

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2026
NAME OF PROVIDER OR SUPPLIER  Sullivan Healthcare & Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE  11 Hawthorne Lane Sullivan, IL 61951	
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 - Some	Reasonably accommodate the needs and preferences of each resident.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to maintain timely call lights response times. This failure affected three of four residents (R2, R3, R4) reviewed for call lights on the sample list of four. Findings Include: The facility's Call System, Residents policy dated September 2022 documents each resident is provided with a means to call staff for assistance through a communication system. Calls for assistance should be answered as soon as possible but no later than five minutes. Any urgent requests for assistance need to be addressed immediately. 1. R2's Medical Diagnoses List dated March 2026 documents R2 is diagnosed with Chronic Kidney Disease, Severe Protein Calorie Malnutrition, Adult Failure to Thrive, Rheumatoid Arthritis, Malaise, and Pressure Ulcer of the Sacral Region Stage II. R2's Minimum Data Set, dated [DATE] documents R2 is cognitively intact, has impairments on both upper and lower extremities, requires maximal assistance for personal/toilet hygiene and all transfers. On 3/11/26 at 3:10 PM R2 stated she often waits over an hour for her call light to be answered. R2 stated she knows when she needs to use the bathroom but must wait on staff to transfer her to the toilet or use the bedpan. R2 stated sometimes she must wait so long that she ends up urinating in her incontinence brief. R2 stated this upsets her so much and she feels terrible. R2 stated she can't do much for herself but still knows when she needs to use the bathroom and just wishes that staff would come and take care of her needs in a timely manner. 2. R3's Medical Diagnoses list dated March 2026 documents R3 is diagnosed with Diabetes Type II, Muscle Weakness, Anxiety, and Major Depression. R3's Minimum Data Set, dated [DATE] documents R3 is cognitively intact and requires supervision and touching assistance for personal/toilet hygiene and all transfers. On 3/11/26 at 3:09 PM R3 stated it often takes staff over an hour to answer her roommate's (R2's) call light. R3 stated she feels badly for R2 and knows it bothers R2 when she has an accident. 3. R4's Medical Diagnoses list dated March 2026 documents R4 is diagnosed with Chronic Obstructive Pulmonary Disease, Lymphedema, Obesity, and Peripheral Vascular Disease. R4's Minimum Data Set, dated [DATE] documents R4 is cognitively intact, uses a cane, and requires supervision and touching assistance for personal/toilet hygiene and all transfers. On 3/11/26 at 3:05 PM R4 stated it often takes staff over a half hour to answer a call light especially on night shift. On 3/11/26 at 3:47 PM both V6 and V7 Certified Nurse Assistants (CNA) stated residents often complain about long call light wait times. V6 stated the facility does not have enough CNA staff on evening and night shifts and this results in residents waiting extremely long for assistance with care. V7 confirmed V6's statements and added residents' needs aren't met timely (call lights answered) when there is not enough staff. On 3/11/26 at 3:25 PM V1 Administrator confirmed R2 does know when she needs to use the bathroom and uses her call light to alert staff she needs to go. At 3:37 PM V1 confirmed staff should be responding to call lights quickly and within a reasonable time frame. V1 confirmed not answering call lights in a timely manner can negatively affect resident care.		

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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