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	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Timbercreek Rehab and Health Care 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review the facility failed to provide assistance with personal hygiene cares for one resident (R1) of 4 residents reviewed for Activities of Daily Living in the sample of 11. Findings include:R1 is a [AGE] year-old resident of the facility admitted on [DATE] with diagnoses including Scoliosis, Sciatica, COPD/Chronic Obstructive Pulmonary Disease; CHF/Congestive Heart Failure; Lymphedema; Obesity and Type 2 Diabetes Mellitus.R1's current Care Plan documents the following: (R1) has an ADL (Activities of Daily Living) Self Care Performance Deficit. PERSONAL HYGIENE/ORAL CARE: The resident requires X1 Extensive staff assist with personal hygiene and oral care.On 5/5/26 at 2:10pm V5 CNA/Certified Nursing Assistant stated R1 requires set-up for morning and HS personal hygiene cares in her room. On 5/5/26 at 2:20 pm, R1 was sitting in a bariatric wheelchair in her room, awake, alert and oriented. R1 stated she is never given a face cloth, towel, soap or a basin of water for personal hygiene/washing up in the morning or at bedtime, nor has she been provided with items for oral care such as toothbrush, toothpaste or mouthwash. R1 stated she is unable to maneuver her wheelchair around in her bathroom due to tight quarters and cannot utilize the sink for any personal hygiene. R1 stated, I don't even get to wash my face in the morning before breakfast.On 5/5/26 at 2:20 pm there was no wash basin, no washcloth or towel, and no oral care items in R1's room or bathroom.On 5/6/26 at 10:00 am there was no wash basin or personal hygiene items in R1's room or bathroom. R1 stated there was no set-up or assistance provided by staff last evening or this morning to enable R1 to perform morning personal hygiene.On 5/6/25 at approximately 3:00 pm V2 DON/Director of Nursing stated R1 should be provided the set-up and any assistance she may need to freshen up in the morning and before bedtime.

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and observation the facility failed to provide physician-ordered medication for one resident (R1) of six residents reviewed for medication administration in the sample of 11.Findings include: R1 is a [AGE] year-old resident admitted to the facility on [DATE] with diagnoses including obesity; CHF/Congestive Heart Failure, Scoliosis, Sciatica, Lymphedema, Hypertension and Type 2 Diabetes.The facility's Medication Availability policy documents the following: Nursing administration to compare the orders to the medications in the med cart to ensure medications are available. Refills ordered timely through the EHR (pharmacy's electronic medication re-ordering system) .Night shift responsible for reordering insulins, inhalers, eye drops, controlled drugs every Monday and Thursday night, and If medication not available, staff to check (back-up medication) for med, staff to call the pharmacy if med not in (backup medication system), notify DON/Director of Nursing, notify practitioner.R1's medical record includes a Physicians Order by V20/R1's Physician, dated 03/19/2026 as follows: Hydrocodone-Acetaminophen oral tablet 5-325mg. Give 1 tablet by mouth every 4 hours as needed for Low Back Pain/R side Sciatica.R1's current Care Plan documents the following Focus: Chronic Pain related to Scoliosis, the Goal listed for this pain Care Plan is as follows: Resident will Report Satisfactory Pain Control, and Interventions include: Administer pain medication per order. R1's Care Plan also includes the following: Focus: (R1) has pain at times. and Interventions include The resident's pain is alleviated/relieved by: Norco (Hydrocodone-APAP 5-325)R1's May eMAR/Medication Administration Record documents the last time R1 received a dose of Norco for pain the night of 5/3/26. There are no doses of Norco signed off on R1's eMAR indicating any doses of Norco were administered on 5/4/26 or 5/5/26.On 5/5/26 at approximately 2:30 pm R1 stated she had been out of pain medication (Norco/hydrocodone 5mg/milligrams/Acetaminophen 325mg for a few days. R1 stated she only asks for pain medication at bedtime and in the night in order to sleep comfortably. R1 stated she cannot sleep comfortably on the bed in her room and prefers to sleep in the recliner in her room.On 5/5/26 at approximately 3:20 pm V5 LPN/Licensed Practical Nurse stated she had ordered a refill for R1's Norco on Friday of last week, but the prescription wasn't signed by the doctor yet and the pharmacy will not approve use of the emergency back-up medication system to provide (R1) with the medication, which is available in the automated medication backup appliance in the medication room. V5 stated there were no refills available at the pharmacy for R1's Norco and therefore the pharmacy cannot approve administration of the drug until the prescription refill is signed by the Physician and submitted to the pharmacy. V5 stated she was aware there was just one dose of R1's Norco left on Sunday 5/03/25 and R1 would be out Norco after it was administered.On 5/6/26 at approximately 2:00 pm V5 stated V20 returned the prescription for Norco to the facility without signing it for refill, asking for a better diagnosis for the pain medication. V5 verified R1's pain medication has not been refilled and is not available to R1 as of 5/6/26 at 3:20pm.On 5/6/26 at approximately 4:05 pm V2 DON/Director of Nursing verified Nursing staff had not notified her of R1's need for Norco and stated R1 should never have run out of Norco and the medication should have been noted far enough in advance and refilled prior to running out of the medication. V2 stated R1's Physician should have been notified by Nursing of the pressing need for the refill before R1 ran out of the medication.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on interview record review and observation the facility failed to provide appetizing or appealing-appearing food and appropriate condiments for residents of the facility. This failure has the potential to affect all 94 residents currently residing in the facility.Findings include: The facility was unable to provide a Dietary policy.The Resident Roster provided by the Administrator on 5/5/26 documented 94 residents resided in the facility.On 5/6/26 at 12:20pm R1 and R3 stated meals served by the facility are not appealing and often inedible. On 5/6/26 at 12:30pm R4, R5, and R6 were eating lunch in the dining room. The posted lunch menu listed the lunch meal was: Chicken Fried [NAME] and Zucchini. The fried rice was brown with very small pieces of diced chicken, and the zucchini slices were limp and sitting in watery fluid. On 5/8/26 during the lunch meal service the menu posted in the Dining Room was dated Wednesday 5/6/26 and listed the Fried [NAME] and Zucchini meal served on Wednesday. The lunch menu for 5/8/26 lunch meal was documented as Ravioli and roasted yellow squash on the facility's weekly menu provided to this surveyor by V17 Dietary Manager.Upon touring the Dining Room at approximately 12:40pm this surveyor noted many uneaten ravioli edges remaining on plates, and noted residents were attempting to cut off the edges around the meat-filled ravioli and only eating the middle portion of the ravioli pasta.On 5/8/26 at 12:15pm R9, R10 and R11 stated they find the food served at the facility is often bad in general and is not something they would serve to anyone as it is so poorly prepared and presented on the plate. R1 stated the eggs served for breakfast were burnt, and often the eggs served looked burnt. R9 also stated the egg dish served at breakfast looked burnt and was not edible. R11 stated the hot cereal served at breakfast was mostly water with a few grains of (hot cereal) in it. On 5/8/26 at approximately 12:20pm, during the lunch meal in the Dining Room R1, R4, R5, R9, R10 and R11 stated the ravioli served for lunch was hard to eat, and the edges of the ravioli were hard and difficult to cut. R5 stated she couldn't eat the egg dish at breakfast because It was burnt. On 5/8/26 at approximately 2:00pm V1 Administrator stated the facility was aware of the issues with the food and preparation in Dietary and made changes in staff in the department including hiring a new Dietary Manager and are in the process of interviewing and hiring additional Dietary personnel.