STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145273	A. Building B. Wing	06/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jacksonville Skld Nur & Rehab	1517 West Walnut Street Jacksonville, IL 62650

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to identify a pressure sore for 1 of 3 residents (R41) reviewed for pressure sores in the sample of 41. Findings include: On 6/4/2025 at 12:43 PM, V11, Wound Nurse, was in R41's room performing R41's pressure ulcer dressing change. R41 was on right side facing window as V11 removed dressing from R41's sacrum. R41's pressure ulcer dressing was tan-light brown with foul smelling drainage. V11 cleansed R41's pressure ulcer with wound cleanser. R41's pressure ulcer was oblong with slough and eschar inside the wound bed, no granulation and the peri wound are red. V11 stated R41's pressure ulcer was facility acquired and at time the pressure ulcer was found to R41's sacrum the pressure ulcer was unstageable due to slouch and eschar. V11 packed puffed gauze in wound bed and covered with bordered gauze. R41's Care Plan, dated 8/25/2024, revised 3/26/2024 documents R41 has a potential for impaired skin integrity related to cognitive deficits, decreased sensation, Diabetes Mellitus, neuropathy, incontinence, edema. R41's Care Plan documents intervention dated 8/25/2021 observe skin integrity during am/pm care. R41's Care Plan intervention dated 8/25/2021 document notify physician promptly of skin breakdown. R41's wound assessment report dated 4/16/2025 documents new wound facility acquired on 4/12/2025. R41's wound assessment documents unstageable pressure ulcer length 2.50 Centimeters (CM) X 5.50 CM width depth .10cm. R41's wound assessment documents 100 % slough, epithelium exposed. R41's assessment documents peri wound fragile, erythema and mild odor. Assessment documents cleanse with antiseptic solution and hydrocolloid. R41's wound evaluation dated 6/4/2025 documents 0% granulation, 100% slough, exposed tissue epithelium, dermis, and subcutaneous. Periwound fragile, erythema no exudate. Documents clean wound with acetic acid daily and as needed. Documents primary treatment as Dakin's moistened fluffed gauze, skin prep surrounding tissue or peri wound bordered gauze. Evaluation documents wound size 4.00CM in length x3.50CM width and 2.80 depth. R41's Minimum Data Set (MDS) dated [DATE] documents R41 is severely cognitively impaired. R41's MDS documents R41 is dependent on staff for toileting, bathing, dressing, and personal hygiene. On 6/5/2025 at 12:50PM V11, Wound Nurse stated she would like to think pressure sore would have been found before unstageable. (continued on next page)

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

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy Pressure Ulcer prevention, identification and treatment dated, revise 8/31/2023 documents the purpose is to provide guidelines that will assist nursing staff in prevention, identification, and appropriate treatment for pressure ulcers. The policy documents unstageable: Full thickness, tissue loss in which the base of ulcer is covered by slough (yellow, tan, gray, or brown) and/or eschar (tan, brown, or black) in the wound bed. The policy documents (when eschar is present, accurate staging of the pressure ulcer is not possible until the eschar has sloughed, or the wound has been debrided.) The policy documents color identification red: pale pink to beefy red with or without healthy granulation tissue. Yellow: whitish yellow, creamy yellow, yellow-green or beige. Black: Black, stringy gray, or gray scab. The policy documents it is the responsibility of the Charge nurse/designee to care for pressure areas, and to provide treatments as ordered. The policy documents it is the responsibility of the Charge nurse/designee to measure and document on the pressure areas weekly. The policy documents it is the responsibility of the Charge nurse/designee to monitor healing progress and ensure appropriated treatment are in use. It is recommended that Director of Nursing (DON)/Designee make frequent pressure rounds with charge nurse. The policy documents it is the responsibility of the Certified Nursing Assistant to report any skin conditions to the charge nurse immediately upon identification.

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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 interview and record review the facility failed to implement an intervention to prevent falls for 1 of 4 residents (R41) reviewed for falls in the sample of 41 Findings include: 1. R41's Fall's Details report dated 5/2/2025 documents R41 was found on floor lying on stomach on mat beside bed. R41's report documents environmental conditions as bolsters were not clipped to bed. Report document R41 sustained a 3 centimeter (cm) long scratch to left cheek. R41's care plan dated 4/9/2021 documents R41 is at risk for falls r/t (related to) cognition deficit and history of fall with a fracture. Impaired mobility and lack of safety awareness due to diagnosis of dementia. R41's care plan documents the following interventions: 4/19/2025 bolster to bed for positioning. R41's Minimum Data Set, MDS, dated [DATE] documents R41 is severely cognitively impaired. On 6/5/2025 at 9:50AM, V1, Administrator stated the bolsters were loose and laying on the bed. The facility policy Accidents and Incidents dated revised 9/7/2023 documents the interdisciplinary team (IDT) will complete an investigation to determine root cause and implement appropriate interventions.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 4. On 06/02/25 at 11:53AM, during the noon meal V4, CNA removed a peanut butter and jelly sandwich from sandwich bag with V4's hands. V4 did not sanitize their hands or don gloves prior to removing the sandwich from bag. V4 then handed sandwich to R14. On 6/4/2025 at 2:30PM, V1, Administrator, stated she would expect staff to don gloves prior to handling food. 5. On 06/04/25 at 01:00 PM, a sign was posted outside R41's room that documents enhanced barrier precaution. V14 CNA and V15 CNA did not sanitize hands prior to donning gloves before entering R41's room. The enhanced barrier precaution sign documents everyone must: clean their hands, including before entering and when leaving the room. The facility policy Handwashing/Hand Hygiene, undated documents this facility considers hand hygiene the primary means to prevent the spread of infections. The policy documents use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: before and after direct care with residents, after removing gloves, before and after entering isolation precaution settings, before eating or handling food, before and after assisting a resident with meals. Based on observation, interview and record review, the facility failed to perform hand hygiene during passing meal trays, and failed to don Personal Protective Equipment for 8 of 8 residents (R2, R7, R14, R41, R55, R56, R71, R73) reviewed for infection control in a sample of 41. Findings include: 1. On 06/02/2025 at11:40 am, V16, Activity Director served meal trays to R2, R56 and R71 without benefit of hand hygiene in between serving each resident. 2. On 06/02/2025 at 11:40 AM, V25, Activity Assistant, served meal trays to R7 and R73 without benefit of hand hygiene in between each resident. On 06/05/2025 at 11:15 AM V16, Activity Director, stated that when she is passing meal trays, she washes her hand in between each resident. On 06/05/2025 at 11:15 AM, V25, Activity Assistant, stated that when she is passing meal trays, she washes her hand in between each resident. On 06/05/2025 at 11:15 AM, V26, Environmental Services Supervisor, stated that when she is passing meal trays, she washes her hand in between each resident. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. On 06/04/2025 at 12:35 PM V5, Registered Nurse (RN), performed hand hygiene, gowned and gloved outside of R55's room. While gloved and gowned, V5 mixed the Ertapenem 1Gram, opened the Intra venous (IV) administration spike set, R55 wanted a blanket, and he took the blanket off of her bed and covered her up. He then spiked the IV Antibiotic bag with the administration spike set, primed the tubing and placed it in the IV pump. With the same gloved hands, he then opened the alcohol wipe package, swabbed the midline port, laid the alcohol wipe on top of the alcohol wipe package. He opened the normal saline flush package, and flushed R55's right midline IV access site, then took the used alcohol wipe, that was lying on the alcohol wipe package, cleansed the cap of the IV midline access and then screwed the IV administration line into the IV midline access without glove changes or benefit of hand hygiene. On 06/09/2025 at 09:53 AM V5, RN, stated that he should have changed gloves, performed hand hygiene and not reused the alcohol wipe when he was doing R55's IV. R55's Physicians order sheet, dated 06/02/2025, documented, IV antibiotics- Ertapenem Sodium Injection Solution Reconstituted 1 GM (Ertapenem Sodium) Use 1 gram intravenously one time a day for UTI for 5 Days. R55's Care plan, dated 6/2/2025 documented, Potential for infection (related to) IV Midline. The facility's policy, Handwashing/hand hygiene, undated, documented E. before and after handling an invasive device (e.g. urinary catheters, IV access sites). It continues, K. After contact with objects (e.g. medical equipment) in the immediate vicinity of the resident.