

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 03/13/2026
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 - Some</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>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 10 residents residing on the 100 hall. The Findings include On 3/11/26 at 11:40AM, V30 (Family Member) stated that in the evening hours and on weekends it is very hard to get assistance from staff with call lights. V30 stated she has to walk the halls to find staff to assist R23. On 3/11/26 at 2:00 PM, during the resident council R1 who was alert to person, place and time and R5 who was alert to person, place and time both stated that evening time it is hard to get someone to answer your call light. R1 resides on the 100 hall. On 03/12/2026 at 8:54 AM, V6 (Certified Nursing Assistant/CNA) stated, that residents need to be turned/repositioned every 2 hours or as needed. V6 also stated that, or as often as I can by myself today when she was asked how often she does bed checks. V6 stated, the next CNA comes in at 10 AM and if she hasn't found help to assist the residents who require 2 people they will get to those residents then. V6 stated, they would like to have 2 CNA's on 100 hall but they normally have call-ins which then they have to try to fill that shift or work short and that is what happened today with a call in, and she is working short until someone can get here. V6 stated, she got here at 6AM and is just now able to do bed checks at 8:54AM. V6 stated, she will do all the people she can do with 1 assist then will find help with residents that are 2 assist. On 03/12/2026 at 9:07 AM, V6 (CNA) completed care for residents on the 100 hall that only required one person assistance and no other CNA's were present or scheduled on the hall at that time. On 03/12/2026 at 11:17 AM, V17 (Respiratory Therapist) stated, resident rounds are completed every 2 hours and as needed and the CNA's do the repositioning. V17 stated that respiratory therapy will help every 2 hours with bed checks if needed. V17 stated that two CNA's are assigned on the 100 hall if they are lucky, but feels there needs to be 2 due to residents mainly being dependent on staff. V17 feels that the CNA's do their best when working alone. On 3/13/2026 at 12:30 PM, V32 (Regional Director of Clinical Services) stated that they just follow the Public Health guidelines for staffing and go by their resident needs when assigning staff. According to the Daily Census Report dated 3/10/26 there are 10 residents residing on the 100 hall.</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
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