

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145842	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Flanagan Rehabilitation & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE  201 East Falcon Highway Flanagan, IL 61740	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>34058</p> <p>Based on interview and record review, the facility failed to safeguard and account for resident monies held in the resident trust fund cash box. This failure affects 19 residents (R2, R3, R5, R6, R8, R9, R10, R12, R13, R14, R16, R17, R19, R20, R21, R22, R23, R24, and R25) out of 25 reviewed for resident funds on the sample list of 25.</p> <p>Findings include:</p> <p>On 7/2/24 at 9:45 AM, V1, Administrator, stated, (V3) was the Business Office Manager but no longer works here because (V3) wasn't handling the resident trust fund cash according to facility policy. V1 further stated, (V3) was the person who discovered the discrepancy with the funds.</p> <p>The facility's Investigative Final Report dated 6/24/24 documents, On 6/16/24 the BOM (Business Office Manager, V3) noted the trust fund cash on hand was not correct and found the missing amount to be \$489.82.</p> <p>The facility's Individual Resident Fund Ledgers document R2, R3, R5, R6, R8, R9, R10, R12, R13, R14, R16, R17, R19, R20, R21, R22, R23, R24, and R25 all have resident trust fund accounts held and managed by the facility.</p> <p>The facility's Resident Roster dated 7/2/24, confirmed by V1, Administrator, documents R2, R3, R5, R6, R8, R9, R10, R12, R13, R14, R16, R17, R19, R20, R21, R22, R23, R24, and R25 reside on the skilled nursing certified part of the facility.</p> <p>(continued on next page)</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
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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/3/24 at 9:15 AM, V1, Administrator, confirmed, (V3) was terminated due to not handling the resident funds according to our facility policy. V1 then clarified, (V3) should not have been handling the cash because (V3) is the person who was doing the reconciliations of the funds. V1 continued, The way it is supposed to go is the Activity Designee (V13) will get a list of desired items from the residents that they want to purchase. Then (V13) will come to (V3) to get the funds from the cash box and have the residents sign for their withdrawals. Then when (V13) comes back from the shopping trip, (V13) will have the residents sign the receipt and sign for the amount of change there is from the shopping. Then (V13) returns the change to (V3) with all the documentation and (V3) was supposed to put the change back into the bank as a deposit. V1 further stated, So (V3) was gathering the money for the shopping trip and handling the money during the shopping trip, then (V3) wasn't having the residents sign for the change they received, and then (V3) was just putting the change back into the cash box. V1 concluded by stating, (V3) was doing things we aren't supposed to be doing just to prevent something like this from happening.</p> <p>The Facility Resident Trust Fund Policy dated 9/2012 documents, The individual responsible for the day to day receipts, disbursements, and recording to the manual ledger should not be the individual inputting this information to the AR (Accounts Receivable) system. The resident fund bank account must be reconciled monthly immediately upon receipt of the bank statement; the reconciliation must be someone other than the person who handles the day to day transactions.</p> <p>On 7/3/24 at 10:44 AM, V1, Administrator, confirmed the amount of the funds that could not be accounted for was \$489.82, and that it was V3 who reported the discrepancy.</p>		

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34058</p> <p>Based on interview and record review, the facility failed to convey resident funds to a resident's estate or probate within the required 30 days after death. This failure affects one resident (R7) out of 25 reviewed for resident funds on a sample list of 25.</p> <p>Findings include:</p> <p>R7's Electronic Medical Record Resident Listing (undated), Minimum Data Set ([DATE]), and Nurses Notes ([DATE]) all document R7 expired on [DATE].</p> <p>R7's Individual Resident Trust Fund Ledger provided by V1, Administrator, on [DATE] documents R7 maintained a current balance of \$125.00 as of [DATE].</p> <p>The Facility Resident Trust Fund Policy dated ,d+[DATE] documents, Resident personal funds must be refunded within 30 days of discharge. In the case of resident death, the facility shall convey the residents personal fund balance and any unused room and board with a final accounting of the balance to the resident's estate or the person administering the estate. Release of such funds will require a proof of claim to the funds. If the facility receives no claim for deceased or discharged resident funds then the funds will be sent to the unclaimed property section of the state Secretary of Revenue with information about the resident and next of kin if known.</p> <p>On [DATE] at 10:44 AM, V1, Administrator, stated, (R7) is expired and does still have a balance. (R7) was private pay so I assume the money would go to the POA (Power of Attorney) but I am new to this because I was thrown into it after the termination of our BOM (Business Office Manager) and still trying to figure out how to get it to the appropriate party. V1 then confirmed. (R7) resided on the nursing home certified side.</p>