

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145247	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/18/2026
NAME OF PROVIDER OR SUPPLIER  Doctors Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 Hawthorn Road Salem, IL 62881	

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)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to provide sufficient staff to meet residents needs in a timely manner. These failures have the potential to affect all 47 residents living in the facility. The findings include: 1. R2's Face Sheet dated 02/17/26, documents an admission date of 03/19/21 with diagnoses in part of polyosteoarthritis, morbid obesity, pain in left leg, malignant neoplasm of endometrium, chronic obstructive pulmonary disease, pressure ulcer of sacral region, pain in right knee and unspecific convulsions. R2's MDS (Minimum Data Set) dated 02/04/26 documents in Section C, a BIMS (Brief Interview for Mental Status) score of 15 which indicates R2 is cognitively intact. Section GG documents toileting as dependent and turning and repositioning as substantial/maximal assistance. Section M documents under current number of unhealed pressure ulcers/injuries at each stage as 1 unstageable. R2's Care Plan with an edited date of 02/05/26 documents a problem area of resident is incontinent of bowel and bladder, require assist for toilet use, does not ask to use toilet or bedpan, hx (history) rt (related to) nephrolithiasis with intervention of provide incontinent care as needed. Another problem area of resident need assist for activities of daily living, limited rom (range of motion) rle (Right lower extremity) with an intervention of assist as needed with ADL's (Activities of Daily Living) but encourage independence. A problem area pressure ulcer/injury hx of pressure ulcers, dx (diagnosis) PVD (peripheral vascular disease), incontinence and does not request bedpan, morbid obesity, hx of edema, hx wound sacrum, hx of area left 3rd toe, current ulcer sacrum, diarrhea with an intervention of t/r (turn and reposition) q2 (Every 2 hours) and prn (as needed). On 02/10/26 at 2:11PM, R2 stated she is to be repositioned at least every two hours and sometimes it will be longer than every two hours. R2 said that when she hits her call light or yells out it will take the staff a very long time to answer. R2 said that she feels that the facility is short of staff and could use more staff working at the facility. R2 stated that sometimes you might get help right away other times you just have to wait and see if you do get help. R2 said that when she needs a nurse that most of the time she will get one right away, but there are other times it will take them a long time to come into her room or bring her pain medications. R2 said that she feels like that staff are doing the best they can with the amount of staff they have. 2. R3's Face Sheet dated 02/17/26, documents an admission date of 08/29/25 with diagnoses in part of spondylosis cervical region, repeated falls, chronic kidney disease, muscle weakness, and disorders of bone density and structure. R3's MDS dated [DATE], documents in Section C. a BIMS score of 11 which indicates R3 has moderately impaired cognition. Section GG documents substantial/maximal assistance with toileting and transfer. R3's Care Plan with an edit date of 02/12/26 documents a problem area of ADL Functional status/rehabilitation potential impaired transfers as evidenced by res (Resident) unable to complete transfers independently related to dx: weakness and another problem area of resident is at risk for incontinent of bowel and bladder dx bph (benign prostatic hypertrophy), hx of hesitancy</p> <p>(continued on next page)</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  145247	If continuation sheet Page 1 of 4

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