:15 PM, V5 stated she informed V2, Director or Nursing (DON), of R2's sexual abuse allegation, and V2 stated R2 had a similar allegation back in May. V5 stated R2's allegation happened two to three weeks prior to hospitalization while in the Facility, and R2 was unsure of the perpetrator's identity. On 12/10/25 at 2:49 PM, V4, Hospital Social Worker, stated R2 reported she was sexually abused while sleeping in the Facility two or three weeks prior to hospitalization and was unsure of the perpetrator's identity. V5 reported this to the Facility, and V2 told V5 this allegation had been reported before. On 12/10/25 at 3:30 PM, V2 stated they did not report and investigate R2's allegation of abuse, as the same allegation was previously reported and investigated. On 12/15/25 at 8:47 AM, V1 stated she expects the Facility to follow its abuse policy regarding reporting and investigating abuse. The Facility's Abuse Policy revised 1/9/24 documents, The facility immediately and thoroughly investigates all allegations of abuse to include but not limited to interviews or {sic} residents and staff, visitors, Vendors. The facility will timely report all allegations of abuse Initial/Final to IDPH according to the state and federal guidelines. This facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145783
		If continuation sheet Page 1 of 3

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the Facility failed to report allegations of abuse for 1 of 4 residents (R2) reviewed for abuse in the sample of 4. Findings include: 1. R2's Face Sheet documents R2 was admitted to the facility on [DATE] with diagnoses including paranoid schizophrenia and delusional disorder. R2's Minimum Data Set (MDS) dated [DATE] documented R2 was cognitively intact, used wheelchair and was dependent for transfer. R2's Hospital Records dated 12/6/25 documented R2 reported sexual abuse while in the Facility and requested transfer to a different facility upon discharge. The Facility's Statement dated 12/8/25 documents V5, Case Manager, contacted the Facility regarding an allegation made by R2 at the hospital. On 12/10/25 at 12:00 PM, V1, Administrator, stated V5 notified the Facility of R2's sexual abuse allegation that was made during her recent hospitalization. V1 stated R2 made a similar allegation back in May 2025 that was reported, but this allegation was not reported due to being the same allegation that was previously reported. On 12/10/25 at 1:15 PM, V5 stated she informed V2, Director of Nursing (DON), of R2's sexual abuse allegation that was made in the hospital, and V2 stated R2 had a similar allegation back in May. V5 stated R2's allegation of sexual abuse reportedly occurred two to three weeks prior to hospitalization, and R2 did not know the perpetrator's identity. On 12/10/25 at 2:49 PM, V4, Hospital Social Worker, stated R2 reported she was sexually abused while sleeping in the Facility two or three weeks prior to hospitalization and was unsure of the perpetrator's identity. V5 reported this to the Facility, and V2 told V5 this allegation had been reported before. On 12/10/25 at 3:30 PM, V2 stated they did not report R2's allegation of abuse, as it was previously reported. On 12/15/25 at 8:47 AM, V1 stated she expects the Facility to follow its abuse policy regarding reporting of abuse. The Facility's Abuse Policy revised 1/9/24 documents, The facility will timely report all allegations of abuse Initial/Final to IDPH according to the state and federal guidelines.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the Facility failed to investigate allegations of abuse for 1 of 4 residents (R2) reviewed for abuse in the sample of 4. Findings include: 1. R2's Face Sheet documents R2 was admitted to the facility on [DATE] with diagnoses including paranoid schizophrenia and delusional disorder. R2's Minimum Data Set (MDS) dated [DATE] documented R2 was cognitively intact, used wheelchair and was dependent for transfer. R2's Hospital Records dated 12/6/25 documented R2 reported sexual abuse in the Facility and requested transfer to a different facility upon discharge. The Facility's Statement dated 12/8/25 documents V5, Case Manager, contacted the Facility regarding an allegation R2 made at the hospital. On 12/10/25 at 12:00 PM, V1, Administrator, stated V5 notified the Facility of R2's sexual abuse allegation that was made during her recent hospitalization. V1 stated R2 made a similar allegation back in May 2025 that was investigated but this allegation was not investigated due to it being the same allegation that was already investigated. On 12/10/25 at 1:15 PM, V5 stated she informed V2 of R2's sexual abuse allegation, and V2 stated R2 had a similar allegation back in May. V5 stated R2's alleged sexual abuse occurred two to three weeks prior to hospitalization, and R2 did not know the perpetrator's identity. On 12/10/25 at 2:49 PM, V4, Hospital Social Worker, stated R2 reported she was sexually abused while sleeping in the Facility two or three weeks prior to hospitalization and was unsure of the perpetrator's identity. V5 reported this to the Facility, and V2 told V5 this allegation had been reported to them before. On 12/10/25 at 3:30 PM, V2 stated they did not investigate R2's allegation of abuse because it was previously investigated. On 12/15/25 at 8:47 AM, V1 stated she expects the Facility to follow its abuse policy regarding reporting and investigating abuse. The Facility's Abuse Policy revised 1/9/24 documents, The facility immediately and thoroughly investigates all allegations of abuse to include but not limited to interviews or {sic} residents and staff, visitors, Vendors.</p>