

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Lacon Rehab and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 401 9th Street Lacon, IL 61540	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the boiler was in working order to provide heat. This failure has the potential to affect 60 residents residing in the facility. The facility's Homelike Environment/Maintenance policy, revised 12/1/25, documents that housekeeping and maintenance services are necessary to maintain a sanitary, orderly, and comfortable interior. This form documents that the facility is to be comfortable and have safe temperature levels. The facility's Cold Weather policy, revised 11/24/25, documents that the facility will conduct regular building maintenance and inspection, including maintenance of heating and air conditioning systems and thermostats. On 1/18/26 at 1:30pm the temperatures throughout the facility ranged from 56.0 degrees Fahrenheit to 58.0 degrees Fahrenheit. On 1/18/26 at R1 was in bed with several blankets and a stocking cap on to keep him warm. V6, R1's Family, stated that R1's room is very cold. V6 stated that when she entered his room, he didn't even have a stocking cap on, and his head was cold to the touch. R2 was in her room with her winter coat on and several blankets on her. R3 was sitting in the front hall, with his winter coat, stocking cap, and several blankets on his lap. R3 stated that it is very cold in the facility. On 1/18/26 at 1:00pm, V3 verified that a seam broke in the boiler, so there is no heat. V3 stated that a [NAME] is enroute to fix it. V3 verified that the temperatures were running in the mid to upper fifties. On 1/18/26 at 1:30pm, V1, Administrator, verified that the heat is out in the facility. V1 stated that an emergency evacuation plan is set up if needed. On 1/20/26 at 2:00pm, V1 verified that the census on 1/18/26 was 60. The facility's Daily Census sheet, dated 1/17/26, documents 60 residents residing in the facility.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 146123
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