STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145121	A. Building B. Wing	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alton Memorial Rehab & Therapy	1251 College Avenue Alton, IL 62002

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the Facility failed to ensure food was palatable for 4 of 4 residents (R4, R12, R32, R44) reviewed for nutritional services in the sample of 25.1- R4's Undated Face Sheet documents R4 was admitted to the facility on [DATE]. R4's Minimum Data Set (MDS) dated [DATE] documents R4 is cognitively intact and is independent with eating. R4's Physician Order dated 3/27/2025 documents R4 has a Regular Diet. On 12/2/2025 at 11:35 AM R4 stated the food in the facility is terrible and tastes like s***. R4 stated residents have brought up the food issue regarding taste and temperature every month at resident council and the facility has failed to change things. R4 stated she eats in her room and every meal tray she receives is cold. R4 stated the food is well done and hard, the pasta is gummy, and everything is tasteless. R4 stated she had written a letter to the head chef regarding the food and the chef has discussed the resident's concerns and no changes to the food have been made. 2-R12's Face Sheet documents R12 was admitted to the facility on [DATE]. R12's Diet Order dated 11/13/25 documents Regular diet. R12's MDS dated [DATE] documented R12 was cognitively intact. On 12/2/2025 at 9:55 AM, R12 stated the food is her only complaint at the facility, and it is just not good. 3-R32's Face Sheet documents R32 was admitted to the facility on [DATE]. R32's Diet Order dated 11/10/25 documents Regular diet. R32's MDS dated [DATE] documented R32 was cognitively intact. On 12/2/25 at 10:16 AM, R32 stated the food is not good and is usually cold. 4-R44's Face Sheet documents R44 was admitted to the facility on [DATE]. R44's Diet Order dated 11/6/25 documents Regular diet. R44's MDS dated [DATE] documented R44 was moderately cognitively impaired. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/2/25 at 10:15 AM, R44 stated the food is always cold. The Facility's 3/20/25 Resident Council Meeting Minutes document, Milk – made up ahead of time – served and it's not cold. The Facility's 9/19/25 Resident Council Meeting Minutes document, Need good food b/c (because) we are still people even though we are old. The Facility's 10/23/25 Resident Council Meeting Minutes documents, The food is terrible. On 12/4/25 at 2:45 PM, V1, Administrator, stated R4 always complains about the food, but was not aware of any other residents having these complaints. The Facility's Meal Quality and Temperature Policy revised 1/2025 documents, Food and drinks are palatable, attractive, and served at a safe and appetizing temperature to ensure resident satisfaction and to meet nutrition and hydration needs.

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on interview and record review the facility failed to ensure respectful handling and safeguarding of 2 (R3,R4) of 2 residents' personal clothing in the sample of 25. The loss of the resident's clothing demonstrates a failure to honor the resident's right to dignity and respect for personal belongings. Findings include:On 12/02/2025 3:28 PM, V10, R3's family member, stated she is happy with everything at the facility and with her father's care except that the facility has lost her father's clothes. She stated that has been an ongoing issue.On 12/4/25 at 1:30 PM, R3 and R4 both stated they are missing clothes for months. R4 stated that she has told V1, Administrator, and nothing has been found. R3 & R4 are both documented as being long term care residents of the facility.On 12/4/25 at 2:17 PM, V7, Laundry/Housekeeping Supervisor stated she only washes the clothes for the long-term residents. She stated they do not wash the short-term residents' clothes. She stated the families are responsible for washing the short-term resident's clothes. She stated the laundry is down in the facility in the basement. She stated the facility has a lost and found for clothes. She stated she is unaware that R3 and R4 are missing clothes.Resident council dated 12/19/2024 documents resident still missing six white t- shirts v- neck. Resident council dated 1/16/2025 documents missing clothing.Resident council dated 5/22/2025 documents resident wants to know when she is getting paid for her lost clothing.Facility policy dated March 2020 states: We provide laundry services for many residents and sometimes an item can be misplaced. We want to address this problem promptly so please notify your nurse or Social Worker immediately if a clothing item cannot be found.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview that facility failed to evaluate and revise the care plan for 1 of 1 (R22) residents reviewed for care plans in a sample of 25.R22's Undated Face Sheet documents R22 was re-admitted to the facility on [DATE] and has a medical diagnosis of Hypertensive Disorder, Osteoporosis, Focal to Bilateral Tonic-Clonic Epileptic Seizures.R22's Minimum Date Set (MDS) dated [DATE] documents R22 is moderately cognitively impaired and needs partial/moderate assistance with sitting to standing, chair/bed to chair transfers, and toilet transfers.R22's Care Plan Last Reviewed 10/17/25 documents (R22) is at risk for falls. I require assistance with transfers and ambulation. Please ensure my bed is at an appropriate height at all times. Please ensure my call light is within reach when I am in my room. 8/28/25: call don't fall sign in bathroom; labs. I had a fall on 5/24/25 intervention: frequent observations/staff interaction when passing by and PLEASE CALL, DON'T FALL sign in room. I had a fall on 8/5/25 intervention brakes repaired, and extension added to brake handle.R22's MORSE Fall Risk Score dated 4/16/2025 documents R22 has a fall risk score of 50 and has a history of falls in the last 3 months.R22's MORSE Fall Risk Score dated 11/30/2025 documents R22 has a fall risk score of 50 and has a history of falls in the last 3 months.R22's Post Fall Evaluation dated 8/5/2025 documents: Nurse called to resident restroom he was sitting on floor with back against wall, no injuries to report. Interdisciplinary Team (IDT) after further investigation resident attempted to self-transfer and the brake on the wheelchair became loose causing resident to fall. Intervention: maintenance repaired wheelchair brakes and added an extension to the handle.R22's Post Fall Evaluation dated 8/28/2025 documents: Restroom call light came on, nurse answered light and observed res sitting on buttocks on floor between wheelchair (w/c) and wall with right arm between res and wall. Nurse asked res what happened, and he stated, he was trying to transfer self and slid down wall to floor, then pulled call light for assistance. Intervention education provided by nursing and therapy and Please Call, Don't Fall sign placed in the bathroom.On 12/4/2025 at 9:00 AM R22 showed this surveyor his wheelchair, no extension was noted to R22's wheelchair brake handle. R22 stated he does not remember having an extension to his brake handle. R22 stated he has not had a Call Don't Fall in his room or bathroom.On 12/4/2025 at 8:55 AM, No Call don't fall sign observed in R22's bathroom. No Please Call, Don't Fall signed observed in R22's room.On 12/4/2025 at 10:18 PM R22's wheelchair observed with V2, Assistant Director of Nursing (ADON), regarding extension to brake handle. V2 stated she does not see an extension. V2 stated she remembers a brake handle extension was an intervention in place for R22, however she was not working at the facility during the time of implementation.On 12/4/2025 at 10:23 AM observed R22's wheelchair and bathroom with V1, Administrator. V1 stated there are no extensions to R22's brake handles at this time and there is also no Call don't fall sign in R22's bathroom. On 12/4/2025 at 10:42 AM V1, Administrator, stated R22 previously had the fall interventions of the brake handle extension and the Call Don't Fall sign, however R22 had a medical decline and the fall interventions that are on his Care Plan are no longer appropriate and should be resolved. On 12/05/2025 8:34 AM V1 stated R22 previously transferred a lot on his own and after re-education. R22 no longer tries to transfer himself. V1 stated R22 is not considered a high fall risk anymore due to fall education provided to R22. V1 stated the fall interventions on R22's Care Plan are no longer appropriate and R22's Care Plan has not been updated to resolve the fall interventions due to human error. V1 stated she expects the facility to follow the Care Plan Policy. The Facility's Fall Management/Reductions Program Date Revised 9/24 documents Upon admission to the facility, all residents will be assessed using the MORSE Fall Risk Scale. At a score ABOVE 45, the resident is identified at a high risk for falls. The resident's Care Plan will be reviewed and updated as needed to reflect initiation or discontinuance of the Fall Program, including documentation of any fall and any safety measures used for the resident.The Facility's Care Planning (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Policy Date Revised 11/24 documents It is the responsibility of the Interdisciplinary Team (IDT) members and nursing staff to review and update the Resident Profile Care Plan when there is a change in the resident's condition, abilities, or preferences. This is also to be reviewed and revised as needed, with each MDS assessment.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to implement current progressive interventions to prevent falls for 1 of 6 (R22) residents reviewed for falls in a sample of 25.R22's Undated Face Sheet documents R22 was re-admitted to the facility on [DATE] and has a medial diagnosis of Hypertensive Disorder, Osteoporosis, Focal to Bilateral Tonic-Clonic Epileptic Seizures.R22's Minimum Date Set (MDS) dated [DATE] documents R22 is moderately cognitively impaired and needs partial/moderate assistance with sitting to standing, chair/bed to chair transfers, and toilet transfers.R22's Care Plan Last Reviewed 10/17/25 documents (R22) is at risk for falls. I require assistance with transfers and ambulation. Please ensure my bed is at an appropriate height at all times. Please ensure my call light is within reach when I am in my room. 8/28/25: call don't fall sign in bathroom; labs. I had a fall on 5/24/25 intervention: frequent observations/staff interaction when passing by and PLEASE CALL, DON'T FALL sign in room. I had a fall on 8/5/25 intervention brakes repaired and extension added to brake handle.R22's MORSE Fall Risk Score dated 4/16/2025 documents R22 has a fall risk score of 50 and has a history of falls in the last 3 months.R22's MORSE Fall Risk Score dated 5/14/2025 documents R22 has a fall risk score of 60 and has a history of falls in the last 3 months.R22's MORSE Fall Risk Score dated 7/2/2025 documents R22 has a fall risk score of 65 and has a history of falls in the last 3 months.R22's MORSE Fall Risk Score dated 11/30/2025 documents R22 has a fall risk score of 50 and has a history of falls in the last 3 months.R22's Post Fall Evaluation dated 8/5/2025 documents Nurse called to resident restroom he was sitting on floor with back against wall, no injuries to report. Interdisciplinary Team (IDT) after further investigation resident attempted to self transfer and the brake on the wheelchair became loose causing resident to fall. Intervention: maintenance repaired wheelchair brakes and added an extension to the handle.R22's Post Fall Evaluation dated 8/28/2025 documents restroom call light came on, nurse answered light and observed res sitting on buttocks on floor between wheelchair (w/c) and wall with right arm between res and wall. Nurse asked res what happened and he stated, he was trying to transfer self and slid down wall to floor, then pulled call light for assistance. Intervention education provided by nursing and therapy and Please Call, Don't Fall sign placed in the bathroom.On 12/4/2025 at 9:00 AM R22 showed this surveyor his wheelchair, no extension was noted to R22's wheelchair brake handle. R22 stated he does not remember having an extension to his brake handle. R22 stated he has not had a Call Don't Fall in his room or bathroom.On 12/4/2025 at 8:55 AM No Call don't fall sign observed in R22's bathroom. No Please Call, Don't Fall signed observed in R22's room.On 12/4/2025 at 10:18 PM R22's wheelchair observed with V2, Assistant Director of Nursing (ADON), regarding extension to brake handle. V2 stated she does not see an extension. V2 stated she remembers a brake handle extension was an intervention in place for R22, however she was not working at the facility during the time of implementation.On 12/4/2025 at 10:23 AM observed R22's wheelchair and bathroom with V1, Administrator. V1 stated there are no extensions to R22's brake handles at this time and there is also no Call don't fall sign in R22's bathroom. On 12/4/2025 at 10:42 AM V1, Administrator, stated R22 previously had the fall interventions of the brake handle extension and the Call Don't Fall sign, however R22 had a medical decline and the fall interventions that are on his Care Plan are no longer appropriate and should be resolved. On 12/05/2025 8:34 AM V1 stated R22 previously transferred a lot on his own and after re-education, R22 no longer tries to transfer himself. V1 stated R22 is not considered a high fall risk anymore due to fall education provided to R22. V1 stated the fall interventions on R22's Care Plan are no longer appropriate and R22's Care Plan has not been updated to resolve the fall interventions due to human error.The Facility's Fall Management/Reductions Program Date Revised 9/24 documents Upon admission to the facility, all residents will be assessed using the MORSE Fall Risk Scale. At a score ABOVE 45, the resident is (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	identified at a high risk for falls. The MORSE Fall Risk Scale will be completed by the nurse quarterly and as needed for noted condition changes or if resident has fallen and is not identified as a high risk for falls at time of fall. If, at any time, the MORSE fall risk assessment receives a total score above 45 and the resident is not already in the Fall Prevention/Reduction Program, the nurse will place the resident in the Program and update the Care Plan.

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the Facility failed to follow physician prescribed therapeutic supplement order for 1 of 1 residents (R33) reviewed for nutritional services in the sample of 25.Findings include:1-R33's Face Sheet documents R33 was admitted to the facility on [DATE] with diagnoses including protein calorie malnutrition and end stage renal disease (ESRD).R33's Minimum Data Set (MDS) dated [DATE] documented R33 was cognitively intact, ambulated with wheelchair and walker, and was on a therapeutic diet.R33's Physician Order dated 10/30/25 documents Renal Diet.R33's Physician Order dated 10/6/25 documents Ensure High Protein three times daily.R33's Registered Dietitian Nutrition Evaluation dated 10/6/25 documents, Increased nutrient needs r/t (related to) ESRD as evidenced by dialysis treatment. Inadequate oral intake r/t loss of appetite/social/environmental circumstances as evidenced by physical finding. The nutrition intervention added was Ensure High Protein three times daily.R33's Care Plan Updated 10/9/25 documents, Supplements are ordered Ensure High Protein TID (three times daily). I am at risk for malnutrition.On 12/5/25 at 7:50 AM, R33 was sitting in dining room eating breakfast. There was no Ensure High Protein on her tray. R33 stated she receives the protein shakes with meals some of the time.On 12/5/25 at 8:10 AM, V8, Dietary Aid, was cleaning up after breakfast service and stated she was unsure whether R33 got an Ensure High Protein with breakfast today.On 12/5/25 at 8:15 AM, V9, Certified Nursing Assistant (CNA), stated she was unsure whether R33 got an Ensure High Protein with breakfast today, but R33 will often request them if she does not receive them.On 12/5/25 at 10:20 AM, V1, Administrator, stated the Facility does not have a policy regarding following physician orders, and they just follow them. She stated she will address R33's supplements not being given.