

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057356		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/18/2026	
NAME OF PROVIDER OR SUPPLIER ROBINSON REHAB AND NURSING				STREET ADDRESS, CITY, STATE, ZIP CODE 600 EAST ROBINWOOD DRIVE , ROBINSON, Illinois, 62454			
(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			S0000			
	Complaint Investigation #2652729/2796922						
S9999	Final Observations			S9999			
	Statement of Licensure Violations:						
	300.690a)						
	300.690b)						
	300.690c)						
	Section 300.690 Incidents and Accidents						
	a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.						
	b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.						
	c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 These REQUIREMENTS were not met as evidenced by: Based on interview, and record review the facility failed to notify the Regional Office at IDPH (Illinois Department of Public Health) of a Reportable Incident with serious injuries for 1 (R1) of 3 residents reviewed for accidents in the sample of 4. Findings Include: R1's admission record documented an admission date of 10/03/2022 to the facility. Diagnoses listed include transient cerebral ischemic attack, unspecified dementia, hypertensive chronic kidney disease, dysphagia, Alzheimer's disease, and epilepsy. R1's "Witnessed Fall with Injury report" dated 03/02/2026 at 5:15 P.M., documents R1 fell forward out of wheelchair while sitting at her table in the dining room. Document notes that a resident witnessed the fall and reported R1 had her head down on the table when her wheelchair rolled back and resident fell forward out of the wheelchair. The IDT (Interdisciplinary) team met and reviewed the incident and determined the root cause. The intervention put into place was for R1 to return to common areas for her meals. R1's progress note documented on 03/02/2026 at 5:30 P.M. authored by V4 (Licensed Practical Nurse) documents she was told by a CNA (Certified Nursing Assistant) that R1 had fallen and was on the floor in the dining room. When entering the dining room, R1 was laying face down on the floor with blood under her. R1 was log rolled with head stabilization onto her back. Noted was a laceration to R1's forehead. R1 was sent to the local emergency department for evaluation and treatment. R1's local hospital record dated 03/02/2026 documents R1 received 4 sutures to her forehead. On 03/17/2026 at 1:49 P.M. V1 (Administrator) stated R1 had a fall in the dining room. V1 stated she was notified by facility staff of the injury. V1 stated the day after the fall, she was instructed by the company corporate team that the fall did not meet criteria to report to IDPH. V1 stated she did not report the fall after she received the guidance from the corporate team.			S9999			

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S9999	Continued from page 2 On 03/17/2026 at 2:27 P.M. V6 (Regional Administrator) stated R1's fall did not meet the criteria to report to IDPH. V6 stated according to the Elder Justice Act and the federal regulations, the fall did not have to be reported. V6 stated he is aware that the Administrative Code requires the fall to be reported but felt like it did not meet the requirement. Facility policy titled "The Elder Justice Act and Reporting Suspected Crimes Against Residents Policy and Procedure" with no date, documented in part under section titled "Policy: It is facilities policy to empower and enable any and all owners, operators, employs, managers, agents or contractors of the facility to make reports to the relevant authorities pursuant to the provision of the Elder Justice Act and CMS regulations... F. Serious Bodily Injury: iv. Requiring medical intervention. (C)		S9999				