

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E848	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Decatur Rehab & Health Care CT		STREET ADDRESS, CITY, STATE, ZIP CODE 136 South Dipper Lane Decatur, IL 62522	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on observation, interview, and record review the facility failed to provide notice which included date of transfer, discharge location, Office of the State Long Term Care Ombudsman contact information, appeal rights, and contact information for the agencies for advocacy and protection of residents with intellectual/development disabilities and mental illness for four (R1, R2, R3, R4) of four residents reviewed for involuntary transfer in the sample list of four.</p> <p>Findings include:</p> <p>The facility's written notification dated 11/1/24, signed by V1 Administrator, documents this letter is to inform the facility's residents that the facility will voluntarily close on 2/1/25; and facility staff, consultants and government agencies are working together to ensure residents find placement at facilities that meet the resident's comprehensive needs and preferences. This notice does not include the right to appeal, Ombudsman contact information, or contact information for advocacy and protection agencies for residents with intellectual/developmental disabilities and mental illness.</p> <p>The facility's undated Closure Plan documents this closure and relocation plan will be initiated on or about November 1, 2024, and will be completed February 1, 2025; and once placement is determined the facility will notify the resident and family of the proposed relocation and their right to an appeal in accordance with federal and/or state laws.</p> <p>On 11/13/24 at 9:40 AM V1 Administrator stated the facility will be closed after the four remaining residents (R1-R4) are discharged today. At 9:50 AM V1 provided the facility's resident roster dated 11/13/24 that documents R1-R4 are the only residents that reside in the facility. V1 stated R1 and R2 are leaving between 10:00 AM and 10:30 AM, R3 is leaving around 11:00 AM, and R4 is leaving around noon.</p> <p>The facility's ongoing resident move roster documents residents started transferring/discharging from the facility as of 11/5/24.</p> <p>1.) On 11/13/24 at 9:58 AM R1 was sitting in a wheelchair in the dining room. R1 stated about a week ago the facility notified the residents verbally and in writing that the facility was closing.</p> <p>(continued on next page)</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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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R1's Face Sheet dated 8/26/24 documents R1's diagnoses include Schizoaffective Disorder, Major Depression, and Anxiety Disorder. R1's Minimum Data Set (MDS) dated [DATE] documents R1 is cognitively intact.</p> <p>2.) On 11/13/24 at 10:08 AM R2 was lying in bed and stated R2 has lived at the facility for a few years and was told yesterday that the facility is closing.</p> <p>R2's Face Sheet dated 8/26/24 documents V12 (R2's Family) as R2's responsible party, and R2's diagnoses include epilepsy, history of traumatic brain injury, and developmental disorder of scholastic skills. R2's MDS dated [DATE] documents R2 has severe cognitive impairment.</p> <p>3.) On 11/13/24 at 10:00 AM R3 was lying in bed wearing oxygen. R3 stated the facility notified the residents verbally and in writing on 11/1/24 of the facility's closure. R3 provided the written notice of closure that was dated 11/1/24 and documented the facility would close on 2/1/25. This notice did not include date of transfer, location of discharge, Ombudsman contact information, appeal rights, or contact for information for the advocacy and protection agencies for residents with intellectual/developmental disabilities and mental illness. R3 stated V1 Administrator has helped R3 with discharge planning and R3 is transferring today to a facility of her choice today.</p> <p>R3's Face Sheet dated 8/26/24 documents R3's diagnoses include Dementia, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Dementia, Cerebrovascular Disease, Anxiety, and Depression; and no family or guardian is listed. R3's MDS dated [DATE] documents R3 has moderate cognitive impairment.</p> <p>4.) On 11/13/24 at 9:53 AM R4 was walking independently in R4's room and there were boxes of R4's belongings. R4 stated the facility came in here like [NAME] and told us they're closing. R4 stated R4 is transferring to another skilled nursing facility today, which is his choice and close to his family. R4 was unable to say what day R4 was notified of the closure or discharge planning that the facility assisted with. R4 deferred further questioning to the facility's staff and R4's Family (V10).</p> <p>On 11/13/24 at 10:39 AM V10 stated V10 was notified both verbally and in writing on 11/2/24 of the facility's closure.</p> <p>R4's Face Sheet dated 8/8/24 documents R4's diagnoses include Type Two Diabetes Mellitus, Pervasive Developmental Disorder, Cognitive Communication Deficit, Glaucoma, Sarcoidosis of Lung, History of Traumatic Brain Injury, and other problems related to life management difficulty. R4's MDS dated [DATE] documents R4 as cognitively intact.</p> <p>There is no documentation in R1's, R2's, R3's, and R4's medical records that the residents and their families/representatives were provided notice, which includes all of the required information, prior to discharging from the facility on 11/13/24.</p> <p>On 11/13/24 at 12:45 PM R1-R4 had been discharged and there were no residents residing in the facility.</p> <p>(continued on next page)</p>		

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 11/13/24 at 10:52 AM V1 stated staff were notified on 11/1/24 of facility closure by 2/1/25 and that day V1 met with residents in small groups and one to one to notify of the closure and answer any questions. V1 stated V1 called all of the residents' families between 11/2/24 and 11/4/24 to notify of the closure after letters were mailed on 11/1/24 by V5 Chief Executive Officer of (contracted company). V1 stated V1 doesn't know that anything has been documented about each resident's discharge planning, other than the managers documenting the discussion of facility closure in the nursing notes or social service notes. V1 stated V1 did not receive a lot of guidance on what should be documented. At 11:52 AM V5 provided a copy of the notice that was sent to residents and families on 11/1/24. At 12:32 PM V1 confirmed no other notices regarding transfers/discharges were provided to the residents/families besides the notice on 11/1/24 by V5. V1 confirmed the written notice provided on 11/1/24 did not include date of transfer, discharge location, Ombudsman information, appeal rights, and advocacy agency for developmental disabilities and mental illness information, and confirmed the facility had residents with developmental disabilities and mental illnesses that were discharged after 11/1/24.		

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on observation, interview, and record review the facility failed to coordinate and document discharge planning for four (R1, R2, R3, R4) of four residents reviewed for involuntary transfer in the sample list of four.</p> <p>Findings include:</p> <p>The facility's written notification dated 11/1/24, signed by V1 Administrator, documents this letter is to inform the facility's residents that the facility will voluntarily close on 2/1/25; and facility staff, consultants and government agencies are working together to ensure residents find placement at facilities that meet the resident's comprehensive needs and preferences.</p> <p>The facility's undated Closure Plan documents the facility intends to close on 2/1/25 and the plan is to ensure safe, orderly and clinically appropriate resident transfers, and to assure successful adjustment for reach resident with minimal stress. This plan includes the following approximate time frames: notification on days 1-5, resident assessments on days 2-30, and transfer/relocation of residents on days 10-45. The resident assessments to be completed include Medicaid Coverage Determination, Medical and Social Assessments by a nurse and Qualified Mental Retardation Professional, and Psychological Preparation of Residents for Transfer. This plan documents the facility will hold on-site conferences for residents and resident representatives to discuss the relocation plans for each resident; the resident's needs, alternative placement, and preferences will be discussed and family or guardian involvement is essential to assure successful relocation for residents and that residents' rights are protected.</p> <p>On 11/13/24 at 9:40 AM V1 Administrator stated the facility will be closed after the four remaining residents (R1-R4) are discharged today. V1 stated the facility staff found out on 11/1/24 that the facility would be closing, and social services staff and V1 worked with the residents to find placement, and all were able to go to facilities of their choice. At 9:50 AM V1 provided the facility's resident roster dated 11/13/24 that documents R1-R4 are the only residents that reside in the facility. V1 stated R1 and R2 are leaving between 10:00 AM and 10:30 AM, R3 is leaving around 11:00 AM, and R4 is leaving around noon.</p> <p>The facility's ongoing resident move roster documents residents started transferring/discharging from the facility as of 11/5/24.</p> <p>1.) On 11/13/24 at 9:58 AM R1 was sitting in a wheelchair in the dining room. R1 stated about a week ago the facility notified the residents verbally and in writing that the facility was closing. R1 stated staff have been helping R1 with discharge planning and R1 has decided to transfer to (facility's sister facility). R1 stated R1 was told (sister facility) is similar to this one since it has younger residents and mental health services.</p> <p>(continued on next page)</p>		

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R1's Face Sheet dated 8/26/24 documents R1's diagnoses include Schizoaffective Disorder, Major Depression, and Anxiety Disorder. R1's Minimum Data Set (MDS) dated [DATE] documents R1 is cognitively intact. R1's Care Plan dated 7/9/24 does not document discharge planning. R1's Social Service Progress Note dated 11/6/24, recorded by V11 Maintenance Director, documents discussed with R1 today about facility closure and upcoming move. R1's only concern is that R1 would like to continue to receive the same services so R1's mental stability continues to improve. R1 was reassured that the facility would make sure R1 gets to the proper facility with the services that R1 needs. There is no other documentation in R1's medical of coordination of discharge planning, besides this note.</p> <p>2.) On 11/13/24 at 10:08 AM R2 was lying in bed and stated R2 has lived at the facility for a few years and was told yesterday that the facility is closing. R2 stated he was unsure of where he was transferring to and that no one had talked with him about discharge planning; and R2 has no family involved in his care.</p> <p>On 11/13/24 at 10:11 AM V2 Resident Care Coordinator stated R2 is transferring to (sister facility) today, R2 is alert with confusion and has no guardian or Power of Attorney. V2 stated R2 was aware of R2's discharge today and has been reminded, but R2 must have forgot.</p> <p>R2's Face Sheet dated 8/26/24 documents V12 (R2's Family) as R2's responsible party, and R2's diagnoses include epilepsy, history of traumatic brain injury, and developmental disorder of scholastic skills. R2's MDS dated [DATE] documents R2 has severe cognitive impairment. R2's Care Plan dated 5/9/24 documents the following: R2 wishes to eventually be discharged to another facility, V12 believes R2 needs more care than V12 can provide. The interdisciplinary team will review this with V12 and R2 on comprehensive care plans. Interventions listed are evaluate R2's motivation to return to the community and inform on each comprehensive MDS availability of discussions with a Local Contact Agency to assist with setting up services to discharge to the community.</p> <p>There is no documentation in R2's medical record of the facility's closure and coordination of discharge planning.</p> <p>3.) On 11/13/24 at 10:00 AM R3 was lying in bed wearing oxygen. R3 stated the facility notified the residents verbally and in writing on 11/1/24 of the facility's closure. R3 provided the written notice of closure that was dated 11/1/24 and documented the facility would close on 2/1/25. R3 stated V1 Administrator has helped R3 with discharge planning and R3 is transferring today to a facility of her choice. At 11:08 AM R3 entered V1's office to say goodbye, R3 was in a wheelchair and wearing oxygen. R3 left the facility with R3's personal belongings.</p> <p>R3's Face Sheet dated 8/26/24 documents R3's diagnoses include Dementia, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Dementia, Cerebrovascular Disease, Anxiety, and Depression; and no family or guardian is listed. R3's MDS dated [DATE] documents R3 has moderate cognitive impairment. R3's November 2024 Physician Orders document R3 receives hospice care. R3's Care Plan dated 10/24/24 documents a problem area for discharge planning to return home, but as of 10/24/24 R3 and R3's family no longer wish for R3 to discharge. Interventions include to encourage R3 to discuss feelings and concerns, and monitor/address episodes of anxiety, fear, and distress, and to inform R3 on each comprehensive MDS of the availability to discuss contacting the Local Contact Agency to assist with setting up services to discharge to the community.</p> <p>(continued on next page)</p>		

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R3's Social Services Progress note dated 10/15/24 documents R3's daughter is R3's Power of Attorney. R3's Social Service Progress Note dated 11/6/24, recorded by V11 Maintenance Director, documents V11 discussed R3's upcoming discharge with R3, R3's only concern was where her boyfriend, an unidentified resident, would be transferring to. R3 was reassured that the facility would assist in finding placement for the residents that the residents are happy with. There is no other documentation in R3's medical record of the facility's closure and coordination of discharge planning.</p> <p>4.) On 11/13/24 at 9:53 AM R4 was walking independently in R4's room and there were boxes of R4's belongings. R4 stated the facility came in here like [NAME] and told us they're closing. R4 stated R4 is transferring to another skilled nursing facility today, which is his choice and close to his family. R4 was unable to say what day R4 was notified of the closure or discharge planning that the facility assisted with. R4 deferred further questioning to the facility's staff and R4's Family (V10).</p> <p>On 11/13/24 at 10:39 AM V10 stated V10 was notified on 11/2/24 of the facility's closure. V10 stated we were given up to 2/1/25 to find placement, but staff have been helpful in finding residents placement sooner than anticipated. V10 stated the facility started transferring residents last week, the facility assisted with discharge planning, and V10 was able to choose the facility for R4 to be transferred to.</p> <p>R4's Face Sheet dated 8/8/24 documents R4's diagnoses include Type Two Diabetes Mellitus, Pervasive Developmental Disorder, Cognitive Communication Deficit, Glaucoma, Sarcoidosis of Lung, History of Traumatic Brain Injury, and other problems related to life management difficulty. R4's MDS dated [DATE] documents R4 as cognitively intact. R4's Care Plan dated 10/25/24 does not include discharge planning. There is no documentation in R4's medical record of the facility's closure and coordination of R4's discharge planning.</p> <p>On 11/13/24 at 12:45 PM R1-R4 had been discharged and there were no residents residing in the facility.</p> <p>On 11/13/24 at 10:12 AM V3 Social Services Assistant stated staff found out on 11/1/24 that the facility was closing and residents and families were notified that same day, and letters were sent out on 11/4/24. V3 stated residents were given opportunity to choose their facilities and they were asked about their preferences, referral packets were sent out and calls were placed to facilities, and residents were accepted to their chosen facilities. At 11:23 AM V3 confirmed V3 had not documented resident discharge planning.</p> <p>On 11/13/24 at 10:16 AM V4 Social Services Director stated V4 assisted in sending referrals to facilities and following up. V4 stated residents were given options and choice of facility, if residents weren't able to decide then it was up to their guardian or family. V4 stated R3 has been involved in discharge planning, but R3 did not get accepted at a few facilities, R3 had no facility preference and has no family. V4 stated R3 has been reminded of being transferred today to (sister facility). At 10:50 AM V4 stated V4 was not sure where discharge planning is documented and V4 was not instructed to document discharge planning. At 11:18 AM V4 stated V4 sent R4's referral packet to (sister facility), per V10's request and V4 spoke to V10 yesterday to inform of discharge plan. V4 stated V4 had not spoken to V10 about discharge planning prior to 11/12/24.</p> <p>(continued on next page)</p>		

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/13/24 at 10:52 AM V1 stated staff were notified on 11/1/24 of facility closure by 2/1/25 and that day V1 met with residents in small groups and one to one to notify of the closure and answer any questions. V1 stated residents were asked that day of places they would prefer to be transferred to and we made a list that day. V1 stated management staff followed up with the residents to ask how they were feeling and if they had any questions or concerns. V1 stated V1 called all of the residents' families between 11/2/24 and 11/4/24 to notify of the closure after letters were mailed on 11/1/24. V1 stated all residents were assisted with finding placement in facilities that they wanted to go, all of the facilities have psychiatric services and all but two of those facilities use the same psychiatry provider. V1 stated R3 is on hospice and the same hospice company will continue to follow R3 at the receiving facility, and all of the residents on hospice were able to keep the same hospice company at the receiving facilities. V1 stated we started sending referral packets to facilities last week, which included included face sheets, insurance information, Preadmission Screening and Resident Reviews, trust fund information, Physician Order for Life Sustaining Treatment, Power of Attorney forms, physician orders, progress notes/nursing notes, care plans and laboratory results, as well as additional medical records. V1 stated V1 gave notice to terminate V1's employment as of 11/15/24 and V1 wanted to make sure all of the residents had placement accepted prior to V1's last day. V1 stated V1 has visited residents at their new facilities to follow up after their discharge. V1 stated V1 doesn't know that anything has been documented about each resident's discharge planning, other than the managers documenting the discussion of facility closure in the nursing notes or social service notes. V1 stated V1 did not receive a lot of guidance on what should be documented. V1 stated V11 was assigned to follow up with R1 and R3 regarding discharge. V1 stated V4 should have put in a note for R4's discharge planning and V3 should have put in a note for R2's discharge planning. V1 stated R2 had no facility preference, we had tried to communicate with R2's family (V12), but he is hard to get a hold of and messages were left. V1 stated on 11/5/24 (sister facility) representative came to the facility and talked with R2 about the facility and how it was similar to this one, and R2 was in agreement to transfer there.</p> <p>The facility's undated Transfer and Discharge Policy and Procedure documents: Involuntary transfers or discharges Except for the case of late payment or nonpayment, the facility shall notify the resident and the residents family member, surrogate or representative of the transfer and the reasons for the transfer as stated in the clinical record. In all other instances of involuntary transfer or discharge the mandated federal and state 30 day "Notice Transfer or Discharge will be issued and the following steps taken.</p> <ol style="list-style-type: none"> 1. The planned involuntary transfer or discharge shall be discussed with the resident, guardian, residents representative and/or the person or agency responsible for the residents placement, maintenance and care in the facility. 2. The discussion shall be carried out by the administrator or his/her designee. The content of the discussion and explanation shall be summarized in writing, including the names of those in attendance. The summary shall be made a part of the residents clinical record. 3. A physicians discharge order shall be obtained in the residents record prior to discharge. 4. Prior to transfer or discharge the Social Service Director shall counsel the resident and summarize the counseling session in the residents record. 		