

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 11/25/2025
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)		
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review, the facility failed to protect a resident's right to be free from physical abuse by another resident. This failure affects two residents (R1, R2) of four reviewed for abuse in the sample of four. Findings include: The facility's Resident's Right to Freedom from Abuse, Neglect, and Exploitation Policy and Procedure (2025) documents residents have the right to be free from abuse, neglect, misappropriation of their property, and exploitation. The facility Final Report (undated) documents R1 and R2 were roommates and had a verbal argument on 9/19/2025 followed by R1 striking R2 in the face. On 11/25/2025 at 1:07PM, R2 reported having an argument about politics with R1 in their room on 9/19/2025. R2 reported telling R1 why don't you just hit me? and repeatedly asked R1 to hit R2. R2 reported R1 then approached R2 and began striking R2 in the jaw. On 11/25/2025 at 2:52PM, V4 (Housekeeper) reported being nearby R1 and R2's room and hearing the above altercation. V4 reported entering their room and observing R1 hitting R2 and immediately separating the residents. On 11/25/2025 at 1:43PM, V2 (Director of Nursing) reported responding to R1 and R2's altercation on 9/19/2025. V2 reported R2 told V2 at the time that R2 had been repeatedly asking R1 why don't you just come hit me?, and then leaned forward in R2's chair and stated to R1 are you going to hit me or what?		

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