

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER Cisne Rehabilitation & Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 107 North Watkins Street Cisne, IL 62823	

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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to have a licensed administrator licensed in accordance with state law. This failure has the potential to affect all 19 residents residing in the facility. Findings include: V1's (Administrator) Illinois Department of Financial and Professional Regulation (IDFPR) Lookup Detail View documented a Licensed Nursing Home Administrator Temporary with a First Effective Date of [DATE], Effective Date of [DATE], and an Expiration Date of [DATE]. On [DATE] at 12:12 PM, V14 (Administrator In Training/ AIT) stated she had only been working in the facility for 3 to 4 weeks and was not sure about the history of V1's Administrator License. V14 said on the IDFPR website V1's Licensed Nursing Home Administrator Temporary documented an Active Status but was expired. V14 said she did not have a Licensed Nursing Home Administrator Temporary yet. V14 stated that V1 was currently unavailable due to a hospitalization. V1 was unable to be reached for interview during the survey. On [DATE] at 12:32 PM, V15 (Regional Director of Operations/ RDO) stated V1 had a Temporary Administrator License and V1 told V15 that V1 had taken the Licensed Nursing Home Administrator test but was unsure if V1 had passed or failed. V15 said a Temporary Administrator License was eligible to be extended if the person had attempted the Licensed Nursing Home Administrator test. V15 said V1 had applied for a licensure extension but due to IDFPR being slow to process any applications for licensure since COVID V1 had not received any notice of extension. V15 said he had called IDFPR to inquire about V1's licensure extension and was told it was being processed. On [DATE] at 2:45 PM, V14 stated she was not aware of any other Administrator License being connected and active in the facility. V14 was not able to provide any reproducible documentation V1 had recently attempted to take the Licensed Nursing Home Administrator testing or of V1 filing for an extension on the Licensed Nursing Home Administrator Temporary. The facility's Resident Matrix printed [DATE] documented 19 residents residing in the facility. Illinois Administrative Code title 77, 399.510 documents .a) There shall be an administrator licensed under the Nursing Home Administrators licensing and Disciplinary Act .full-time for each licensed 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
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