

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 01/23/2026
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)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement care plan discharge interventions for four of five residents (R1-R4) reviewed for discharge plans in a sample of five. Findings include: The discharge Care Plan policy, dated 11/6/25, documents that when a resident is discharged, a post-discharge plan shall be provided to the resident and or his or her representative (sponsor). This form documents that a description of the resident and family's preferences for care; a description of how the resident and family will access and pay for such services; a description of how the care should be coordinated if continuing treatment involves multiple caregivers; the identities of specific resident needs are discharge (i.e. personal care (ADL's, self-administration of medication's, diet, etc.) sterile dressings, physician therapy, etc.) Appropriate referrals when necessary are made by social services and documented in the medical record, and a description of how the resident and family need to prepare for the discharge. Social Services will review the plan with the resident and family before the discharge is to take place. The facility's Comprehensive Care Plan policy, revised 6/25/25, documents that an individual comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychological needs is developed for each resident. 1. On 1/23/26 at 10:00am, R1 stated that discharge plans had not been discussed until the involuntary discharge was given to him. R1's electronic medical record documents that R1 was admitted to the facility on [DATE]. R1's current care plan does not document a discharge plan or interventions. 2. R2's electronic medical record documents that R2 was admitted to the facility on [DATE]. R2's current care does not document a discharge plan or interventions. 3. On 1/23/26 at 11:00am, R3 stated that he is going home after he finishes his therapy. R3 verified that no one has talked to him concerning his discharge plans. R3 stated that he has his family looking into home health for him. R3 stated that his discharge was never discussed in his care plan meeting. R3's electronic medical record documents that R3 was admitted to the facility on [DATE]. R3's current care plan does not document a discharge plan or interventions. 4. R4's electronic medical record documents that R4 was admitted to the facility on [DATE] and discharged home on [DATE]. R3's care plan did not document a discharge plan or interventions. On 1/23/26 at 12:30pm, V8, Minimum Data Set Director/Registered Nurse, stated that a discharge plan is supposed to be initiated upon admission. V8 stated that V3, Social Service Director, is supposed to document the discharge portion of the care plan. On 1/23/26 at 12:50pm, V3 stated that she is responsible for care planning discharges but has fallen behind. V3 verified that R1-R4 did not have a discharge plan on their care plans.		

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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