STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054890	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE , LINCOLN, Illinois, 62656

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0000	Initial Comments Complaint Investigation 2529419/2630082	S0000		10/23/2025
S9999	Final Observations Statement of Licensure violations: 300.610a) 300.1210b) 300.1210c) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care 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. Restorative measures shall include, at a minimum, the following procedures:	S9999		10/23/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. These Requirements were not met evidenced by: Based on interview and record review, the facility failed to follow its procedure for transportation and failed to adequately supervise and safely secure resident during transport to prevent a fall for one (R1) resident of three residents reviewed for accidents/incidents in a sample of three. These failures resulted in R1 sustaining a subdural hematoma and left scapula fracture. The facility's (State) Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities, dated 11/28/18 documents: "Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life"; and, "Your rights to safety: The facility must provide services to keep your physical and mental health, at their highest practical levels." The facility's Passenger Carrier Safety Orientation-Return Demonstration Procedure dated 5/21/2015 (Signed and Dated 9/10/25 by V5 licensed Practical Nurse/LPN) documents: "Any employee who will be a designated driver of a passenger carrier must complete the assigned online training as well as "behind the wheel" training by the facility's designated driving coach. 9. Employee backs the resident into the van. 10. Employee securely fastens and secures the resident into the van." R1's Hospital Notes dated 9/27/25 document: "Radiology Report: Impression: Left subdural hematoma along the posterior falx. Minimally displaced left scapular fracture medially." R1's Minimum Data Set (MDS) dated 9/10/25 documents R1 has a BIMS (Brief Interview of Mental Status) score of 15. (MDS indicates that on a scale of 0 – 15, 13 to 15 cognitively intact; 8 to 12 moderate impairment; and 0 to 7 severe impairment.) R1's diagnoses include: "History of Transient Ischemic Attack (TIA), Cerebral Infarction, Hemiplegia and	S9999		

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S9999	Continued from page 2 Hemiparesis affecting left non-dominant side, Type 2 Diabetes, Depression, Obstructive Sleep Apnea; Dementia with other behavior disturbance, psychotic disturbance, mood disturbance; Chronic obstructive pulmonary disease (COPD), Acquired absence of left leg above knee, Traumatic subdural hemorrhage without loss of consciousness, Displaced fracture of body of scapula, left shoulder." R1's recent Care Plan documents: "(R1) is at risk for falls related to needing assist with mobility and transfers, history of fall; use of psychotropic medication, left above the knee amputation. (R1) has been noted to be non-compliant with non-weight bearing and not to wear shoes." Facility's Initial and Final Reports to (State Department of Public Health) for R1 dated 9/27/25 and 10/3/25 document: "On 9/27/25 at (1:50am), (R1) was being transported via facility van from an (Emergency Room) evaluation, fell over backwards, hitting his head on the rear door of the van. (R1) was diagnosed with an intracranial bleed and was transferred to (City) Medical Center for admission. Conclusion: (R1) was transported to the (Emergency Room), was diagnosed with a superficial abrasion to the scalp, a left subdural hematoma along the posterior falx measuring 0.8 centimeters, and a minimally displaced left scapular fracture. (R1) returned to facility on 10/2/25." (Documentation and Interviews indicated that V5 Licensed Practical Nurse/LPN was the driver of the facility van on 9/27/25.) On 10/14/25 at 1255pm, V8 Transport/Certified Nursing Assistant/CNA, stated that she did train (V5 Licensed Practical Nurse/LPN) on how to secure residents in the van during (V5's) transportation training and orientation. On 10/15/25 at 9:01am, V5 LPN stated that on the day of R1's accident, that V5 used the van for the first time; had just gotten his license to drive it to transport residents. V5 stated that he had been trained on how to secure wheelchairs in the van but that he only locked R1's wheelchair wheels and that was it, stated that the facility was only a block away (from hospital). V5 stated, "It was around 1:30am in the morning; figured it was just a block away to the facility. I stopped at the stop sign out of the hospital parking lot; stepped on gas and (R1) rolled backwards."	S9999		

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S9999	Continued from page 3 At this same time, V5 stated that he was no longer at the facility; stated “I felt so bad about this; I resigned the next day.” On 10/15/25 at 10:50am, V1 Administrator stated: “(V3 Power of Attorney/POA to R1) was called after the accident. Both myself and (V3) agreed that the accident could have been avoided. When I called (V5 LPN) about the accident, he said he is getting too old for all the new technology; and said he was putting in his resignation immediately. (V5) was responsible for securing residents in the van.” (A)	S9999		