STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E848	A. Building B. Wing	05/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Decatur Rehab & Health Care CT	136 South Dipper Lane Decatur, IL 62522

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35510 Based on interview and record review, the facility failed to ensure R2 was not subjected to physical and verbal abuse by another resident, R1. R1 and R2 are two of four residents reviewed for abuse in the sample list of 10. This failure resulted in R2 expressing fear and trauma related to physical and verbal altercations with R1. R2 has expressed fear of coming into contact with R1 and this limits R2's movement about the facility, including not leaving R2's bedroom and not participating in dining activities where R1 is present. Findings include: The facility's Final Report dated 4/18/22 documents on 4/11/22, R1 and R2 were involved in a physical altercation. This report documents R1 recently admitted to the facility on [DATE] and is alert and oriented. R2 was admitted to the facility 9/20/17 and is alert and oriented. This report documents R2 reported to V5, Licensed Practical Nurse (LPN) that R1, R2's roommate bit R2 after R2 went to R1's side of the room to talk to R1 because R1 was throwing things at R2's television. This report documents R1 stated R1 bit R2 because R2 attacked and jumped on R1. R1 stated R1 was lying in R1's bed when R2 jumped on R1 and R2 attempted to cover R1's nose and mouth. R1stated R1 bit R2 in self-defense. This report documents several alert and oriented residents were interviewed and stated no concerns or recollections of (R2) being physically aggressive with anyone. This report documents V3, Resident Aide stated R2 approached V3 in the hall stating that R1 bit R2's right hand. V3 reported the incident to V5. V5's interview in this report documents R1 and R2 were immediately separated and moved to different rooms and placed on 1:1 supervision. R2 was placed on 15 minute visuals upon return from the hospital. R1's Baseline Care Plan dated 4/11/22 document R1 ambulates with a rolling walker with supervision. This Care Plan documents on 4/12/22, R1 was placed on 15 minute checks and had a room change after altercation with R2 on 4/11/22 for identified safety risks: safety plan of care. R1's 15 minute monitoring sheets begin with the date of 4/17/22 and are ongoing. These sheets do not document 15 minute monitoring for 4/24/22 or 5/2/22. R1's Nurse's Notes document as follows: (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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	4/11/22 at 9:00pm documents R1 was in room in bed and got into an altercation with roommate (R2) that became physical. R1 defended R1's self by biting R2 when R2 jumped on top of R1. R2 put R2's hand over R1's mouth as if R2 was trying to smother R1. R1's fingernail on right hand, third finger was ripped off during the altercation (1/2 way). R1's finger had minimal bleeding and no pain but did request PRN Anxiety medication. 4/13/22 4:00pm, R1 was seen in the hall having a verbal altercation with another resident. Staff immediately intervened and separated the two. On 4/28/22 at 3:00pm, R1 stated, yeah, I bit (R2), I (R1) sure did! R1 stated R1 had a tight bite on R2's hand and was not letting go if R1 could help it and continued to bite R2's hand after R2 had fallen to the floor. R1 stated R2 tried to beat R1 up twice and had jumped on (R1) and flipped out. R1 stated a few days later after the first incident, R2 saw (R1) coming and confronted (R1). R1 stated R2 tried to push R1 and V13, Dietary Manager saw the whole thing and told R1 that R1 didn't do anything. R2's Nurses Notes dated 4/13/22 at 4:00pm document R2 was in the hall having a verbal altercation with another unidentified resident and staff intervened and separated the residents. On 4/28/22 at 2:40pm, R2 stated soon after R1 was admitted to the facility , R1 was mad about R2's television but could not remember if it was the volume or channel. R2 stated one evening, R1 was throwing stuff at R2's television so R2 went to find a staff member to talk to R1. R2 stated after R2 found V5, Licensed Practical Nurse (LPN) and told V5 what was going on with R1, R2 went back to the room. R1 continued to throw stuff at R2's television so R2 went to R1's side of the room as R1 was lying in bed and R2 attempted to remove items from R1's hands so R1 would stop. R2 stated R1 grabbed R2's hand and chomped down and bit R2's right hand and would not let go of R2's hand. R2 stated R1 hit R2 and R2's glasses flew off and R2 fell to the floor while R1 continued to clench R1's teeth on R2's hand. R2 stated R2 had to yank R2's hand out of R1's mouth as R2 was on the floor. At this time, R2's right hand was noted to have a small open puncture wound to under the right thumb. R2 stated R2's right hand was swollen, bruised, painful and had teeth marks and the skin was broken. R2 stated the incident was very traumatic for R2. R2 stated not even a week later R1 rammed in to R2 with R1's walker in the hall while R2 was ambulating. R2 didn't know R1 was behind R2 at the time. R2 stated V12, Dietary Manager came to help. R2 stated R2 turned around and asked R1, why did you bang (run/hit) into me, quit banging into me. R2 stated when R2 attempts to leave R2's room, R2 checks around for R1 and if R1 is in the dining room or where R2 is headed, R2 goes back to R2's room in attempt to avoid R1. R2 stated R2 is afraid of (R1) and that R2 does not trust R1. On 5/3/22 at 9:40am V13, Physical Therapy Assistant (PTA) stated R1 and R2 were maybe about 10 feet from each other on 4/13/22 in the hall when V13 first looked down the hall while assisting with therapy. V13 looked up again and looked down the hall and observed R1 run in to R2 from behind with R1's walker. R2 turned around and asked why R1 hit R2 with R1's walker. The verbal altercation began to escalate. R1 went to pick up R1's walker and swing it toward R2 after the incident but I am unsure if contact was actually made. R1 and R2 were arguing and exchanging words. Their tone was not nice, and neither were their words. V13 stated V13 called for assistance when R1 and R2 began to escalate and R1 picked up walker and began swinging it toward R2. (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few	On 5/2/22 at 1:25pm, V12, Dietary Manager stated R1 antagonizes and starts the situations. R1 was calling R2 slurs including b**** during an altercation in the hall. V12 stated R1 likes using the word retard and was calling R2 a retard at that time in the hall as well. V12 stated R2 was walking down the hall toward R2's room, not facing the direction of R1 and R1 was behind R2. V12 stated R2 has told V12 R1 is worried about coming out to dining room when R1 is here and R1 stating that crazy b**** (R1) is gonna jump me (R2.) On 5/2/22 at 3:00pm, V1 (Administrator) stated V1 was notified that R1 and R2 literally physically hurt each other at 8:08pm on 4/11/22. R2 showed V2 (DON) R2's finger where the nail had been ripped off. V1 stated R1 has never had a history of physical abuse/aggression while a resident at the facility. V1 stated the facility did not send R1 out for psychiatric evaluation, but R2 had been. R1 had a broken fingernail, not too severe. V1 stated R2 had marks from where R1 bit R2 on R2's hand and that the emergency room had cleaned the wound. V1 stated V1 was told R2 had teeth marks from R1 biting R2. V1 stated the physical abuse between R1 and R2 on 4/11/22 was substantiated. V1 stated on 4/13/22, R2 was in front of R1 and R2 was heading to toward R2's room and R1 bumped into R2, (V1) think by accident. R2 turned around and said something to R1. V13, Physical Therapy Assistant (PTA) reported R1 and R2 bumped into each other and were having a verbal altercation. V1 stated it wasn't really anything but V13 wanted to make sure V13 reported it to the facility.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35510 Based on interview and record review, the facility failed to develop and implement their Abuse Prohibition Policy and Procedure by failing to ensure the policy included screening of prospective residents. The facility also failed to investigate and report allegations of physical and verbal abuse to the State Survey Agency, ensure residents involved in abuse allegations were evaluated, failed to document a thorough investigation and failed to implement interventions for the safety of residents following physical and verbal abuse incidents. These failures impact R1, R2, R3, and R4, four of ten residents reviewed for abuse in the sample of ten. Findings include: (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's Abuse Prevention Program Policy dated 11/28/2016 documents the facility affirms the right of the residents to be free from abuse, neglect, misappropriation of resident property and exploitation. The facility prohibits mistreatment of their residents. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment neglect and abuse of the residents. This policy documents this will be done by identifying occurrences and patterns of potential mistreatment and abuse of residents, implementing systems to investigate all reports and allegations of mistreatment, abuse and misappropriation of resident property; promptly and aggressively and making the necessary changes to prevent reoccurrences. This policy documents the administrator or designee shall be informed immediately of all reports of abuse of residents and upon learning of allegations of abuse, the administrator or designee shall initiate an investigation. Residents who allegedly mistreat or abuse another resident will be removed from contact with that resident during the course of the investigation. The accused residents condition shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement considering his/her safety as well as the safety of other residents of the facility. The person in charge of the investigation will obtain a copy of any documentation relative to the incident and follow the Resident Protection Investigation Procedures. The investigator will follow the Resident Protection Investigation Procedures that contain specific investigation paths depending on the nature of the allegation. This policy documents the final investigation report will include any noted injuries and the conclusions of the investigation in writing and shall contain a summary of all interviews conducted with the names, addresses, phone numbers and willingness to testify for all witnesses. The final report shall be forwarded to the State Survey Agency within 5 working days of the reported incident. The administrator or designee is also responsible for informing the representative of the results of the investigation and any corrective action taken. The facility must ensure if the events that cause a reasonable suspicion result in bodily injury or suspected criminal sexual abuse, the report to the State Survey Agency shall be made immediately after forming the suspicion but not later than two hours, otherwise the report must be made no later than 24 hours after forming the suspicion. The administrator or designee will inform the resident or residents representative of the conclusions of the investigation. Resident Protection Investigation Procedures document the investigation shall include a review of medical records of any residents involved in the allegation and if the accused individual is an employee, the facility is to review the personnel file to check for references, background check and documentation of orientation and training. The investigation shall also consist of an interview with staff having contact with the resident and accused individual during the period of the alleged incident. This policy documents for possible physical abuse, the facility is to do a full body exam and review the resident record to determine if there are any medical conditions that would cause, exacerbate or influence an injury or bruising. Even if a resident may not comprehend the disparaging content, verbal or mental abuse might have taken place if the intent was willful and the content abusive, demeaning or humiliating. The facility's Possible Theft Investigation Path documents all missing items need to be investigated in accordance with the facility's missing items protocol. There are specific instances where theft should be considered including: The theft value of a piece of property. Any missing money should be considered and treated as a possible theft until there are clear indications that the property was mislaid or lost by other means than theft. The facility's Abuse Prevention Program Policy dated 11/28/16 does not specify the need for screening of prospective residents. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1.) The facility's Final Report dated 4/18/22 documents on 4/11/22, R1 and R2 were involved in a physical altercation. This report documents R1 recently admitted to the facility on [DATE] and is alert and oriented. R2 was admitted to the facility 9/20/17 and is alert and oriented. This report documents R2 reported to V5, Licensed Practical Nurse (LPN) that R1, R2's roommate bit R2 after R2 went to R1's side of the room to talk to R1 because R1 was throwing things at R2's television. This report documents R1 stated R1 bit R2 because R2 attacked and jumped on R1. R1 stated R1 was lying in R1's bed when R2 jumped on R1 and R2 attempted to cover R1's nose and mouth. R1stated R1 bit R2 in self-defense. This report documents several alert and oriented residents were interviewed and stated no concerns or recollections of (R2) being physically aggressive with anyone. This report documents V3, Resident Aide stated R2 approached V3 in the hall stating that R1 bit R2's right hand. V3 reported the incident to V5. V5's interview in this report documents R1 and R2 were immediately separated and moved to different rooms and placed on 1:1 supervision. R2 was placed on 15 minute visuals upon return from the hospital. There are no interviews with staff or residents related to R1's behaviors. There is no documentation of date and time the final report was sent to the State Survey Agency. There is no documentation R1 was evaluated after biting R2. There is no documentation the facility was completing the identified post physical abuse incident intervention of 15 minute checks for R1 following the abuse allegation on 4/12/22 until 4/17/22. The facility's final report does not document injuries sustained by R1 or R2, documentation of review of medical records for R1 and R2, and no documentation of time the final report of the physical abuse between R1 and R2 was sent to the State Survey Agency. 2.) On 5/3/22 at 9:40am V13, Physical Therapy Assistant (PTA) stated R1 and R2 were maybe about 10 feet from each other on 4/13/22 in the hall when V13 first looked down the hall while assisting with therapy. V13 looked up again and looked down the hall and observed R1 run in to R2 from behind with R1's walker. R2 turned around and asked why R1 hit R2 with R1's walker. The verbal altercation began to escalate. R1 went to pick up R1's walker and swing it toward R2 after the incident but I am unsure if contact was actually made. R1 and R2 were arguing and exchanging words. Their tone was not nice, and neither were their words. V13 stated V13 called for assistance when R1 and R2 began to escalate and R1 picked up walker and began swinging it toward R2. There is no documentation of an investigation to this witnessed verbal and physical abuse incident. There is no documentation the facility reported this physical and verbal abuse that was witnessed by V13 on 4/13/22. 3.) The facility's Final Report dated 2/23/22 documents R3 as the resident involved and that a CNA reported that R3 stated that the CNA was inappropriate with them. This report documents R3 denied making the allegation. This report documents multiple other residents were interviewed and no concerns were noted however the investigation only documents resident interviews with R5, R6, R9 and R10. This report documents after a thorough investigation, the facility has determined that this accusation could not be substantiated. There is no documentation that V7's personnel file was reviewed by the facility during the investigation. There is no documentation R3's medical records were reviewed or that all staff during the period of the alleged abuse occurring were interviewed. (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's Daily Assignment sheets dated 2/16 and 2/17/22 document V7, CNA was assigned to the hall the facility identified V7 would not work on due to the allegation of sexual abuse. 3.) The facility's Final Report dated 1/12/22 documents R4 reported to staff that R4's wallet was missing including the $30 R4 had in the wallet. This report documents an undated/untimed interview with R4 stating R4 wanted R4's wallet and asked where R4's wallet was. R4 was unable to recall the last place R4 saw the wallet. This report documents V9, CNA had not seen R4's wallet and V10, CNA dressed R4 and R4 did not say anything about R4's wallet to V10. There are no witness statements/interviews documenting V9 and V10's interviews. This investigation does not document interviews with all staff working from the time it was last reported being seen to the allegation of misappropriation of property. This investigation does not document a date/time/proof R4's $30 was replaced. On 5/2/22 at 3:00pm, V1, Administrator stated V1 was unable to find the missing items protocol as the facility's Abuse Prevention Policy documents the facility is to use for allegations of misappropriation of property. V1 stated the verbal altercation between R1 and R2 on 4/13/22 was not reported to the State Survey Agency because R1 did not feel it was that bad, or that big of a deal. On 5/3/22 at 1:00pm, V1, Administrator stated V1 is unable to find documentation of confirmation of sending the final investigation report to the State Survey Agency for the Abuse Allegation for R1 and R2 as well as for the Misappropriation allegation for R4's missing wallet. On 5/11/22 at 11:05am, V1 stated V1 did not document date and time R4's money was replaced or what staff completed a search for the money and where each of them searched. V1 stated V1 thought V1 reviewed V7, CNA's personnel file but there is no documentation this was done. V1 stated V1 was unsure if interviews with all staff working during the time the wallet allegedly went missing for R4 and the sexual abuse allegation for R3 with V7 occurred were completed or just not documented.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 35510 Based on interview and record review, the facility failed to report an allegation of verbal and physical abuse. This failure affects two of 10 residents (R1, R2) in the sample of 10. Findings include: R1's Nurses Notes dated 4/13/22 4:00pm document R1 was seen in the hall having a verbal altercation with another resident. Staff immediately intervened and separated the two (residents). R2's Nurses Notes dated 4/13/22 at 4:00pm document R2 was in the hall having a verbal altercation with another unidentified resident and staff intervened and separated the residents. On 5/3/22 at 9:40am V13, Physical Therapy Assistant (PTA) stated R1 and R2 were maybe about 10 feet from each other on 4/13/22 in the hall when V13 first looked down the hall while assisting with therapy. V13 looked up again and looked down the hall and observed R1 run in to R2 from behind with R1's walker. R2 turned around and asked why R1 hit R2 with R1's walker. The verbal altercation began to escalate. R1 went to pick up R1's walker and swing it toward R2 after the incident but I am unsure if contact was actually made. R1 and R2 were arguing and exchanging words. Their tone was not nice, and neither were their words. V13 stated V13 called for assistance when R1 and R2 began to escalate and R1 picked up walker and began swinging it toward R2. There is no documentation the facility reported this physical and verbal abuse that was witnessed by V13 on 4/13/22 to the State Survey Agency. On 5/2/22 at 3:00pm, V1, Administrator stated the verbal and physical abuse altercation on 4/13/22 was not reported to State Survey Agency. V1 stated V1 did not feel it was that bad, or that big of a deal so V1 did not report the incident to the State Survey Agency although V1 stated R2 reported R1 ran in to R2 purposely.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. 35510 Based on interview and record review, the facility failed to complete and document thorough investigations for abuse allegations and failed to implement facility identified corrective actions to ensure the safety of residents. These failures affect four of 10 residents (R1, R2, R3, R4) in the sample of 10. Findings include: 1.) The facility's Final Report dated 4/18/22 documents R2 reported R1 bit R2 to V5, LPN. R1 stated R1 bit R2 because R2 attacked R1 and jumped on top of R1. This report documents R2 came out in to the hall telling V5, LPN that R1 was throwing things at R2's television and when R2 went over to talk to R1 about it, R1 bit R2's hand. This report documents R2 approached V3, Resident Aide (RA) in the hall stating R1 had bit R2's right hand. V3 immediately referred R2 to the (unidentified) nurse. After a thorough investigation, the facility determined that this was truly a misunderstanding. This report documents R2 remains on 15 minute visual checks. R1's Baseline Care Plan dated 4/12/22 documents, R1 was placed on 15 minute checks for identified safety risks: safety plan of care after an altercation with R2. R1's 15 minute visuals monitoring sheets are dated 4/17/22-5/1/22. There is no documentation of 15 minute visual checks for R1 prior to 4/17/22. On 5/2/22 at 4:30pm, V1, Administrator stated R1's 15 minute checks did not begin until 4/17/22, after the facility noticed more aggressive behavior from R1. V1 stated V1 was unaware R1's Baseline Care Plan documents on 4/12/22, R1 is to be on 15 minute checks after an altercation with roommate (R2) 4/11/22. On 5/3/22 at 9:40am V13, Physical Therapy Assistant (PTA) stated R1 and R2 were maybe about 10 feet from each other on 4/13/22 in the hall when V13 first looked down the hall while assisting with therapy. V13 looked up again and looked down the hall and observed R1 run in to R2 from behind with R1's walker. R2 turned around and asked why R1 hit R2 with R1's walker. The verbal altercation began to escalate. R1 went to pick up R1's walker and swing it toward R2 after the incident but I am unsure if contact was actually made when R1 went to swing the walker at R2. R1 and R2 were arguing and exchanging words. Their tone was not nice and neither were their words. V13 stated V13 called for assistance when R1 and R2 began to escalate and V13 saw R1 pick up R1's walker and R1 began swinging it toward R2 in attempts to hit R2. R2's 15 minute monitoring/visual check sheets are inaccurate as they document R2 was asleep in R2's room on 4/13/22 at 4:00pm when V13, Physical Therapy Assistant (PTA) witnessed R1 run in to R2 with R1's walker and a verbal altercation began. There is no documentation in the investigation of interviews with staff or residents related to R1's behaviors related to the physical abuse incident on 4/11/22. There is no documentation of date and time the final report was sent to the State Survey Agency. There is no documentation of an investigation for the physical and verbal abuse allegation that occurred on 4/13/22. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/2/22 at 3:00pm, V1, Administrator stated there was no investigation for the physical and verbal abuse incident on 4/13/22 between R1 and R2. 2.) The facility's Final Report dated 2/23/22 documents R3 as the resident involved and that a CNA (Certified Nursing Assistant) (V7) reported that R3 stated that V7, CNA was inappropriate with them. This report documents multiple other residents were interviewed and no concerns were noted however the investigation only documents resident interviews with R5, R6, R9 and R10. This report documents after a thorough investigation, the facility has determined that this accusation could not be substantiated. The investigation for this sexual abuse allegation documents V7, CNA would be removed from the hall R3 resides on. There is no documentation V7's personnel file was reviewed by the facility during the investigation. There is no documentation R3's medical records were reviewed or that all staff during the period of the alleged abuse occurring were interviewed. The facility's Daily Assignment sheets dated 2/16 and 2/17/22 document V7, CNA was assigned to the hall the facility identified V7 would not work on due to the allegation of sexual abuse between V7 and R3. On 5/11/22 at 11:05am, V1, Administrator stated V7, CNA should not have been on the hall R3 resides on. V1 stated the daily assignment sheets she provided could be wrong but V1 was unsure. 3.) The facility's Final Report dated 1/12/22 documents R4 reported to staff that R4's wallet was missing including the $30 R4 had in the wallet. This report documents an undated/untimed interview with R4 stating R4 wanted R4's wallet and asked where R4's wallet was. R4 was unable to recall the last place R4 saw the wallet. This report documents V9, CNA had not seen R4's wallet and V10, CNA dressed R4 and R4 did not say anything about R4's wallet to V10. The investigation for R4's missing wallet on 1/5/22 does not document witness statements/interviews for V9 and V10's interviews that were documented in the final report. There is no documentation of time/date/identification of staff member who searched the facility in this investigation. The investigation documents V1, Administrator purchased a new wallet for R4 and will replace money that was inside. There is no documentation of the money being replaced in the investigation. There is no date and time the final investigation report for the missing wallet was sent to the State Survey Agency. On 5/11/22 at 11:05am, V1, Administrator stated V1 does not have documentation of replacing R4's $30. V1 was unable to recall dates/times of searches conducted in the facility. V1 stated V1 does not have documentation of date and time the final investigation report was sent to the State Survey Agency.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E848	A. Building B. Wing	05/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Decatur Rehab & Health Care CT	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)
F 0888 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure staff are vaccinated for COVID-19 35510 Based on interview and record review, the facility failed to develop their COVID-19 staff vaccination policy to include a process to request a religious exemption, a contingency plan or deadline to obtain the vaccine for staff who are not up to date with the COVID-19 vaccination requirement. The facility policy does not document what actions will be taken if the deadline to be up to date is not met. These failures have the potential to affect all 31 residents residing in the facility. Findings include: The facility's COVID-19 Vaccine Policy and Procedure dated 3/25/22 documents the purpose of the policy is to establish a process to comply with the Federal mandate that all staff are vaccinated against COVID-19 unless they have a medical or religious exemption to help reduce the risk residents and staff have of contracting and spreading the disease. The facility's policy does not include a process to request a religious exemption, a contingency plan or deadline to obtain the vaccine for staff who are not up to date with the COVID-19 vaccination requirement. The facility policy does not document what actions will be taken if the deadline to be up to date is not met. On 5/11/22 at 11:05am, V1, Administrator stated the copy provided to the State Survey Agency was the current COVID-19 staff vaccination policy for the facility. V1 stated the facility census on 4/28/22 was 31 residents. The facility's Daily Roster dated 4/28/22 documents 31 residents reside in the facility.