STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145275	A. Building B. Wing	12/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Timbercreek Rehab & Healthcare Center	2220 State Street Pekin, IL 61554

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. Based on interview and record review, the facility failed to perform pressure ulcer care and skin checks as ordered for one of three residents (R1) reviewed for pressure ulcer care in a sample of four. The facility's Pressure Injury Assessment and Treatment policy, dated 12/2024, documents to document in the resident electronic medical record when the treatment is completed. On 12/4/25, R1 stated that his wound care varies as to when it is completed. R1 stated that the wound care is done at least daily. R1's Treatment Administration Record, dated 11/12/25 through 12/4/25, documents to cleanse R1's left heel with soap and water. Apply Dakins (antiseptic) soaked gauze to the wound bed and cover with an abdominal pad, and cover with a gauze wrap and apply heel boots every day shift. This treatment is not signed out as being completed 11/12/25, 11/18/25, 1/19/25, 11/22/25 through 11/26/25, 12/1/25, and 12/2/25. This form also documents to perform daily skin checks. R1's daily skin checks were not signed out as being completed on 11/12/25, 11/19/25, 11/22/25 through 11/26/25, and 12/1/25 through 12/3/25. On 12/6/25 at 1:00pm, V4, Infection Preventionist/Treatment Nurse, stated that if the treatments are not signed out, then they were not completed as ordered. V4 stated the treatment is to be signed out when completing the care, and if the resident refuses, it should be documented in the progress notes.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145275	A. Building B. Wing	12/06/2025

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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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on interview and record review the facility failed to perform nephrostomy care, urinary catheter care, and document urinary output as ordered for one of two residents (R1) reviewed for bowel and bladder in a sample of four. Findings include: The facility's Catheter Care, Urinary policy, dated 12/2024, documents to maintain accurate record of the residents' daily output every shift. This form documents to empty the collection bag at least every eight hours. Catheter irrigation may be ordered to prevent obstruction in residents at risk for obstruction. On 12/4/25 at 9:30am, R1 stated he thinks his catheter care and nephrostomy care are done at least daily but does not know for sure. R1's Treatment Administration Record, dated 11/12/26 through 12/4/25, documents to flush R1's urinary catheter with 30 milliliters of normal saline every day and night shift. This form documents R1's normal saline flush was only done once on 11/13/25 and 11/14/25, 11/22/25 through 11/26/25. R1's urinary catheter output monitor and record output every day and night shift were not done on 11/13/25, and only once on 11/14/25. 11/16/15. 11/18/25, 11/19/25, 11/22/25 through 11/16/26, 11/30/25, 12/1/25 through 12/3/25. R1's Urinary Catheter care and Nephrostomy tube is to be completed every day and night shift.This care was only completed one time daily on 11/14/24, 11/18/25, 11/19/25, 11/22/25 through 11/16/25, 12/1/25 through 12/3/24. On 12/6/25 at 1:00pm, V4, Infection Preventionist/Treatment Nurse, stated if urinary catheter and nephrostomy care are not signed out, then they were not completed as ordered. V4 stated the treatment is to be signed out when completing the care, and if the resident refuses, it should be documented in the progress notes.