STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 6016539				CONSTRUCTION		E SURVEY PLETED	
		A. BUIL		A. BUILDING:		С	
		6016539	B. WING		06/	10/2024	
IAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, ST				
CARMI M	ANOR REHAB & NR	SG CTR 615 WES CARMI,	ST WEBB STRI IL 62821	EET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
S 000	Initial Comments		S 000				
	Complaint Investiga 2454368/IL173928	ation:					
	Investigation of Fac 05-08-2024/IL1735	ility Reported Incident of 18					
S9999	Final Observations		S9999				
	Statement of Licens 300.610a) 300.1210b) 300.1210d)3) 300.3240e)	sure Violations:					
	Section 300.610 R	esident Care Policies					
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed					
	Section 300.1210 Nursing and Person	General Requirements for nal Care					
	care and services t practicable physica well-being of the re	shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with nprehensive resident care	t				
	tment of Public Health / DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE	
lectroni	cally Signed					07/03/24	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C		
		6016539	B. WING			0 10/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
CARMI N	IANOR REHAB & NR	SG CTR 615 WES CARMI, I	ST WEBB STRI IL 62821	EET		
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S9999	Continued From pa	ge 1	S9999			
	plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.					
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
	resident's condition emotional changes, determining care re further medical eva	oservations of changes in a , including mental and , as a means for analyzing and quired and the need for luation and treatment shall be aff and recorded in the ecord.				
	Section 300.3240	Abuse and Neglect				
	suspected abuse of upon credible evide the long-term care if abuse, that residen immediately evalua suitable therapy and considering the safe	nvestigation of a report of f a resident indicates, based ince, that another resident of facility is the perpetrator of the t's condition shall be ted to determine the most d placement for the resident, ety of that resident as well as esidents and employees of 3-612 of the Act)				
	-	are not met as evidenced by:				
	failed to ensure res for 2 of 3 residents abuse in a sample of	and record review, the facility idents were free from abuse (R10, R12) reviewed for of 13. This resulted in R10 gs of fear and uncertainty for				

		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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CARMI N	IANOR REHAB & NR	SG CTR 615 WES CARMI, I	T WEBB STRI L 62821	EET		
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S9999	Continued From pa	ge 2	S9999			
	Findings included:	•				
	5					
		documented R10 was				
		ility on 8/23/2023 with				
		natic Brain Injury, Cancer and				
	Diabetes Mellitus among others. R10's MDS assessment dated 5/6/2024 documented R10					
		of 15 out of 15 total, which				
		gnitively intact. This same				
		R10 has no impairment to				
		emities, does not ambulate				
		uses a wheelchair and/or				
	walker for locomotion					
	R1's face sheet documented R1 was admitted to					
		0/2024 with diagnosis of				
		renia, Major Depressive				
		ty among others. R1's MDS				
		assessment dated 5/6/2024				
		s a BIMS (brief interview for e of 15 out of 15 total, which				
		nitively intact. This same MDS				
	•	s no impairment to his upper				
		s, ambulates independently				
	and does not use a	· · ·				
	0 0///000/ / / 0					
		5pm, R10 stated on 5/8/2024				
		vas in his wheelchair, in the				
		at the dining room table				
		o be served. R10 stated R1 igitated started yelling he was				
		rted kicking over tables. R10				
		e over by me and started				
		o of the head with his fist. R10				
		d between the table and his				
		ld not get away from R1. R10				
		hitting me and it took several				
	staff members to ge	et R1 off of me. R10 stated he				
		in anyway and has not really				
	had any trouble fror	m R1 in the past. R1 said the				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		6016539	B. WING		C 06/10/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
CARMIN	ANOR REHAB & NR	SGCTR	ST WEBB STR	EET		
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S9999	Continued From pa	ge 3	S9999			
	emergency order of does not want R1 a stated V4 (Dietary I Nurse/RN) and R11 witnessed the attact go to the emergence attack, but later agr X-rays but they wer than a sore spot on button on his hat be	scared him so he sought an f protection against R1 and iround him ever again. R1 Manager/DM), V9 (Registered I were in the dining room and k. R10 stated he declined to by room for evaluation after the reed to get in facility mobile re negative. R10 stated other his head caused by the top eing hit against his head when he did not receive any other				
	in the dining room of passing supper me suddenly started ye and kicking over en stated R1 was yellin was going to put the next R1 started hitt stated it took seven away from R10. V9 facility and interview R10 got an emerge	Opm, V9 (RN) stated she was on 5/8/2024 at 5:00pm, dications. V9 stated R1 elling and saying he was "God" onpty tables and chairs. V9 ong he was a Jew (Jewish) and e spirit into V4 (DM), V9 stated ing R10 on the head. V4 al staff members to get R1 stated the police came to the wed R1 and R10. V9 stated ency odor of protection against id abuse R10 when he hit him	1			
	Assistant/CNA) sta 5/8/2024 at 5:00pm the dining room wa when R1 started ye empty tables and c	Opm, V20 (Certified Nursing ted she was working on a. V20 stated everyone was in iting for supper to be served elling he was God, kicked over hairs and then stared hitting I was "pounding" R10, hitting his fist.				
· D	was working on 5/8	5pm, V12 (CNA) stated she /2024 at 5:00pm. V12 stated ut supper trays when R1				

	epartment of Public	Health (X1) Provider/Supplier/Clia		E CONSTRUCTION		E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		6016539	B. WING			0 10/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE		
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	IANOR REHAB & NR	CARMI, I	L 62821			
(X4) ID		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETI
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	DATE
				DEFICIENC	Y)	
S9999	Continued From pa	ge 4	S9999			
	started velling and	then attacked R10. V12 stated				
		to get R1 off of R10.				
		5pm, V1 (Administrator)				
		sed R10. V1 stated				
		1 attacked R10, R1 was taken				
	ι,	oom for psychological				
		return to the facility and was				
		e facility. V1 stated R1 would				
	not be returning to					
	A facility document titled State of Illinois, Illinois					
		lic Health-Long Term Care				
	Facility-Serious Inju					
		ease Report with incident date				
	of 5/8/2024 at 5:00	om documents the following in				
	part: Final Report. ((R1) allegedly struck (R10)				
		in the dining room awaiting				
		otified. POA's (power of				
		Police notified (R1) was				
		behavior such as repeating				
		er again. He told (V4) that the				
		good. He declined a second he wanted another one. He				
		is a "Jew." He told (V4) that he				
		e "spirit in (V4)." After making				
		jumped up and began kicking				
		s chanting "Kick the devil				
		t (R10) on the head multiple				
	times while staff int	ervened to separate them. 911				
		to transfer (R1) to the ER.				
		e ambulance to arrive, police				
		atements from (R1) and (R10).				
		I during the entire episode and				
		terview. (R1) told he police				
		mighty." (R10) declined ER				
		as assessed by nursing staff				
		e noted. (R1) went to the ER o the facility due to (R10)				
		ency Order of Protection				
ois Depar	tment of Public Health					

	Department of Public	Health (X1) Provider/Supplier/Clia	(X2) MUUTIPLE	CONSTRUCTION		E SURVEY
			A. BUILDING:		PLETED	
	6016539		B. WING			C 10/2024
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	ANOR REHAB & NR	SGCTR		EET		
		· · ·	IL 62821			(1)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	against (R1). (R1) v	vas placed at a new facility.				
	concerning what he assaulted R10 docu "I was eating my su my eye I seen R1 p (R1) Hit him (R10) s cussed at him." (Ev A handwritten state concerning what sh assaulted R10 docu While sitting at the R10 and started be was doing was eatin Progress note in R2	ated statement from R3 witnessed when R1 umented the following in part: pper when out of the corner of unching and attacking R10." ' several times in the head and rent date 5/8/2024 at 5:00pm) ment, dated 5/8/2024, from R witnessed when R1 umented the following in part: dinner table, R1 charged at ating R10. The only thing R10 ng an ice cream sandwich. 10's EHR (electronic health 2024 at 19:34 (7:34pm)	2			
	documented the fol commotion going o hitting R10 with his trying to get away, i away from R10. R1	lowing: V8 (RN) heard a n in the dining room, (R1) was fist on the head. R10 was t took multiple staff to get R1 0 said he didn't do or say st came up behind him and	5			
	Emergency Order of was granted an ord	ate of Illinois, Circuit Court, of Protection documents R10 er of protection that began on m and R1 is not allowed withir				
	admission date of 0 including: Paranoid Disorder with Mixed Cerebral Infarction, following unspecifie	t documents R12 has an 03/18/24 with diagnoses Schizophrenia, Adjustment d Anxiety and Depression, Other Paralytic Syndrome of Cerebrovascular disease, bnormalities of gait and				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		C 06/10/2024	
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	615 WES				
IANOR REHAB & NR	CARMI, I	L 62821			
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Continued From pa	qe 6	S9999			
mobility. R12's Mini 04/20/24 document	mum Data Sheet (MDS) dated s a Brief Interview of Mental	ł			
date of 01/20/24 with Encephalopathy, Co Polyneuropathy, He following Cerebral I dominant side, and below knee. R6's M documents a BIMS	th diagnoses including erebral Infarction, emiplegia and Hemiparesis nfarction affecting left non Acquired absence of left leg IDS dated 04/22/24 score of 15 indicating residen				
04/12/24 with diagn Encephalopathy, Es Diastolic Heart Faile Epilepsy and recurr Infarction. R8's MD	oses including Metabolic ssential Hypertension, Chronic ure, Chronic Kidney Disease, rent seizures and Cerebral S dated 04/14/24 section C is				
think it is right that I R12's room and pur kissed her and noth R8 came down to th put his arm around stated, she told him understand English Nurse Aide/CNA) at been done about it. room a couple time and he came back him to keep him fro	R8 came down to R6 and t his arm around R12 and hing has been done about it. heir room and sat next to R12, her and kissed R12 twice. R6 to leave, but he doesn't . They told V10 (Certified nd V12 (CNA) and nothing has R8 came back down to their s, she tried to shoo him away down, and she threw a shoe a m coming in the room. R6	3			
	PROVIDER OR SUPPLIER IANOR REHAB & NR SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa mobility. R12's Mini 04/20/24 document Status (BIMS) score cognitively intact. R6's Face sheet do date of 01/20/24 wi Encephalopathy, Ca Polyneuropathy, He following Cerebral I dominant side, and below knee. R6's N documents a BIMS is cognitively intact. R8's Face sheet do 04/12/24 with diagn Encephalopathy, Es Diastolic Heart Faill Epilepsy and recurr Infarction. R8's MD not completed there documented. On 06/03/24 at 1:17 think it is right that I R12's room and pur kissed her and noth R8 came down to th put his arm around stated, she told him understand English Nurse Aide/CNA) a been done about it. room a couple time and he came back him to keep him fro stated, her and R12	OF CORRECTION IDENTIFICATION NUMBER: 6016539 6016539 PROVIDER OR SUPPLIER STREET AI MANOR REHAB & NRSG CTR 615 WES CARMI, I SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 mobility. R12's Minimum Data Sheet (MDS) dated 04/20/24 documents a Brief Interview of Mental Status (BIMS) score of 15 indicating R12 is cognitively intact. R6's Face sheet documents R6 has an admission date of 01/20/24 with diagnoses including Encephalopathy, Cerebral Infarction, Polyneuropathy, Hemiplegia and Hemiparesis following Cerebral Infarction affecting left non dominant side, and Acquired absence of left leg below knee. R6's MDS dated 04/22/24 documents a BIMS score of 15 indicating residen is cognitively intact. R8's Face sheet documents an admission date of 04/12/24 with diagnoses including Metabolic Encephalopathy, Essential Hypertension, Chronic Diastolic Heart Failure, Chronic Kidney Disease, Epilepsy and recurrent seizures and Cerebral Infarction. R8's MDS dated 04/14/24 section C is not completed therefore no BIMS score is documented. On 06/03/24 at 1:17 PM, R6 stated she does not think it is right that R8 came down to R6 and R12's room and put his arm around R12 and kissed her and nothing has been done about it. R8 came down to their room and sat next to R12, put his arm around her and kissed R12 twice. R6 stated, she told him to leave, but he doesn't understand English. They told V10 (Certified Nurse Aide/CNA) and V12 (CNA) and n	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 6016539 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST SUMMARY STATEMENT OF DEFICIENCIES 615 WEST WEBB STRICARMI, IL 62821 ILENTIFICATION DEFICIENCIES ID QUEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 6 S9999 mobility. R12's Minimum Data Sheet (MDS) dated 04/20/24 documents a Brief Interview of Mental Status (BIMS) score of 15 indicating R12 is cognitively intact. S9999 R6's Face sheet documents R6 has an admission date of 01/20/24 with diagnoses including Encephalopathy, Cerebral Infarction, Polyneuropathy, Hemiplegia and Hemiparesis following Cerebral Infarction affecting left non dominant side, and Acquired absence of left leg below knee. R6's MDS dated 04/22/24 documents a BIMS score of 15 indicating resident is cognitively intact. 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If continuation sheet 7 of 10

				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		6016539	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
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S9999	understand. R12 is nervous about going On 06/03/24 at 1:19 down to her room o (05/25/24 - 05/27/24 her and R6, sat on ta arm around her and R12 stated she told understand English, to help, and they too told the CNAs (V10 him in their room. R he is down in their r him in there. R12 st touch or kiss her. On 6/3/24 a handwr by the V1 (Administ interviews from R6 a incident with R8. At reads "Interviews or (R8) followed (R12) the bathroom. He (R down on (R12's) rol left the room. Later room. He (R8) sat of pulled the curtain bo both told him to go.' followed me down h had a roommate. He the bathroom, and h rollator. He (R8) car after leaving the firs curtain and sat on th	elping when he doesn't uncomfortable and more				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _		COM	E SURVEY PLETED
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\$9999	On 06/03/24 at 1:38 stated she does not and R12 for abuse. investigation for war and R6 stated, that the wandering incid incident was a wand resident-to-resident inappropriate sexual On 06/04/24 at 2:10 was present for the R8. V12 stated, we R6 yelling for help, we sitting on the bed ne around R12, they re and back down the see anything but R6 stated, he went back that night about 30 times since then that redirect him back to does not know if R8 go with them. They make motions to thi what he wants, he of stated, she reported (Licensed Practical right after the incide On 06/06/24 at 2:20 was present the eve and R8. V10 stated the room across fro heard R6 yell. R8 has she did not see him stated he did. V10 stated	 PM, V1 (Administrator) have an investigation for R8 She stated, she did an ndering for R8. V1 stated, R12 R8 kissed R12 twice, during ent but it was determined the dering event not a sexual abuse or an I behavior. PM, V12 (CNA) stated she incident between R12 and (V12 and V10 (CNA)) heard we walked in and R8 was ext to R12 and had his arm edirected R8 out of the room hall. V12 stated, she didn't told her R8 kissed R12. V12 k down there one more time minutes later and a couple at she knows of. They just his room. V12 stated, she understands them, but he will will usually point to things or ings if they are figuring out doesn't speak English. V12 this incident to V22 Nurse (LPN)) that evening 				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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6016539		6016539	B. WING		C 06/10/2024	
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	ANOR REHAB & NR	SC CTP 615 WES	T WEBB STRE	ET		
		CARMI, I	L 62821			
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S9999	Continued From pa	age 9	S9999			
	Nurse/LPN) stated, evening the inciden R12. V22 stated, sh hall when V12 (CN/ her R6 and R12 told the lips. V22 stated and she confirmed assessed R12 then supervisor V15 (Ca V15 told her she sh and report it. V22 st and called V1 and r R12's room and ha kissed her twice. V2 notes) she reported 05/26/24. V22 state room and redirecte she does not know because R8 does n Facility abuse policy following: the facility	y, dated 2022, documents the y's residents have the right to , neglect, misappropriation of				