

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Marshall Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 410 North Second Street Marshall, IL 62441	

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>Note: The nursing home is disputing this citation.</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>35347</p> <p>Based on interview and record review, facility staff failed to immediately report an allegation of staff to resident physical and verbal abuse to the facility administrator. This failure affects one resident (R1) of four reviewed for abuse in the sample of four.</p> <p>Findings include:</p> <p>The facility abuse prevention policy (2022) documents the facility will report all allegations of abuse within required timeframes pursuant to Federal and State statutes.</p> <p>The Code of Federal Regulations (S483.12, 10/1/2023) documents: (c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>The facility incident report submitted to the State Survey Agency and subsequent abuse investigation (both dated 8/8/2024) document V4 (Cook) allegedly observed V3 (Cook) physically and verbally abuse R1 on the evening of 8/7/2024. The same record does not document the date, time, or the person who first reported the allegation to V1 (Administrator).</p> <p>On 8/20/2024 at 1:07PM, V1 reported receiving the above allegation on the morning of 8/8/2024. V1 reported V4 (Cook) first reported the allegation to V4's manager, V6 (Dietary Manager), during suppertime on 8/7/2024 but V6 did not report the allegation to V1 until the morning of 8/8/2024.</p> <p>On 8/20/2024 at 1:37PM, V4 (Cook) reported telling V6 about the abuse allegation sometime between 6-6:30PM on 8/7/2024 and requesting V6 inform V1 (Administrator) about the allegation. V4 reported V6 stated, V6 was leaving work for the day.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 8/20/2024 at 1:44PM, V5 (Cook) reported observing V4 report the abuse allegation to V6 on 8/7/2024 and hearing V6 state V6 would contact V1 as soon as possible.</p> <p>On 8/21/2024 at 1:07PM, V6 (Dietary Manager) reported V4 came to V6's office on the evening of 8/7/2024 to report an allegation of alleged abuse. V6 denied informing V1 of the allegation until the next day on 8/8/2024 and denied making any observations or inquiries of either the alleged perpetrator (V3) or the alleged victim (R1) after receiving the above abuse allegation from V4.</p>		