

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/09/2026
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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. Based on interview and record review, the facility failed to timely remit and provide final accounting of resident personal funds for one (R1) of three residents reviewed for personal funds and billing in the sample of three. Findings include: The facility's policy titled, [NAME] Policy and Procedure, dated 2025, documented billing was to be prompt, complete, and accurate. This same document included not refunding credit balances in a timely and appropriate manner as a listed Prohibited [NAME] Practice. R1's Resident Fund Management Service (RFMS) form, signed and dated 12/18/25, documented R1 authorized a transferring account, a \$60.00 monthly allowance, and direct deposit of R1's Social Security benefit. The RFMS form does not document the facility was R1's Social Security representative payee. R1's Medicaid Notice of Decision, dated 2/28/26, documented R1's Medicaid coverage ended on 2/28/26. R1's Healthcare and Family Services (HFS) LTC (Long-Term Care) Discharge/Death Results, undated, documented R1 discharged from the facility on 3/9/26. This same document included: Personal Funds Balance: \$0.00; Other Funds Balance: \$0.00, and a Room and Board Balance of \$2,608.40. On 7/9/26 at 12:26 PM, V3, Business Office Manager, stated R1's HFS document was uploaded into R1's electronic health record on 3/10/26. On 7/8/26 at 3:33 PM, R1 stated R1 did not receive his April Social Security check after he discharged from the facility in March and has spoke with V3, Business Office Manager, and the Social Security office about it and is not getting anywhere. R1 stated he did receive a check, dated 6/29/26, in the amount of \$112.60, mailed on 7/2/26, and received on 7/7/26. R1 stated R1 did not receive anything else from the facility. R1's March invoice statement, dated 3/31/26, documented R1 had a balance forward of \$2,608.40 with a deposit of \$1,627.00 on 3/3/26 and a description of, SSA TREAS 310 XXSOC, and a charge of \$1,627.00 on 3/1/26 with a description of, Patient Liability Due March 01-8 2026. The ending balance due for the March invoice statement was \$981.40. The invoice statement documented the invoice was sent to R1's Power of Attorney at the time. R1's April invoice statement, dated 4/30/26, documented a balance forward of \$981.40. This same document includes a 4/3/26 SSA TREAS 310 XXSOC credit of \$1,627.00 and included March room and board charges/adjustments with an ending credit balance of \$309.80. An e-mail, dated 7/9/26 at 9:51 AM, from V3, Business Office Manager, showed correspondence between the [NAME] and Collections Department on 4/6/26 at 3:35 PM and stated, sent email to (V4, Chief Financial Officer); The 4-3 should be sent back since it was after DC (discharge), make sure to notify (unknown employee) timely when a RFMS resident has a final DC or passes away. Send (R1) his \$60 now and we'll send the refund for the SSA (Social Security Administration) once he catches up on his bill and we can release it. R1's Trust Transaction History document, dated 7/9/26, shows a \$60.00 deposit to R1's trust account on 4/3/26 and then a trust refund of \$60.00 (check number 1065) with an ending trust account balance of \$0.00. R1's final invoice statement, dated 6/30/26, documented a balance forward credit of \$309.80 and showed adjustment entries dated 6/23/26 with an ending balance of \$0.00. On 7/9/26 at 10:44 AM, V3, Business Office (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: Facility ID: 146123	If continuation sheet Page 1 of 2

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Manager, stated R1's final bill in the electronic health record was prior to R1's refund and was R1's overpayment if R1 had remained Medicaid. Once the facility initiated the ledger review for the refund, they identified that Medicaid dropped coverage on 2/28/2026 which changed the credit to \$112.60. Check #11744, dated 6/29/26, was refunded directly to R1. On 7/9/26 at 1:33 PM, V4, Chief Financial Officer, stated R1 neglected to notify Social Security of R1's discharge from the facility in March, which caused the facility to receive R1's April Social Security check on 4/3/26. V4 stated R1's account was fluid and stated trust funds and Accounts Receivable were separate. V4 stated Medicaid reimbursement in Illinois was slow and questioned what the company was supposed to do when residents owed money and reimbursement was delayed. On 7/9/26 at 2:54 PM, V1, Administrator, confirmed R1's personal funds credit balance should have been sent to R1 within 30 days. The credit balance should not have been withheld pending reimbursement from Medicaid. V1 stated any debts owed after the refund was issued and reimbursement went through should have been billed to R1 after.		