STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

(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) COMPLETE DATE
S 000	Initial Comments Complaint Investigation: 2417524/IL178186	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.3240a) 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations are not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the theft of a resident's charge card and debit card did not occur for 1 of 3 residents (R1) reviewed for theft in the sample of 9. This failure resulted in R1 being very distraught, crying, and needing to be consoled by facility staff.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

(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) COMPLETE DATE
S9999	Continued From page 1	S9999		

The findings include:

R1's Admission Record, provided by the facility on 9/24/24, showed she was admitted to the facility on 8/5/24. R1's facility assessment dated 9/9/24, showed she was cognitively intact, with no hallucinations, delusions, or behaviors. The assessment showed R1 had limitations to her range of motion on her bilateral upper and lower extremities. The assessment showed R1 required substantial/maximal assistance from staff for toileting and lower body dressing, and partial/moderate assistance from staff for upper body dressing, bed mobility, and transferring from her bed to her wheelchair and back to bed. The assessment showed R1 did not ambulate during the look-back period of the assessment.

On 9/24/24 at 8:55 AM, V3 (Insurance Coordinator for R1) stated she was speaking with V4 (R1's daughter/Power of Attorney-POA) and V4 informed her that R1's (Store credit card) and debit card were missing from her room at the facility. V3 stated she informed V4 that she would be reporting R1's missing cards to the State Agency. V3 stated she had not talked to V4 since she (V3) had reported the missing cards to the State Agency.

On 9/24/24 at 12:40 PM, V4 stated R1 had her (Store credit card) and debit card at the facility, and they were both missing. V4 stated she spoke with the local police on 8/25/24. V4 stated at that time, she did not see charges on R1's (Store credit card). V4 stated the following day there was a $470.24 charge on R1's (Store credit card). V4 stated it looked like the (Store credit card) was tried several times before it went through on 8/26/24. V4 stated R1's debit card was used twice at a local department store in Algonquin, IL; twice

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

(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) COMPLETE DATE
S9999	Continued From page 2	S9999		

at a local gas station in Elgin IL; once at a local department store in Elgin, IL; at a local department store in Carpentersville, Illinois; and twice for an rideshare company. V4 stated between both cards, about $1200.00 was charged on R1's cards. At 3:44 PM, V4 stated she spoke to the night nurse the day R1 discovered the cards missing. V4 stated she does not recall the nurse's name. V4 stated the nurse said she had to console R1 because she was crying. V4 stated the night nurse told her that she reported the missing cards to V1, and he was going to call the police and file a report.

On 9/24/24 at 9:46 AM, R1 stated she had her (Store credit card) and her debit card in her small, zippered purse in the caddy that was on her bedside table. R1 picked up the wallet-sized zippered purse that was in the clear caddy, sitting on her bedside table and said she always kept her cards in that purse. R1 stated she was not sure how much money had been charged on her cards because her daughter handles that. R1 stated when she noticed the cards were no longer in the zippered purse, she was "crying and beyond distraught." R1 stated she was very upset, and it was very disturbing. R1 stated, "They took my Christmas money, that is why it is so sad." R1 stated she was still upset about it. R1 was visibly upset while talking about the missing cards. R1 said she always kept the cards in the small, zippered purse and had not purchased anything with the cards since being admitted to the facility.

On 9/24/24 at 3:54 PM, V6 (Social Services) stated when a resident is admitted, the CNA (Certified Nursing Assistant) on duty fills out the inventory list as to what the resident comes to the facility with. V6 stated she was not aware that R1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

(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) COMPLETE DATE
S9999	Continued From page 3	S9999		

had any credit or debit cards in her room. At 4:04 PM, V7 (Licensed Practical Nurse-LPN) stated she was familiar with R1. V7 stated she was assigned as the nurse for R1 every day she worked. V7 stated R1 had a small coin purse that she kept in a clear, lazy Susan-type caddy on her over-the-bed table. V7 stated she did not know that R1 had any credit cards in the small purse because R1 did not open the purse when V7 was in her room.

R1's progress notes from admission through the present were reviewed, with no documentation regarding the missing (Store credit card) and debit card. R1's care plans were reviewed showing R1 had an ADL (activities of daily living) self-care performance deficit related to impaired balance. The care plan showed R1 needs the assistance of one staff member for toileting, dressing, bed mobility, and transfers.

The facility's initial report to the State Agency dated 8/25/24 showed R1 stated that on 8/24/24 she was not able to find her debit card. She (R1) states the last time she saw her card was on 8/19/24. The report showed the police were notified and an investigation was initiated by the local police and by the facility. The facility's 9/24/24 update to the final report that was sent to the State Agency on 8/30/24, showed V1 spoke with V4 on 9/24/24 as a follow up to the incident. The report showed V4 stated approximately $1,100.00 was charged on R1's debit card and (Store credit card). The updated report showed "Through review of medical records, resident interviews and staff interviews, the facility is able to substantiate abuse towards resident (R1)." V4 provided R1's bank and (Store credit card) statements showing the fraudulent charges.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	**3298 RESOURCE PARKWAY DEKALB, IL 60115**

(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) COMPLETE DATE
S9999	Continued From page 4 (B)	S9999		