

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2026
NAME OF PROVIDER OR SUPPLIER Casey Rehab and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 100 N.E. 15th Casey, IL 62420	
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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide necessary supervision of a safe transfer with the mechanical lift and to implement accident prevention interventions for one resident (R1) of four residents reviewed for Accidents in a sample list of four residents. This failure resulted in R1 sustaining a Nondisplaced Oblique Ankle Fracture requiring a visit to the local hospital emergency room. This past compliance occurred from 4/6/26 to 4/12/26. Findings include: Minimum Data Set (MDS) dated [DATE] documents R1 is severely cognitively impaired. R1's Care Plan dated 2/9/26 documents R1's Activities of Daily Living (ADL): Self-care deficit-needs assist to complete quality care and/or poorly motivated to complete ADLs. R1 has Dementia and that interferes with R1's ability to care for self and R1's quality of care. R1 is dependent on staff with all ADL's and meals. R1 transfers using a total body mechanical lift with two staff assist. Staff should explain all procedures prior to starting, advise R1 what is expected of R1 during the transfer, and reassure R1 of safety as needed. R1 is dependent on staff for transfers, ADL's, eating, dressing, and bed mobility. R1's Nursing Progress Note dated 4/5/2026 at 6:00 AM, documents, Night shift nurse notified this nurse that resident had bumped Left great toenail on mechanical lift during transfer, slight bleeding noted. R1's Nursing Progress Note dated 4/6/2026 at 8:44 AM, documents, (R1's) Left ankle swollen and purplish in color, painful to touch. Left knee is a little swollen R1's Nursing Progress Note dated 4/6/2026 at 6:53 PM, documents, (R1) sent to the local ER (emergency room) by ambulance. R1's Nursing Progress Note dated 4/6/2026 at 11:43 PM, documents, (R1) returned to facility via ambulance with soft splint in place to left lower extremity. R1's Xray dated 4/6/26 documents the impression determined an Acute Nondisplaced Oblique Fracture in the Medial Malleolus of R1's left ankle. The Incident Summary dated 4/12/26 documents after review of statements and interviews with reenactment with staff, the injuries observed are consistent with bumping R1's foot/ankle on the mechanical lift bar during transfer. On 6/10/26 at 9:55 AM, V1 Administrator stated nobody knows what happened. V1 Administrator stated staff saw blood on R1's toe and noticed some swelling in R1's foot. V1 Administrator stated the Doctor was notified and had an Xray ordered due to the swelling. V1 Administrator stated they assumed the injury occurred by the total body mechanical lift because the blood on R1's toe and swelling in R1's left foot/ankle matched up as the possible source. On 6/10/26 at 11:26 AM, V3 Assistant Director of Nursing (ADON) stated V3 ADON came in on day shift that day to work the floor and staff told V3 ADON to look at R1's toe. V3 ADON stated after investigating it, it was determined that someone probably had bumped R1's toe on the total body mechanical lift during a transfer, but nobody witnessed it. V3 ADON stated it was later in the day that the swelling was noticed in R1's left foot. On 6/10/26 at 1:08 PM, V8 Licensed Practical Nurse (LPN) stated V11 Certified Nursing Assistant (CNA) told V8 LPN, R1's toe was bleeding when V8 LPN came in that morning. V8 LPN stated it was later when they were giving R1 a bed bath was when they noticed swelling in R1's left foot and knee and reported to V8 LPN. V8 LPN stated V8 LPN assumes it happened when they got R1 up that morning but doesn't know for sure. On 6/23/26 at 11:09 AM, V10 Registered Nurse (RN) stated one of the CNA's told V10 RN there was blood on the bed. V10 RN went (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 146117	Facility ID: 146117
		If continuation sheet Page 1 of 2

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and assessed R1. V10 RN stated R1's toe looked like a skinned area and V10 RN cleaned it. V10 RN stated V10 RN thinks it happened on evenings but doesn't know because V10 RN was told five to ten minutes before the end of V10's shift. On 6/23/26 at 11:13 AM, V2 Director of Nursing (DON) stated the incident of bumping R1's left foot on the mechanical lift was the best guess but nobody witnessed it. On 6/24/26 at 8:41 AM, V9 Medical Doctor (MD) stated it is a possibility that the injury occurred by bumping R1's foot on the mechanical lift during transfer. On 6/24/26 at 9:52 AM, V11 Certified Nursing Assistant (CNA) stated V11 CNA didn't witness the incident, but V11 CNA told V8 RN that R1's ankle was swollen and had bruising. Review of using a Mechanical Lift use Policy and Procedure dated 1/15/26 documents the purpose is to help lift residents who are too heavy to lift manually, to promote comfort, and maintain good body alignment while the resident is being moved. The Procedure includes assisting the resident in guiding his/her legs while using the mechanical lift to transfer. Prior to the day of the survey on the day of 6/24/26, the facility took the following actions to correct the noncompliance: On 4/6/26 foam padding was placed on the mechanical lift bar and continued through present day per V1 Administrator. R1's care plan dated 4/7/26 documents to guide R1's feet during use of the total body mechanical lift. All staff were in-serviced on the total body mechanical lift transfer/safety by 4/10/26 according to V2 DON. Comprehensive audits started on 4/7/26 and continued through present day by V1 Administrator. R1 was moved to a new room. The facility presented an acceptable Plan of Correction on 4/10/26. This Plan of Correction was validated by observation, interview, and record review of steps taken by the facility to implement their Plan of Correction.		