STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145247	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Nursing & Rehab Center	1201 Hawthorn Road Salem, IL 62881

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview the facility failed to ensure there was hot water for showers and personal care for the 21 residing on the 200 and 300 halls. The Findings Include: On 3/11/26 at 1:00 PM, a digital metal stemmed thermometer used for taking temperatures for this survey was checked for accuracy using the ice-point method and was accurate within +/_ 2 degrees Fahrenheit. On 03/11/2026 at 1:12 PM, R10 who was alert and oriented, stated her biggest concern is that the facility does not have hot water. R10 stated when the CNA's (Certified Nurse Assistants) have to clean her up the water is freezing cold. R10 stated it is awful to get your butt wiped with a cold washcloth. On 3/11/26 at 1:15 PM, R23 who alert and oriented, stated that he never has hot water in his sink in his room that he uses to wash up with at night and in the morning. R23 stated that the shower room water temperature is better, but not always hot. On 3/11/2026 at 1:17 PM, the water temperature was taken at the sink in room [ROOM NUMBER] with a metal stemmed thermometer and the hot water measured 80 degrees Fahrenheit. On 03/11/2026 at 1:18 PM, the water temperature was measured with a metal stemmed thermometer in sink of room [ROOM NUMBER] and the hot water was 82.8 degrees Fahrenheit.On 3/11/26 at 1:30 PM, 300 Hall Shower room hand sink hot water temperature was taken with a metal stemmed thermometer and the hot water measured 84 Fahrenheit degrees in the sink. The hot water temperature was taken at the shower head with a metal stemmed thermometer and the hot water measured 80 degrees Fahrenheit. On 03/11/2026 at 1:35 PM, the temperature of water in sink of room [ROOM NUMBER] was measured with a metal stemmed thermometer and the hot water was 87.6 degrees Fahrenheit.On 03/11/2026 at 1:42 PM, the temperature of water in sink of room [ROOM NUMBER] was measured with a metal stemmed thermometer and the hot water measured 95 degrees Fahrenheit.On 03/11/2026 at 1:50 PM, the water temperature of 200 hall shower rooms were tested using a metal stemmed thermometer the hot water at shower head measured 95 degrees Fahrenheit. On 3/12/26 at 2:00 PM, V11 (Maintenance Director) stated that there are 3 water heaters to control the entire building. V11 stated that when, there were problems he had been checking water temperatures everyday, but has not been for quite some time. V11 stated that he is working on turning up the water heaters from 102 to 105 in an attempt to get the water to heat up. The facility Daily Census Report dated 3/10/26 documents there were 21 residents residing on the 200 and 300 halls.The Facilities Temperatures policy with a revision date of 12/2016 documents: It is the policy of (name of facility) that the facility monitor and maintain a reasonable and comfortable temperature and environment for the residents, employees and guests .3. A random sampling of water temperatures will be monitored routinely. 4. The hot water distribution systems shall be arranged to provide hot water of at least 100 degrees Fahrenheit at each hot water outlet at all times .

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 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.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to dispose of expired stock medical equipment, expired resident and stock medications, and failed to label medications with residents' names, and document the date opened on multi-use vials of medications for 4 of 6 residents (R5, R12, R26, and R44) reviewed for medication storage in the sample of 26.Findings include:On 3/11/26 at 10:55 AM the facility's medication storage room was reviewed with V3, Assistant Director of Nursing. V3 opened the medication refrigerator and pulled out 5 bags that each contained a swab and a lab collection tube. Each swab documented the expiration date of 10/2024. There was one unopened vial of Daptomycin with no name on label and an expiration date of 1/12/25. There was an unopened vial of Humulin R insulin with the expiration date of 11/21/25. There were 2 boxes of Arformoterol nebulizer solution with R26's name on the labels, one box had expiration date of 1/19/26 and the other box had the expiration date of 12/1/24. There were 2 boxes of Formoterol nebulizer solution with R26's name on the label both boxes with the expiration date of 7/2025. There was also one Bisacodyl suppository with the expiration date of 1/2026, but no name on the package. On 3/11/26 at 11:35 AM the North Hall medication cart was reviewed with V3. There was an open bottle of Systane eye drops with no resident's name on the bottle or the box it was contained in. In the same medication cart, there was a 10 milliliter sodium chloride pre-filled syringe with the expiration date of 1/31/26. There was also a 20 gauge needle with the expiration date of 4/10/24.On 3/11/26 at 11:45 AM the Southwest Hall medication cart was reviewed with V3. In the top drawer of the medication cart there was an ampule of Albuterol nebulizer solution with only R12's first name written in marker on the side of the ampule, but no directions for use. There was also an opened Insulin Glargine injectable pen in a clear plastic bag with R44's name written in black marker on the pen but no label with orders for use and no date documenting when it was opened. There was an opened bottle of Lantus insulin with no label identifying who it belonged to and no documented date when it was opened.On 3/11/26 at 11:50 AM, V3 stated she does not know who the Systane eye drops belong to and she threw them in the trash. V3 stated she knows she should throw away expired medical supplies such as syringes and needles but she does not have a sharps container large enough to hold all of them. V3 stated she has told them they needed to get rid of the expired syringes and needles but they won't listen. V3 stated she only has four hours a day to do her job. V3 stated insulin pens and vials should be dated when they are opened. She stated the bags containing the swabs and lab collection tubes were used to do rapid COVID tests back in COVID times and she acknowledged they were all expired.R44's physician order dated 8/23/2025 documents she receives insulin glargine subcutaneous injection; 100 UNITS/ML (milliiters); amt (amount): 10 UNITS; subcutaneousonce a day.R12's physician order documents ipratropium-albuterol .05 mg-3 mg (milligrams)/3ml solution for nebulization three times a day with a start date of 10/12/25. R5's physician order for perforomist (formoterol fumarate) solution for nebulization 20mcg (micrograms)/2ml: amt: 2ml; inhalation with a start date of 8/01/2024 and a discontinue date of 10/21/2024.R26's physician order for arformoterol solution for nebulization; 15mcg/2mL; amt:2ml; inhalation with a start date of 03/11/2025. R26's current physicians order does not document a current order for formoterol nebulizer solution.The facility's policy, Storage of Medications, revised 5/1/18 documents all medications dispensed by the pharmacy are stored in the container with the pharmacy label. Outdated, contaminated or deteriorated medications and those in containers that are cracked, soiled, or without secured closures are immediately removed from inventory, disposed of according to procedures for medication disposal and reordered from the pharmacy. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Based on observation, interview, and record review, the facility failed to provide restraint assessments for 2 (R3, R7) of 2 residents reviewed for physical restraints in the sample of 26. The Findings Include: 1.R3's Face Sheet documented an admission date of 2/10/2026 and included diagnoses of cerebral infarction, dependence on respirator, chronic respiratory failure with hypercapnia, and acute pulmonary disease. R3's Minimum Data Set (MDS) with assessment reference date as 2/16/2026 documents no Brief Interview for Mental Status score because resident is rarely/never understood, indicating significant cognitive impairment. This same assessment documented under Section P0-Restraints and Alarms of limb restraint is used less than daily. R3's Care Plan documented a focus area of physical restraints; resident is at risk for decline related to use of physical restraint - hand mitt right hand with an intervention of assessing and documenting the need for a restraint. R3's Physician Orders dated 2/18/2026 documented hand mitt as needed to prevent pulling/removal of tubes, release every 2 hours for 15 minutes with supervision as needed. On 03/10/2026 at 11:23 AM, R3 was observed lying in her bed while resting and hand mitten applied to right hand. R3's Progress Note on 3/11/2026 by V3 (Assistant Director of Nursing) documented R3 had been alert and oriented, mouths words. Resting via bed with head of the bed elevated.hand mitt in place. The were no restraint assessments found in R3's record.2. R7's Face Sheet documented an admission date of 12/8/2023 and included diagnoses of cerebral palsy, dependent of a respirator, contracture of muscle, multiple sites, cerebral infarction and pulmonary fibrosis. R7's Minimum Data Set (MDS) with assessment reference date as 1/26/2026 documents no Brief Interview for Mental Status score because resident is rarely/never understood, indicating significant cognitive impairment. This same assessment documented under Section P0-Restraints and Alarms of limb restraint is used less than daily. R7's Care Plan documented a focus area of physical restraints; resident is at risk for decline related to use of physical restraint - hand mitt left hand with an intervention of assessing and documenting the need for a restraint. R7's Physician Orders dated 12/4/2025 documented a hand mitt to left hand as needed related to pulling at medical devices, remove every 2 hours for 15 minutes with supervision as needed. On 3/12/2026 at 8:42 AM, R7 was observed lying on her back in her bed with hand mitt applied to her left hand. R7's Progress Note dated 3/13/2026 by V19 (Registered Nurse) documented, resting in bed with head of bed slightly elevated.left hand mitt continued. The were no restraint assessments found in R7's record.On 03/12/2026 11:17 AM, V17 (Respiratory Therapy/ RT) stated, the nursing and RT staff will apply mitts/restraints as needed per orders. V17 stated, the nursing staff is to complete all restraint assessments and not sure how often they are done. On 03/12/2026 at 11:54 AM, V2 (Director of Nursing/DON) stated, she cannot verbalize how often a physical restraints is to be assessed for residents. On 03/12/2026 at 3:16 PM, V1 (Administration) stated, it is her expectation that staff follow the restraint policy and procedure. V1 stated, V24 (MDS Coordinator) has taken over this position in the last month because the previous MDS Coordinator had not been completing the restraint assessments including the pre-assessment form, decision tree form and quarterly assessments. V1 stated, she was not able to find the required assessments required for physical restraints for R3 and R7. The facility's policy Restraints (revised May 21st ,2024) documented under Policy: It is the policy of the facility name that facilities uphold rights of all residents residing in the facility regarding the use of physical restraints. Restraints usage will always be an interdisciplinary decision, including the resident or responsible party and based on comprehensive assessment. Residents with restraints will be assessed on admission and periodically (at least quarterly) by the interdisciplinary team for application, reduction or continuation of a restraint. Restraints will not be used for convenience or discipline. A resident with capacity to make decisions has the right to request the use of a restraint. This same document under Procedure.3. The Pre-Assessment (NUR0110b) is completed as follows: a. The assessment is to be completed by a (continued on next page)

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	nurse of licensed physical/occupational therapist.5. The completed Pre-Restraining Assessment (NUR0110b) should be placed in the resident's medical record under the Therapy/Rehab tab. 6. After the Pre-Restraining Assessment is completed the Restraint Decision Tree (NUR0110a) should be determine if the medical symptoms and impact of function have been identified with regard to restraint.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review the facility failed to ensure that residents are free from unnecessary medication 1 of 5 residents (R2) reviewed for unnecessary medications in a sample of 26. The Findings Include:R2's face sheet indicates an admission date of 11/7/24 and also includes the following diagnosis: anxiety disorder and depression. R2's current physician order sheet for March 2026 includes the following medications: lorazepam 0.5 milligram (mg) once day per gastric tube as needed for anxiety. This order has a start date of 1/09/2026 with no end date. R2's behavior tracking for the last 3 months has no behaviors listed. R2's medication administration record for the last three months list that R2 received lorazepam 1/15/26-1/20/26, 2/2/25, 2/3/26, 2/5/26, 2/9/26-2/12/26, 2/15/26-2/18/26, and 2/24/26-2/26/26.There was no documentation found in R2's record to indicate a reason for R2's Lorazepam to be extended beyond 14 days.On 3/13/2026 at 12:30 PM, V32 (Regional Director of Clinical Services) stated, that she will continue to work with the physicians to ensure that they fill out the paperwork accordingly if they do not want to reduce the medication. V32 states that she is aware they need to place an end date on PRN medications. The psychotropic medication use policy with a revision date of 12/2018 documents: It is the policy of (Facility Name) that all residents receiving psychotropic medications be monitored to ensure the least amount of medication is given to treat the diagnosis. This is accomplished through tracking behaviors and effectiveness of interventions, monitoring for side effects, reviewing data at least quarterly and dosage reduction attempt of at least one quarter annually. Procedure: 4.Residents do not receive psychotropic drugs pursuant to an PRN (as needed) order unless the medication is needed to treat a diagnosed specific condition that is documented in the clinical record; and PRN orders for psychotropic drugs are limited to 14 days. Except as provided if the attending physician or prescribing practitioner believes it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on interview, observation, and record review the facility failed to ensure a resident with limited range of motion received appropriate treatment and services to prevent further decrease in range of motion for 1 (R9) of 12 residents reviewed for position and mobility in the sample of 26. The Findings Include:R9's resident face sheet documents an admission date of 10/12/2018. This same document includes the following diagnoses: Parkinsonism, symptomatic epilepsy, partial seizures, hypotension, anemia, asthma, contracture of the right hand, and chronic pain. R9's most recent quarterly MDS (Minimum Data Set) dated 12/30/2025 documents section C, that R9 has a BIMS (Brief Interview of Mental Status) of 15, indicating that R9 is cognitively intact. Section GG documents for functional limitation in range of motion that R9 has an impairment on one side for upper extremity. Section GG for self-care documents that R9 is Dependent for toileting, lower body dressing, putting on taking off footwear, substantial / maximal assistance for shower / bathe, upper body dressing, and personal hygiene. The same section documents under mobility, R9 is partial / moderate assistance for roll left to right, sit to lying, lying to sitting on side of bed, sit to stand, chair / bed transfer, toilet transfer, and tub shower transfer. Section O of this same MDS documents that R9 received 6 days of Restorative for transfers and 4 days of restorative for walking during the look back period.R9's care plan with a start date of 01/11/2024 has a problem area of activity of daily living functional status / rehabilitation. Residents needs assist for activities of daily living related to contracture of right hand and low levels physical activity. Interventions listed include assist with activity of daily living, restorative programs as indicated and ordered, and therapy as ordered.R9's progress note dated 03/12/2026 authored by V32 (Regional Director of Clinical Services) documented writer assessed residents need for splint. Resident states he has not used splint for some time. Writer referred resident to therapy for re-evaluation of splinting needs and comfort.R9's Physician Order Report dated 02/13/2026 - 03/13/2026 does not document an order for a splint. Document titled Occupational Therapy In-Service Training Sign-Off Sheet with a date of 09/18/2025 documented that R9 should wear his splint to the right hand for 4 hours daily. On the bottom of this document, it is noted that R9 needs to put splint on when he gets up in the a.m. and wear for 4 hours. On 03/10/2026 at 8:38 A.M. R9 was observed to not have a splint on right hand. On 03/11/2026 at 9:40 A.M. R9 was observed to not have a splint on to right hand. On 03/12/2026 at 10:03 A.M. R9 was observed to not have a splint on the right hand. On 03/12/2026 at 10:05 A.M. V10 (Certified Nurse Assistant/CNA) stated R9 never wears the splint. V10 stated R9 will refuse to wear it. On 03/12/2026 at 11:15 A.M. R9 stated he use to wear his brace/splint, but the staff no longer put it on him. R9 stated he thought the splint was discontinued so he had not been wearing it. R9 stated he would wear the splint if he is supposed to wear it. On 03/12/2026 at 11:52 A.M. V9 (Physical Therapy Assistant / Therapy Director) stated that R9 should have the splint on to his right hand. V9 stated she would go to the room and see if the splint is in there. V9 stated she is not sure there is an order for him to have the splint, but the staff were educated on when he is supposed to wear the splint. On 03/12/2026 at 11:55 A.M. V9 stated the splint for R9 was in his room on the dresser. V9 stated she evaluated R9 and feel that therapy will pick him back up and work on stretching his hand since she does not know how long it has been since he has had the splint on. On 03/13/2026 at 9:19 A.M. V3 (Licensed Practical Nurse / Assistant Director of Nursing) stated she is not sure how often R9 wears his splint. V3 stated that R9 will refuse care. V3 stated that she is not sure there is a place in the chart where it is documented when he refuses the splint. V3 stated there is no order in the chart for the splint / brace. On 03/13/2026 at 9:20 A.M. V26 (Certified Nurse Assistant) stated she thinks R9 wears his splint daily. V26 stated R9 had a shower this morning and that is why it is not on. V26 stated she was not aware that therapy staff took the splint yesterday and was going to evaluate it. On 03/13/2026 at 9:24 A.M. V2 (Director of Nursing) stated she was not aware that R9 did not have his splint on this week. V2 stated if it is ordered she (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	expects the staff to put the brace on. V2 stated that if R9 is refusing to wear the splint / brace then it should be documented in the medical record. V2 stated there is no order in the medical record for the splint. V2 stated there should be an order in the record so the staff knows R9 needs to have the splint on. On 03/13/2026 at 9:40 A.M. V27 (Certified Nurse Assistant) stated she doesn't routinely work west hall, but she has occasionally. V27 stated she has never seen R9 in a splint / brace and she has never put it on him.On 03/13/2026 at 9:43 A.M. V28 (Licensed Practical Nurse) stated she has only worked for the facility for three weeks. V28 stated she was not aware that R9 had a brace / splint. V28 stated that not staff told her that he was refusing to wear it. V28 stated if she had been made aware she would have charted his refusal. On 03/13/2026 at 9:47 A.M. V9 stated she has completed the insurance verification for R9 to be evaluated by therapy on 03/16/2026. V9 stated she will be putting a new procedure in place to make sure when a resident is discharged , she will make sure the order will be in the chart and the staff will be aware. Facility policy titled Resident Mobility and Range of Motion with a revision date of 10/20/2025 documents under section titled Policy Statement .2. Residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in range of motion.

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(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 - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on interview and record review the facility failed to ensure that meals served were served at palatable temperature for 3 of 3 (R1, R5 and R23) residents reviewed for palatability in a sample of 26. The Findings Include: During the resident council meeting held on 3/11/26 at 2:00 PM, R1 and R5 both stated that the evening meals are cold and often times they just eat it cold rather than regularly asking for it to be reheated. R1 is the resident council president and was alert to person place and time. R5 stated he attends resident council meetings regularly and was alert to person place and time. On 3/11/26 at 11:40 AM, R23 who was alert to person, place and time stated his family often brings in food for him at dinner so he doesn't have to eat cold food.On 3/12/26 at 12:45 PM, R5 stated that the cold food in the evening has been brought up in resident council meetings regularly. Review of resident council minutes for the last 6 months showed no concerns for dietary and/or cold food. Review of grievance log for last 6 months was reviewed and no grievances logged for cold food by residents or family. On 3/13/26 at 10:00 AM, V29 (Activities) stated that they have mentioned the cold food in the past during resident council meetings. V29 could not give an answer as to why those complaints had not been mentioned in the resident council minutes as they should have been. V29 stated last week she was still here for during the dinner meal and R1 and R5 both requested their meal to be reheated because they complained of it being too cold.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145247	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Nursing & Rehab Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to follow infection control practices for 3 (R1, R2, and R3) of 12 residents reviewed for infection control in the sample of 26. The Findings Include:Facility policy titled Cleaning of Durable Medical Equipment with a revision date of 01/18/2021 documented under section titled Policy: All Durable Medical Equipment will be disinfected with appropriate disinfectant between resident uses. Including but not limited to blood glucose monitoring machines, pulse oximeters, thermometers, etc. Under Section titled procedure, to clean, disinfect, and deodorize in one step: wipe surface with towel until completely wet. Allow to remain wet for one minute at room temperature. Wipe dry or allow to air dry.On 03/10/2026 at 11:16 AM, V3 (Licensed Practical Nurse / Assistant Director of Nursing) gathered blood glucose machine, lancet, alcohol wipe and micro kill wipe and placed on disposable tray. V3 sanitized hands and placed gloves on. V3 knocked on the door and entered R1's room. V3 explained the procedure to R1. V3 sat tray with supplies down on the bedside table and cleaned R1's first left finger. V3 picked up the blood glucose machine, inserted strip and obtained a blood sample. V3 discarded the lancet in the sharps container and wiped the blood glucose machine with a Micro-Kill wipe. V3 wiped blood glucose machine for 20 seconds then placed the blood glucose machine on a Kleenex. V3 then discarded the wipe in the trash can, removed gloves and sanitized hands. At 11:24 AM V3 gathered blood glucose machine, lancet, alcohol wipe and micro kill wipe and placed on disposable tray. V3 sanitized her hands and placed gloves on. V3 knocked on the door and entered R2's room. V3 explained the procedure to R2. V3 sat tray with supplies down on the bedside table and cleaned R2's first left finger. V3 picked up the blood glucose machine, inserted strip and obtained a blood sample. V3 discarded the lancet in the sharps container and wiped the blood glucose machine with a Micro-Kill wipe. V3 was observed cleaning the blood glucose monitor for 20 seconds and placed back on Kleenex. V3 then discarded the wipe in the trash can, removed gloves and sanitized hands. At 11:31 AM V3 gathered blood glucose machine, lancet, alcohol wipe and micro kill wipe and placed on disposable tray. V3 sanitized her hands and placed gloves on. V3 knocked on the door and entered R3's room. V3 explained the procedure to R3. V3 sat tray with supplies down on the bedside table and cleaned R3's first left finger. V3 picked up the blood glucose machine, inserted strip and obtained a blood sample. V3 discarded the lancet in the sharps container and wiped the blood glucose machine with a Micro-Kill wipe. V3 was observed cleaning the blood glucose monitor for 25 seconds and placed on a new Kleenex. V3 then discarded the wipe in the trash can, removed gloves and sanitized hands. On 03/13/2026 at 9:19 A.M. V3 (Licensed Practical Nurse / Assistant Director of Nursing) stated she was nervous having a surveyor follow her to do blood glucose testing and didn't realize she had not cleaned the blood glucose machine for a full minute. V3 stated she thought she had cleaned it longer than a minute. V3 stated she knows the policy and was just nervous and in a hurry. On 03/13/2026 at 9:24 A.M. V2 (Director of Nursing) stated it is her expectation that staff follow the policy for proper disinfecting of a blood glucose machine. V2 stated that V3 thought that she had sanitized it long enough. R1's resident face sheet documents that R1 was admitted to the facility on [DATE]. Diagnoses listed include cerebral infarction, acute and chronic respiratory failure, chronic obstructive pulmonary disease, morbid obesity, type 2 diabetes mellitus with hyperglycemia, chronic kidney disease, chronic atrial fibrillation, low back pain, and edema. R1's Physician Order Report dated 02/13/2026 - 03/13/2026 documents an order for blood glucose to be taken prior to giving sliding scale lispro insulin before meals and at bedtime. R2's resident face sheet documents that R2 was admitted to the facility on [DATE]. Diagnoses listed include cerebral infarction, anxiety, dependence on respiratory ventilator, constipation, chronic respiratory failure, hemiplegia and hemiparesis, type 2 diabetes mellitus with hyperglycemia, and gastro-esophageal reflux disease. R2's Physician Order Report dated 02/13/2026 - 03/13/2026 documents an order for blood glucose to be taken prior to giving sliding scale lispro (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	insulin before meals and at bed time. R3's resident face sheet documents that R3 was admitted to the facility on [DATE]. Diagnoses include kidney transplant, chronic respiratory failure type 2 diabetes mellitus with other specified complication secondary to transplant, status epilepticus, anxiety disorder, chronic kidney disease, contracture of left hand, anemia in chronic kidney disease, and end stage renal disease. R3's Physician Order Report dated 02/13/2026 - 03/13/2026 documents an order for blood glucose to be taken prior to giving sliding scale lispro insulin before meals and at bedtime.