STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145958	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany Rehab & Hcc	3298 Resource Parkway Dekalb, IL 60115

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to honor resident's preference to be up for breakfast for 1 of 3 residents (R2) reviewed for resident's rights in the sample of 6.The findings include:R2's facility assessment dated [DATE] shows she has no cognitive impairment-BIMS (Brief Interview for Mental Status) of 15.On 5/1/26 at 9:00 AM, R2 was in bed waiting to get up. R2 was very upset. R2 said this was the 4th time she was not up for breakfast. R2 stated she has been a resident in this facility for four years and that staff are all familiar with her daily schedule. R2 said it was her preference to be up by 6:30 AM to eat breakfast in the main dining room. R2 said staff should respect her preference. R2 said the staff that have been taking care of her lately seemed not to know her established routine.On 5/1/26 at 9:05 AM, V7 (Certified Nursing Assistant-CNA) said she was just pulled to replace R2's assigned CNA that did not show up this morning and got R2 as her resident just now. R2 will be gotten up very soon. V7 (CNA) said this was her 5th day after training.On 5/1/26 at 2PM, V3 (Assistant Director of Nursing) said R2's favorite meal is breakfast. R2 is an early get up at around 6: 30 AM, to be able to eat her breakfast in the main dining room. V3 said these past days, there have been a lot of schedule changes. R2's assigned CNA called off and was replaced by another CNA, R2 then was not gotten up before breakfast. Yesterday, an agency CNA was cancelled and was replaced by a facility CNA but could not get up R2 in time for breakfast. These schedule changes affected R2's routine for the past 4 days. Starting tomorrow, R2 will be gotten up before breakfast per her preference, it was R2's right to keep her established routine.The Facility Policy entitled Resident's Rights dated 12/24 show, each resident residing in this community has the right and will be afforded the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the community without interference, coercion, discrimination, or reprisal. Each resident will have autonomy and choice to the maximum extent possible about how each resident wishes to live his or her everyday life and receipt of care subject to the communities' policies and procedures

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
	145958	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany Rehab & Hcc	3298 Resource Parkway Dekalb, IL 60115

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure resident's safety during a wheelchair transport for 1 of 3 residents (R1) reviewed for safety in the sample of 6.The findings include:The Facility Reported Incident (FRI) sent to state agency with incident date of 4/5/26 (date of report as 4/6/26) shows, R1, fell when she abruptly stood up while staff were transporting her, R1 sustained laceration to forehead. R1 was sent to ED (emergency department) via ambulance for treatment and evaluation. A thorough investigation has been completed. R1, who is with impaired balance and unsteady gait requires assistance with all transfers. R1 returned to facility after the evaluation with negative x-rays and adhesive used for forehead laceration. Staff statements show R1 suddenly stood up and fell. R1's wheelchair did not have foot pedals. Fall interventions are in place and include using foot pedals on wheelchair when transporting the residents.R1's ED note dated 4/5/26 shows fall on the same level from slipping, tripping or stumbling. Cut on forehead (laceration) treated with glue.On 5/1/26 at 9AM, R1 was in her room, sitting in her wheelchair. R1 was noted to have a purplish discoloration in her mid-forehead measuring approximately 1 centimeters (cm) x 1.5 cm with no depth. When asked what happened, R1 said she was ok but cannot remember how she got the bruise. R1's leg rests were not applied to her wheelchair.On 5/1/26 at10:36 AM, V4 (Registered Nurse-RN) said she was the Nurse working last 4/5/26 in the evening shift. V4 said it was past 9PM, R1 was not in her room, she needed to check R1's blood sugar. V4 said she looked for R1. R1 was in the dining room sitting in her wheelchair. When R1 was being transported back to her room, suddenly, she fell forward, it happened so fast, not sure how she would have stood up while the wheelchair was moving. V4 said she cannot recall if R1 had foot pedals. V4 stated the foot pedals would help R1 to position her legs correctly during wheelchair transport.On 5/1/26 at 11:18 AM, V5 (Certified Nursing Assistant -CNA) said she was R1's CNA last 4/5/26. She last saw R1 around 7PM, R1 was in her wheelchair in the hallway. At around 9PM, R1's Nurse (V4) said she was looking for R1 for blood sugar check. R1 was noted in the dining room sitting in her wheelchair asleep. V5 said she was wheeling R1 back to her room when R1 put her legs to the floor and fell forward. V5 said foot pedals should have been applied in R1's wheelchair for safety. A document entitled interdisciplinary fall note dated 4/8/2026 documents, IDT Fall Note Details of fall: Resident was sitting in dining room and staff went to transport resident back to her room when R1 stood up during transport and fell. Factors contributing to fall: R1 did not have foot pedals on wheelchair. Root cause of fall: Resident stood up during transportation, did not have foot pedals. Interventions: Ensure the resident has on foot pedals for staff transport. Care plan updated, YesR1's care plan with a revision date of 7/15/25 show, R1 is at risk for falls due to deconditioning, gait and balance problem, incontinence and hearing problems, with intervention dated 2/27/2023-ensure foot pedals are on wheelchair if resident doesn't self-propel with feet. This intervention was reinitiated on the day of fall 4/5/2026.