STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145370	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sullivan Healthcare & Senior Living	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 administer resident showers to residents dependent on staff to receive showers. This failure affects four residents (R4, R5, R6, and R9) out of six reviewed for showers on the sample list of eighteen. Findings include: 1. On 5/6/26 at 10:26 AM, in an unsolicited interview, R4 stated the facility staff are not giving showers like they are supposed to. R4 stated he got a shower the other day but it had been 2 weeks since he had one before that. R4 stated he thinks it is because the facility doesn't have enough staff, and they can't get enough staff. R4 further stated the agency staff come in, but they just sit around and won't get off their butts to do anything. R4's Medical Diagnoses List dated 5/6/26 documents R8 experiences medical conditions including Congestive Heart Failure, Diabetes Mellitus Type 2, Morbid Obesity, Chronic Atrial Fibrillation, Acquired Absence of Right (below knee) and Left (above knee) Legs, Coronary Artery Disease, Complications of Cardiac Grafts and Implants, Anxiety, Implant Cardiac Defibrillator, Bradycardia, Hypertension, and Ischemic Cardiomyopathy. R4's Minimum Data Set, dated [DATE] documents R4 is cognitively intact and dependent upon staff for showers. R4's Shower Sheets dated for April and May 2026 document R4 had a 10 day gap between 4/24/26 and 5/4/26, and a 7 day gap between 5/4/26 and 5/11/26. 2. R5's Medical Diagnoses List dated 5/8/26 documents R5 experiences medical conditions including Acute Neurologic Encephalopathy, Anxiety, Dementia, and Muscle Weakness. On 5/6/26 at 3:15 PM, R5 stated she had only received three showers the previous month. R5's Minimum Data Set, dated [DATE] documents R5 is cognitively impaired and requires moderate staff assistance with showers. R5's Shower Sheets for April and May 2026 document R5 had an 8 day gap between 4/7/26 and 4/15/26 in receiving a shower. 3. On 5/6/26 at 11:15 AM, R6 stated the facility staff are slack on giving showers like they are supposed to. R6's Medical Diagnoses List dated 5/6/26 documents R6 experiences medical conditions including Cellulitis Left Lower Extremity, Chronic Respiratory Failure, Epilepsy, Hypertension, Anemia, Morbid Obesity, Major Recurrent Depression, Lumbago with Sciatica Right and Left Leg, Spondylosis with Lumbar Radiculopathy, Fracture Right Foot, Fibromyalgia, Polyneuropathy, Myalgia, Tachycardia, Pain Right Shoulder, Amblyopia Right Eye, and Chronic Fatigue. R6's Minimum Data Set, dated [DATE] documents R6 is cognitively intact and requires maximum assistance from staff for showers. R6's Shower Sheets dated for April and May 2026 document R6 had a 10 day gap between 4/2826 and 5/8/26 for receiving a shower. 4. On 5/6/26 at 2:35 PM, R9 stated he had gone 8 or 9 days without a shower. R9's Minimum Data Set, dated [DATE] documents R9 is cognitively intact and is dependent on staff for showers. R9's Medical Diagnoses List dated 5/6/26 includes Quadriplegia, Diabetes Type 2, Polyneuropathy, Coronary Artery Disease, Spinal Stenosis, Obesity, Polyosteoarthritis, Cervical Spondylosis with Radiculopathy, Atrial Fibrillation, Depression, and Anxiety. R9's Shower Sheets dated for April and May 2026 document R9 had a 7 day gap between 5/1/26 and 5/8/26 for receiving a shower.

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