

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Oakview Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 West 9th Street Mount Carmel, IL 62863	
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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on interview and record review, the facility failed to ensure garbage was removed in a timely manner. This deficient sanitation practice has the potential to affect all 60 residents who reside in the facility. Findings include: On 6/3/26 at 10:04 AM, V6 (Registered Nurse/ RN) said the facility's garbage disposal company did not come to empty the dumpsters for a week and the 2 dumpsters in the parking lot were overflowing with garbage. V6 said during this time, there was an abundance of garbage being left in the facility's soiled utility rooms. On 6/3/26 at 11:47 AM, V5 (Housekeeper) said the weekend prior to Memorial Day, 5/25/26, and a few days after Memorial Day, the facility's dumpsters were overflowing with garbage. V5 said the facility was keeping garbage in the soiled utility rooms until the dumpsters could get emptied. V5 said there was increased odor in the facility during that time. On 6/3/26 at 12:38 PM, V3 (Housekeeping Supervisor) said she was not working 5/23/26- 5/26/26. V3 said when she came back on 5/26/26 the dumpsters in the parking lot were full and overflowing. V3 said she instructed her staff to double bag all of the garbage, place them in the bins in hallway 6's soiled utility room, cover the bins with blankets, and spray them with odor-ban to mask the odor until the dumpsters were emptied. V3 said the garbage disposal company empties the facility dumpsters on Mondays, Wednesday, and Fridays. On 6/3/26 at 10:32 AM, V7 (Garbage Disposal Company Customer Service) said the facility garbage disposal pickups had an interruption in service due to non-payment from 5/19/26-5/26/26. On 6/3/26 at 11:53 AM, V8 (Chief Operations Officer) said she was notified by the facility there was an interruption in garbage disposal services and she called the garbage disposal company and was told the garbage disposal company did not receive the check. V8 said a new check was issued and services were resumed. On 6/3/26 at 12:27 PM, V2 (Community Liaison) presented 2 screenshot documents of the dates of the garbage disposal company emptied the facility's dumpsters. These documents documented that the facility dumpsters were emptied on 5/20/26 then again on 5/29/26. V2 presented an email from the garbage disposal company documenting a courtesy pick up was completed on 5/27/26. The facility's revised May 2017 Quality of Life- Homelike Environment policy documented in part . 2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Clean, sanitary and orderly environment. The facility's 6/3/26 Resident List Report documented 60 residents residing in the facility.		

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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