STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146113	A. Building B. Wing	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenup Rehab and Nursing	300 North Marietta Street Greenup, IL 62428

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 - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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
	146113	A. Building B. Wing	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenup Rehab and Nursing	300 North Marietta Street Greenup, IL 62428

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 - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to protect resident's right to be free from resident-to-resident physical abuse. This failure affected four of five residents (R1, R30, R31, R37) reviewed for resident rights on the sample list of 24 residents.Findings include:R4's Medical Diagnoses List dated August 2025 documents R4 is diagnosed with Severe Dementia with Behavioral Disturbance, Anxiety Disorder, Personality Disorder, Hallucinations, and Major Depressive Disorder.R4's Minimum Data Set (MDS) dated [DATE] documents R4 is severely cognitively impaired. The same MDS documents R4 exhibited physical behavioral symptoms directed toward others such as hitting and kicking. R4's Social Services Quarterly assessment dated [DATE] documents R4 gets agitated and is non-compliant with safety interventions. R4 is verbally aggressive towards residents and staff. R4's Care Plan dated 6/11/25 documents R4 exhibits behaviors of verbal and physical aggression towards other residents. Staff are to provide one on one supervision until aggression has ceased, make sure all her needs are met, and allow phone calls to family. 1. The Incident Report dated 9/28/25 documents R4 kicked R37 on the shin. The incident was witnessed by a cognitively intact resident (R16). R16 reported R4 kicked R37 on R37's leg and R37 yelled ouch. R37 developed a hematoma on her corresponding shin. On 12/5/25 at 1:09 PM, R16 confirmed R16 had witnessed R4 kick R37' shin. R37 stated R4 often gets upset with other residents for no reason and is easily agitated. R16 stated when R4 kicked R37, R37 yelled ouch and made an upset facial expression. 2. The Incident Report dated 10/9/25 documents R4 hit R1. The incident occurred during a group activity. V6 Activity Director witnessed the incident. R4 missed catching the ball in balloon toss and R1 chuckled. In response, R4 reached back and hit R1 on the shoulder. On 12/5/25 at 1:15 PM, V6 Activity Director confirmed V6 was running a game of balloon toss with a group of residents and R4 missed the balloon. R1 laughed but V6 does not believe it was regarding R4, however R4 seemed offended and reached back and hit R1 on the shoulder. 3. The Incident Report dated 11/14/25 documents R4 hit R30. V16 Registered Nurse witnessed the incident. Unprovoked, R1 became upset with R30 and yelled out at R30 and slapped R30 on his arm three times. On 12/5/25 at 12:45 PM, V16 Registered Nurse stated V16 was at the nurses' station and R4 was on the phone with a family member. R30 was sitting near R4 in his wheelchair. Suddenly R4 got upset and R4 turned to R30 and yelled at R30 and slapped him on the arm three times. V16 RN stated R4 often gets upset with others easily and for no reason at all. R4 is agitated and will curse and become aggressive with others- both residents and staff. 4. The Incident Report dated 11/17/25 documents R4 kicked R31. V18 Certified Nurse's Assistant witnessed the incident. R31 accidently laid in R4's bed. R4 retrieved V18 CNA to help get her out and as she wheeled up to the bed, R4 kicked R31's leg that was hanging off the bed. On 12/5/25 at 12:40 PM, V18 CNA confirmed R4 had come down the hall to get help getting V31 out of her bed. V18 CNA followed R4 into her room and saw R31 in R4's bed. R31 was asleep with her legs hanging over the side of R4's bed. Before V18 could do anything, R4 kicked R31's right shin. On 12/5/25 at 12:30 PM, V1 Administrator confirmed R4 has a problem with becoming physically aggressive with other residents. V1 confirmed R4 has hit or kicked R1, R30, R31, and R37 and confirmed these are examples of physical abuse. V1 confirmed R1, R30, R31, and R37 are all cognitively impaired residents and do not recall the incidents. The facility's Abuse, Prevention, and Prohibition Policy dated December 2024 documents each resident has the right to be free from abuse. Physical abuse includes but is not limited to hitting, slapping, punching, biting, and kicking. Resident to resident abuse includes the term willful which means that the individual's actions were deliberate (not accidental) regardless of whether the individual intended to inflict injury or harm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146113	A. Building B. Wing	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenup Rehab and Nursing	300 North Marietta Street Greenup, IL 62428

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to submit a final investigation report regarding allegations of abuse to the state surveying agency. This failure has the potential to affect three of five residents (R1, R30, R31) reviewed for abuse on the sample list of 24 residents. Findings include: The facility's Abuse, Prevention, and Prohibition Policy dated December 2024 documents the facility administrator, employee, or agent who is made aware of any allegation of abuse or neglect shall report or cause a report to be made to the mandated state agency per reporting criteria. The facility will conduct an investigation within five business days and will submit a final report to the required state agency. 1. The Initial Incident Report dated 11/14/25 documents R4 hit R30. V16 Registered Nurse witnessed the incident. Unprovoked, R1 became upset with R30 and yelled out at him and slapped him on his arm three times. 2. The Initial Incident Report dated 11/17/25 documents R4 kicked R31. V18 Certified Nurse Assistant witnessed the incident. R31 accidently laid in R4's bed. R4 retrieved V18 CNA to help get R31 out of R4's bed and as R4 wheeled up to the bed, R4 kicked R31's leg that was hanging off the bed. On 12/5/25 at 12:30 PM V1 Administrator confirmed R4 is physically aggressive with other residents, and it is considered physical abuse. V1 stated V1 completed the initial abuse report and investigation on these incidents, however, did not have time to compile the investigations into a final report and did not submit a final abuse investigation report to the state surveying agency for either of these incidents. 3. R1's admission Record dated 12/4/25 documents original admission date of 9/3/19. Documents R1's active medical diagnoses to include Muscle Weakness, Recurrent Depressive Disorder, Major Depressive Disorder, Osteoarthritis, Diabetes Mellitus Type 2, Unsteady on Feet, Lack of Coordination, Dementia with Behavioral Disturbances, History of Falls, and Displaced Fracture of the Sixth Cervical Vertebra. R1's Minimum Data Sheet (MDS) dated [DATE] documents R1 has moderate cognitive impairment with inattention and disorganized thinking. R1's Progress Notes dated 11/22/25 document R1 had a change in condition related to physical altercation. On 12/4/25 at 10:00 AM, V1 stated that on 11/22/25, R1 had kicked R4 because R4 was in his way to get to kitchen door. V1 stated R1 most likely kicked her wheelchair. V1 stated no investigation had been done related to the 11/22/25 incident and no final report had been sent.