

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146016	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2025
NAME OF PROVIDER OR SUPPLIER  Sunset Rehabilitation & Hlth C		STREET ADDRESS, CITY, STATE, ZIP CODE  129 South 1st Avenue Canton, IL 61520	

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 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>Based on record review and interview, the facility failed to report an allegation of abuse to the Administrator for one resident (R2) of three residents reviewed for abuse in a total sample of three.FINDINGS INCLUDE:The facility policy, entitled ABUSE, PREVENTION AND PROHIBITION POLICY, not dated, documents: The facility employee or agent, who becomes aware of abuse or neglect, including injuries of unknown origin or alleged misappropriation of resident property, shall immediately report the matter to the facility Administrator or his/her designated representative in the Administrators absence; and the facility Administrator will ensure a thorough investigation of alleged violations of individual rights and document appropriate action.R2's Electronic Medical Record/EMR Progress Notes documents on 6/28/25 at 8:44 AM, R2 had someone call V5/Registered Nurse to report CNAs (Certified Nursing Assistants) hurt R2.On 8/8/25, at 12:00 p.m., V5/Registered Nurse confirmed her progress note dated 6/28/25 at 8:44 a.m.; R2 told V5 that V7 Certified Nursing Assistant/CNA and V8/CNA hurt her with washcloths; V5 reported the incident to V4/Director of Nursing.On 8/8/25, at 12:15 p.m., V4 (Director of Nursing) confirmed, I was told hours later of the alleged incident regarding the two CNAs who R2 alleged hurt R2, and V4 did not report the incident.On 8/8/25, at 11:30 a.m., V1/Administrator and V2/Interim Administrator confirmed the 6/28/25 allegation was not reported to V1 or V2.</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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