STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3001029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenup Rehab and Nursing	**300 NORTH MARIETTA STREET , GREENUP, Illinois, 62428**

(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 Annual Licensure and Certification	S0000		12/30/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of	S9999		12/30/2025

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

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S9999	Continued from page 1 accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These Regulations are not met as evidenced by: Based upon observation, interview, and record review the facility failed to provide adequate supervision to decrease resident risk and prevent falls for one resident (R1) reviewed for falls on a sample list of 25 residents. This failure caused R1 to fall and sustain a cervical vertebral fracture and two pelvic fractures. R1's Admission Record dated 12/4/25 documents an original admission date of 9/3/19. Documents R1's active medical diagnoses to include Muscle Weakness, Recurrent Depressive Disorder, Major Depressive Disorder, Osteoarthritis, Diabetes Mellitus Type 2, Unsteady on Feet, Lack of Coordination, Dementia with Behavioral Disturbances, History of Falls, and Displaced Fracture of the Sixth Cervical Vertebra. R1's Minimum Data Sheet (MDS) dated 11/19/25 documents R1 has moderate cognitive impairment with inattention and disorganized thinking. Facility Incident Fall Log dated 12/3/25 documents R1 had falls on 6/30/25, 7/29/25, 8/20/25, and 9/23/25. Facility Reportable Investigation File dated 9/23/25 documents on 9/23/25 at 6:55 AM R1 was walking to dining room with walker when V17 Certified Nursing Assistant (CNA), left R1 to assist another resident and then heard R1 yell out. When V17 CNA turned around, she saw R1 fall straight back and hit head on the floor. V2, Director of Nursing (DON) assisted R1 and R1 was sent to local hospital where R1 was found to have a displaced fracture of his 6th cervical vertebra. R1's Hospital Record dated 9/28/25 documents R1 was diagnosed with a C6 fracture resulting from a fall, hypoxia, and pneumonia. R1's C6 fracture was non-operable and R1 sent back to facility with cervical collar to wear. R1's Care Plan, undated, documents R1 has limited physical mobility related to activity intolerance and requires supervision to ambulate with walker. This intervention was in place on 7/11/23. Care Plan also documents on 3/14/24 R1 was identified as high risk for falls related to increased confusion. R1's Progress Note dated 10/2/25 documents CNA left	S9999		

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S9999	Continued from page 2 resident to walk alone to assist another resident and R1 had decline in health. Observation of R1 on 12/2/25 and 12/3/25 found R1 independently rolling around facility in wheelchair. R1 did not have walker in room. On 12/3/25 at 11:45 AM, R1 stated R1 falls all the time. Could not recall fall that fractured neck. R1 stated R1 was shot through the neck and that is why he had to wear a collar. On 12/3/25 at 3:00 PM, V1 administrator confirmed that R1 was walking with walker independently when fall occurred. V1 stated they had root cause as decline in condition. V1 confirmed R1's Care Plan stated R1 requires supervision with walker when ambulating. R1's Progress Note dated 11/22/25 documents R1 had a change in condition related to physical altercation. R1's Physician Visit note dated 11/24/25 documents R1 states he can't walk with therapy related to left leg pain. Therapy confirmed R1 unable to participate in therapy at this time. Orders were given for x-rays at this time. Previous Physician visit on 11/17/25 documents no complaints of pain. R1's Progress Note dated 11/25/25 documents R1 was sent to hospital related to x-ray results and returned with orders for Orthopedic Appointment on 11/26/25. R1's hospital records dated 11/25/25 documents R1 had an acute left superior ramus fracture and possible chronic left sacral ala insufficiency fracture. Documents injury related to fall six weeks prior. R1's Progress Note dated 11/26/25 documents R1 has new orders to wear a post operative shoe to left lower extremity and protected weight bearing with walker for left lower extremity. On 12/3/25 at 3:15 PM, V1 Administrator, stated that R1 was walking with therapy when R1 started to complain of pain. X-rays were completed in house on 11/24/25 and R1 was sent to hospital 11/25/25. No investigation was completed regarding this incident, and no final report was sent. V1 denied knowledge of R1 having any falls after 9/23/25. Facility's Skilled Nursing Post-Fall Quick Reference Guide for Licensed Nurses QA Document Only, undated, documents the root cause must be identified with a new intervention updated on the care plan to prevent	S9999		

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S9999	Continued from page 3 another fall from occurring. (A)	S9999		