

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER Carrier Mills Nsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 6789 US Rt 45 Carrier Mills, IL 62917	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure that residents who require assistance receive a shower for 2 (R20 and R1) of 3 residents reviewed for Activities of Daily Living in the sample of 20. This past non-compliance occurred between 4/1/26 and 5/26/26. 1. R20's admission Record dated 6/2/26 documented an admission date of 2/18/26 and included diagnoses of fracture of left femur, dementia, lack of coordination, reduced mobility and generalized muscle weakness. R20's most recent Care Plan documents a focus area for self-care deficit dated 2/23/26. Interventions for this focus area include assisting with ambulation and transfers, assisting with toileting and showering/bathing both dated 2/23/26. R20's Minimum Data Set (MDS) assessment dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 3, indicating R20 has severe cognitive impairment. This MDS also documents R20 is dependent for showering/bathing, dressing and tub/shower transfers. R20's shower documentation from her Electronic Health Record as well as hand-written documentation from 4/1/26 - 5/31/26 combined show two separate six-day periods in April and May (4/1/26 - 4/6/26 and 5/16/26 - 5/21/26) where no shower was documented as provided for R20. The facility's staff schedule was reviewed and showed V18 (Certified Nurse Aide/CNA), V6 (CNA), V10 (CNA) and V17 (CNA) working during the time periods of 4/1/26 - 5/21/26. On 6/3/26 at 1:40 PM, V18 (Certified Nurse Aide/CNA) verified she worked some of the days during the time periods of 4/1/26 - 4/6/26 and 5/16/26 - 5/21/26 and said R20 was usually good about taking her showers routinely. V18 did not remember R20 refusing showers during those time periods. On 6/3/26 at 1:44 PM, V6 (CNA) verified she worked some of the days during the time periods of 4/1/26 - 4/6/26 and 5/16/26 - 5/21/26 and said R20 would usually shower when offered one. V6 stated sometimes they had to go back and ask a second time or re-engage R20 a little later, but R20 would usually take a shower. V6 stated those two time periods had been a while back, but did not remember R20 refusing a shower during those times. V6 stated all residents should be offered a shower at least two times per week and more often if needed or requested. On 6/3/26 at 1:50 PM, V10 (CNA) verified she worked some of the days during the time periods of 4/1/26 - 4/6/26 and 5/16/26 - 5/21/26 and stated R20 usually showered when offered one. V10 stated she never remembered R20 refusing a shower during those time periods above. V10 stated residents should be offered a shower at least twice weekly and more often if requested or needed. On 6/3/26 at 1:59 PM, V17 (CNA) verified she worked some of the days during the time periods of 4/1/26 - 4/6/26 and 5/16/26 - 5/21/26 and stated R20 usually showered when offered one. V17 stated she cannot remember R20 refusing one during those time periods. 2. R1's Comprehensive MDS assessment dated [DATE] documents an admission date of 3/28/26 and a BIMS score of 15, indicating cognitively intact. Under Functional Abilities and Goals, this MDS also documents R1 is dependent for shower/bathe self (the ability to bathe self, including washing, rinsing, and drying self). R1's April and May 2026 shower documentation did not reveal any concerns with missing showers. On 6/2/26 at 8:56 AM, R1 was alert and oriented and stated he's been in the facility for about 2 months and he didn't get a shower for about the first three weeks he was in the facility. R1 stated, But I didn't speak up for myself. They're doing better now. On 6/2/26 at 1:32 PM, R1 stated he had a shower yesterday (6/1/26), but before that his last shower was on Saturday, (continued on next page)		

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5/23/26. R1 stated he's changed rooms multiple times which has thrown off when his shower days are and believes that's part of the reason he's missed them a few times. On 6/2/26 at 12:47 PM, V4 (CNA) stated residents are supposed to have a shower at least two times weekly and more often if needed or requested. On 6/2/26 at 12:41PM, V3 (CNA) stated residents are supposed to have a shower/bath at least 2 times per week and more often if they request it or need one. On 6/2/26 at 12:52 PM, V5 (CNA) stated residents should have a shower/bath at least 2 times per week and as needed or requested. On 6/3/26 at 2:40 PM, when asked about showers, V2 (Director of Nurses/DON) stated since she has taken over the DON position, she has not had any complaints brought to her from residents or family about showers not being done. V2 stated however, when she was the MDS Coordinator, she did receive some complaints from a few residents and family about showers not being done. V2 stated it had been too long ago for her to remember who brought those complaints to her. V2 said showers should be offered to residents at least two times per week and more frequently if needed or requested. V2 stated she could not explain the two time periods of 4/1/26 - 4/6/26 and 5/16/26 - 5/21/26 in which R20 did not have a shower documented. V2 stated R20 could have possibly refused due to not feeling well or simply did not want one, but admitted staff still should have documented something in her chart. The facility's Activities of Daily Living Policy dated revised March 2018 documents, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Prior to the survey date, the facility implemented the following actions to correct the deficient practice: 1. The facility held a Quality Assurance and Performance Improvement/QAPI meeting on 5/26/26 with V1 (Regional Director of Operations/Acting Administrator), V2 (DON), and V19 (Medical Director) in attendance. The QAPI Agenda/Meeting documents the following steps will be taken: 1. All ADL (Activities of Daily Living) care/showers will be reviewed and updated where appropriate. 2. Any issue identified will be addressed immediately. 3. Re-education of all staff responsible for showers and ADL care. 4. A QA/Quality Assurance tool has been created to monitor the effectiveness of education. Any issue identified will result in re-education and the QAPI process being re-initiated. 2. The QAPI action plan includes the goal of improved compliance with ADL care/shower policy. The action is education with increased implementation of oversight. 3. Inservice documentation for nursing staff (Registered Nurse/RN, Licensed Practical Nurse/LPN and CNA) shows that all nursing staff were educated on 5/26/26 on the following policies and procedures: ensuring residents are getting shower and ADL care. 4. The Quality Assurance Audit Tool documents that 6 random residents will be audited three times per week for four weeks to assess the implementation of the corrective action. There is documentation showing that this Quality Assurance Audit Tool was conducted on the dates of 5/26/26, 5/28/26, 5/29/26, 6/1/26 and 6/3/26 for six random residents indicating the facility is monitoring as stated up through exit date of 6/4/26.		

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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 interview and record review, the facility failed to ensure wound treatments were completed as ordered by the physician for 3 of 3 residents (R1, R19 and R20) reviewed for pressure ulcers in the sample of 20. This past non-compliance occurred between 4/1/26 - 5/26/26. 1. R1's admission Record with print date of 6/2/26 documented an admission date of 3/28/26 and included diagnoses of infection and inflammatory reaction due to other cardiac vascular devices implants and grafts and end stage renal disease. R1's Minimum Data Set (MDS) assessment dated [DATE] documents R1 is at risk for developing pressure ulcers and that he has two unhealed pressure ulcers that are unstageable. The MDS documents treatments for these unhealed pressure ulcers include the application of ointments/medications and pressure ulcer care. R1's most recent Care Plan documents a focus area of actual alteration in skin integrity AEB: DTI (deep tissue injury) to right lateral foot and right 5th toe and healing surgical wound to right upper inner arm. See skin and wound tab for specific wound details (Date Initiated: 03/28/2026). A corresponding intervention for this focus area documents Treatment orders: see POS (Physician Order Sheet) and skin and wound tab (Date Initiated: 03/28/2026). R1's Order Summary Report with print date of 6/2/26 documents an order to cleanse right fifth toe with wound cleanser, then paint with betadine and leave open to air every day dated 3/28/26. This report documents another order to cleanse right outer foot with wound cleanser, apply TRIAD cream and then cover with dry dressing every day dated 5/29/26. R1's Treatment Administration Records (TAR) for March, April, and May 2026 document a physician ordered treatment to cleanse right 5th toe with wound cleanser, pat dry, apply betadine and leave open to air, every shift for skin healing with start date of 3/28/26. The March 2026 TAR was blank on 5 occasions: 3/28/26 (night shift), 3/29/26 (day shift), 3/30/26 (day shift) and 3/31/26 (day and night shift). The April 2026 TAR was blank on 8 occasions: 4/1/26, 4/10/26, 4/13/26, 4/14/26, 4/19/26, 4/20/26, 4/21/26 (all day shift), and on 4/23/26 (night shift). The May TAR was blank on 5/5/26 (night shift). R1's March, April, and May 2026 TAR's also document a physician ordered treatment to cleanse R1's right lateral foot area with wound cleanser, pat dry, apply betadine and leave the area open to air every shift for skin healing with a start date of 3/28/26. Out of 7 opportunities, the TAR was blank on 5 occasions: 3/28/26 (night shift), 3/29/26 (day shift), 3/30/26 (day shift) and 3/31/26 (day and night shift). The March 2026 TAR was blank for this treatment order on 5 occasions: 3/28/26 (night shift), 3/29/26 (day shift), 3/30/26 (day shift) and 3/31/26 (day and night shift). The April 2026 TAR was blank on 8 occasions: 4/1/26, 4/10/26, 4/13/26, 4/14/26, 4/19/26, 4/20/26, 4/21/26 (all day shift), and on 4/23/26 (night shift). The May TAR was blank on 5/5/26 (night shift). On 6/2/26 at 8:56 AM, R1 stated he was not getting his dressing/treatment to his right foot and toe as often as the doctor ordered it when he first got here, but now the staff are doing it almost every day. On 6/2/26 at 2:28 PM, V11 (Registered Nurse/RN) stated R1 has complained to them of not getting his dressing change/treatment to his right foot and right fifth toe, but V11 states the problem is R1 wants the treatment done on his time or R1 wants it done differently than the doctor ordered it. On 6/2/26 at 2:40 PM, V12 (Licensed Practical Nurse/LPN) stated R1 has voiced complaints a couple of times saying he did not get his dressing changes/treatments to his right foot and right 5th toe on a couple of V12's days off. On 6/3/26 at 10:22 AM, V14 (RN) verified she worked some of the days R1's treatments were not marked as completed. V14 said she cannot remember why R1's treatments were not marked as completed. V14 stated they are usually able to complete all their ordered treatments in her shift period. V14 stated they may have forgotten to initial the TAR. A facility grievance dated 5/24/26 filed on behalf of R1 documented R1 was not getting his dressings/treatments to his wounds every day like he should. This grievance documents it was reviewed by V1 (Regional Director of Operations/Acting Administrator) and the grievance was unfounded. 2. R19's admission Record with print date of 6/2/26 documented an admission date of 5/5/26 and included diagnoses of acute kidney (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	failure, dementia and cerebral infarction.R19's MDS assessment dated [DATE] documents BIMS score of 00, indicating R19 was not interviewable. This MDS also documents R19 is at risk for pressure ulcers.R19's most recent Care Plan documents a focus area of R19 is at risk for alteration in skin integrity (initiated 5/6/26). Corresponding interventions for this focus area include incontinence care and applying barrier cream; turn and reposition every two hours; pressure reducing device for wheelchair and treatment orders: see POS and skin and wound tag (all initiated 6/3/26).R19's Order Summary Report with print date of 6/2/26 documents an order to cleanse right hip wound with wound cleanser, pat dry, apply calcium alginate and cover with dry dressing daily, every day shift for wound care with a start date of 5/17/26.R19's TAR for May 2026 documents a treatment order to clean area of right hip with wound cleanser, pat dry, apply calcium alginate and cover with dry dressing daily with a start date of 5/17/26. This TAR was blank on 5 occasions on 5/18/26, 5/19/26, 5/23/26, 5/26/26, and 5/27/26.3.) R20's admission Record with a print date of 6/2/26 documented an admission date of 2/28/26 and included diagnoses of Alzheimer's disease, chronic kidney disease, pressure induced deep tissue damage of left heel and reduced mobility.R20's MDS assessment dated [DATE] documents a BIMS score of 3, indicating severe cognitive impairment. This MDS also documents R20 is a substantial/maximum assist for rolling left and right, R20 is at risk for pressure ulcers, and has at least one unhealed pressure ulcer.R20's most recent Care Plan documents a focus area of R20 has an actual alteration in skin integrity (initiated 2/23/26). Corresponding interventions for this focus area include treatment orders see POS and skin and wound tab, and turn and reposition every 2 hours (both initiated on 2/23/26).R20's May TAR documents a physician order for Betadine External Solution apply to right heel topically every day shift related to pressure induced deep tissue damage of right heel. Paint discolored area with betadine and cover with silicone foam bordered dressing - leave compression sock off right leg, with a start date of 3/27/26 and discontinue date of 5/7/26. This TAR was blank on 4 occasions on 5/3/26, 5/4/26, 5/5/26, and 5/7/26. R20's May TAR then documents a physician order for Betadine External Solution, apply to right heel topically every day shift related to pressure induced deep tissue damage of right heel. Paint discolored area with betadine and cover with white bordered foam dressing - leave compression sock off right leg, with a start date of 5/8/26 and discontinue date of 5/28/26. This TAR was blank on 7 occasions on 5/9/26, 5/10/26, 5/15/26, 5/18/26, 5/19/26, 5/26/26, and 5/27/26.On 6/3/26 at 10:25 AM, V13 (LPN) verified she worked on the dates of 5/5/26, 5/26/26 and 5/27/26, and stated she was not sure why R19 and R20's treatments were not marked off as completed those days. V13 stated they are usually able to complete all their treatments in their shift period. V13 stated they might have forgotten to initial them.On 6/3/26 at 10:36 AM, V11 (RN) verified she worked on the following dates of 5/4/26, 5/19/26, and 5/27/26 and stated she usually does the treatments and does not remember a reason why she would not have done the ordered treatment on R20. V11 gave the same response in relation to the days worked of 5/19/26 and 5/27/26 for R19 and dates of 4/1/26, 4/19/26, 4/20/26 and 4/21/26 for R1 and treatments not being marked off as completed those days. V11 stated if she was here, she did her treatments. She further stated she might have forgotten to initial them though.On 6/3/26 at 11:01 AM, V12 (LPN) stated she did not remember any specific reason why they would have missed doing the treatments on R19 on dates of 5/18/26, 5/19/26 and 5/23/26. V12 stated it's possible they might have been extremely busy with admissions or emergencies and did not have time to complete all the treatments. V12 stated that does not happen very often but does on occasion. V12 gave the same response in relation to R20's treatments not being marked as completed on 5/3/26, 5/4/26, 5/5/26, 5/9/26, 5/10/26, 5/18/26, and 5/19/26.On 6/3/26 at 11:42 AM, V15 (LPN) stated, in relation to R19's treatments not being marked as completed on 5/23/26 and 5/27/26, there was one day in May they were unable to complete R19's treatment/dressing order due to being busy and not having enough time. V15 stated they do remember passing it on to the night shift nurse (can't remember who) R19's treatment still needed to be completed, but they were not sure if it was completed or not. Regarding R20's treatments not marked as completed on 5/9/26, 5/10/26 and (continued on next page)		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5/26/26, V15 stated she cannot remember missing any of the ordered treatments and simply might have forgotten to initial them. On 6/3/26 at 2:40 PM, V2 (Director of Nurses/DON) stated wound care should be performed at the time and direction of the physician's orders. V2 stated treatments and dressing changes are documented on the TAR. V2 stated if the treatments are not documented as completed on the TAR it could mean one of two things: either the nurse forgot to document it on the TAR, or they did not do the treatment. She stated, You know the old saying, if it wasn't charted, it wasn't done. V2 stated R1 had mentioned to her last week there were some nurses not performing wound care on his foot, but when she asked him who it was, he stated he didn't want to get anyone in trouble. In relation to the treatments/dressing changes not documented as completed on R1, R19 and R20's TAR's, V2 stated she could not explain it away, and it potentially signaled the treatment/dressing change was not being completed which could cause a wound to worsen. Prior to the survey date, the facility took the following actions to correct the deficient practice: The facility held a Quality Assurance and Performance Improvement (QAPI) meeting on 5/26/26 with V1 (Regional Director of Operations/Acting Administrator), V2 (DON), and V19 (Medical Director) in attendance. The QAPI Agenda/Meeting documents the following steps will be taken: 1. All skin assessments will be reviewed and updated where needed. 2. Any issue identified will be addressed immediately. 3. Re-education of all staff responsible for skin assessments and treatments for wounds. 4. A QA/Quality Assurance tool has been created to monitor the effectiveness of education. Any issue identified will result in re-education and the QAPI process being re-initiated. The QAPI action plan includes the goal of improved compliance with wound care policies. Action is education with increased implementation of oversight. Inservice documentation for nursing staff (RN, LPN and CNA) shows that all nursing staff were educated on 5/26/26 on the following policies and procedures: performing skin assessments, wound care, treatments and reporting new wounds. The Quality Assurance Audit Tool documents that 6 random residents will be audited three times per week for four weeks to assess the implementation of the corrective action. There is documentation showing that this Quality Assurance Audit Tool was conducted on dates of 5/26/26, 5/28/26, 5/29/26, 6/1/26 and 6/3/26 for six random residents indicating the facility is monitoring as they stated they would up through exit date of 6/4/26.		