STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145389	A. Building B. Wing	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Watseka Rehab & Hlth Care Ctr	715 East Raymond Road Watseka, IL 60970

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702 Based on interview and record review the facility failed to ensure for the dignity of two (R5, R15) of 16 residents reviewed for dignity from a total sample list of 36 residents. Findings include: The facility Abuse Prevention Program Policy dated 11/28/16 documents that the facility prohibits mistreatment, exploitation, neglect or abuse of its residents, and has attempted to establish a resident sensitive and resident secure environment. Additionally the facility seeks to establish an environment that promotes resident sensitivity, resident security, and prevention of mistreatment, exploitation, neglect, and abuse of resident misappropriation of resident property. 1.) R5's Minimum Data Set, dated dated dated [DATE] documents that R5 is cognitively intact. R5's Minimum Data Set, dated dated dated [DATE] documents that R5 is dependent for personal hygiene. On 8/25/26 at 12:26PM, R5 said that V12 Certified Nursing Assistant (CNA) wasn't always nice to her and could make her feel bad and hurt her feelings. R5 said that V12 CNA would get mad when R5 couldn't move her legs to help when she was being provided care. It isn't abuse, but she is very disrespectful. 2.) R15's Minimum Data Set, dated dated dated [DATE] documents that R15 is cognitively intact. R15's Minimum Data Set, dated dated dated [DATE] documents that R15 requires partial to moderate assistance with lower body cares. On 8/27/24 at 1:10PM, R15 stated, I don't like (V12 CNA) caring for me. She has a smart mouth and she is very disrespectful to me. On 8/26/24 at 1:28PM, V2 Director of Nursing (DON) confirmed she had complaints about (V12 CNA) and has addressed the issue.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Watseka Rehab & Hlth Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 715 East Raymond Road Watseka, IL 60970	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 32853 Based on observation, interview and record review the facility failed to notify the Physician, Power of Attorney and Dietician of a significant weight loss of greater than 10 percent for one of one resident (R43) reviewed for weight loss in the sample list of 36. Findings include: The facility's Notification for Change in Resident Condition or Status policy with a revised date of 12/7/17 documents, The facility and/or facility staff shall promptly notify appropriate individuals (i.e. {for example} Administrator, DON {Director of Nursing}, Physician, Guardian, HCPOA {Health Care Power of Attorney}, etc. {etcetera}) of changes in the resident's medical/mental condition and/or status. Procedure: 1 The nurse supervisor/charge nurse will notify the resident's attending physician or on-call physician when there has been: n. 5% weight gain or loss in 30 days, 7.5% weight gain or loss in 90 days, 10% weight gain or loss in 180 days. 3 Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status. R43's Order Summary Report dated 8/25/24 documents diagnoses including Age-Related Cognitive Decline, Depression and Anxiety. R43's Care Plan dated 3/8/24 documents R43 has a nutritional problem or a potential nutritional problem related to Depression with an intervention to provide and serve diet as ordered, monitor intake and record every meal dated 3/8/24. R43's weight log dated 8/25/24 documents R43's weight on 7/25/24 as 134.2 pounds and on 8/14/24 as 119. 4 pounds which resulted in a 11.03% (percent) weight loss in one month. R43's Nurse's Notes dated 8/16/24 at 2:17 PM by V15 Dietary Manager documents R43 has lost 15 pound in a 20 day period. R43 had some edema which may be cause of some of the weight loss. R43 has not been eating very much lately. Staff will continue to monitor and help assist R43 during meal times. On 8/26/24 at 12:08 PM, R43 was feeding herself lunch. R43 had a pork fritter with gravy, scalloped potatoes, green beans, peaches, a cup of red drink, water and coffee. On 8/27/24 at 10:47 AM, V2 Director of Nursing confirmed R43's significant weight loss and confirmed there is no documentation that the POA, Physician or Dietician were notified of the significant weight loss. V11 Social Services Director also confirmed that she did not discuss the weight loss with the family.

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 37813 Based on interview and record review the facility failed to ensure one resident (R28) was free from physical abuse by another resident (R38) of seven residents reviewed for abuse in a sample list of 36 residents. Findings include: R28's Progress Note dated 8/15/24 at 6:29PM documents (R38) became agitated, as (R28) was yelling out 'daddy daddy', as staff was moving (R38) in dining room, (R38) picked up his glass of water and threw it on (R28) . Staff removed (R38) from dining room. (R28) had no injuries and no complaints of pain. R28's Physician's Order Summary printed 8/28/24 includes the following diagnoses: Dementia, Psychotic Disturbance, Anxiety, Bipolar Disease, Post-traumatic Stress Disorder. There is no documentation of specific resident centered interventions for R28 in relation to the diagnosis of Post-traumatic stress Disorder in R28's care plan. On 8/26/24 at 11:00AM V1, Administrator stated We were aware (R38) is physically aggressive at times. He was observed 8/15/24 to have thrown a glass of water on (R28). They were immediately separated. Looking back it was probably not the best choice to put (R28 and R38) at the same table for meals since (R28) does yell out at times. The facility Abuse Prevention Program dated 11/28/16 documents, this facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined. Abuse is the willful injection of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. The Abuse Prevention Program also documents, Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. The Abuse Prevention Program also documents, Examples of verbal abuse include, but are not limited to, threats of harm, or saying things to frighten a resident, such as telling a resident that he/she will never be able to see family again. Mental Abuse includes, but is not limited to, abuse that is facilitated or caused by nursing home staff taking or using photographs or recordings in any manner that would demean or humiliate a resident(s), harassment, humiliation and threats of punishment or deprivation.

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F 0607

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Develop and implement policies and procedures to prevent abuse, neglect, and theft.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 42702

Based on interview and record review, the facility failed to follow their abuse policy for two (R5, R45) of seven residents reviewed for abuse from a total sample list of 36 residents.

Findings include:

The facility abuse policy dated 11/28/2016 documents that employees are required to immediately report any occurrences of potential/alleged mistreatment, exploitation, neglect and abuse of resident and misappropriation of resident property to a supervisor and administrator. This policy documents resident representatives will be notified of allegations of abuse, including misappropriation of resident property.

1.) On 8/25/24 at 1:00PM, R5 stated that she had a new cellular phone go missing and that she knew that it had been taken because the charger was left. R5 stated she notified V11 Social Services Director (SSD) that it was missing over a week ago and that she didn't know if they were going to replace it.

On 8/25/24 at 1:15PM, V11 SSD stated she was still investigating the complaint.

On 8/26/24 9:07AM V1 Administrator stated V11 SSD had not reported the allegation of potential misappropriation of personal property to her and that V1 Administrator did not know that R5's cellular phone was missing until yesterday (8/25/24) when the State Agency brought it to her attention. V1 stated, I am the abuse coordinator and the missing item should have been reported to me immediately so that a misappropriation of personal property investigation could have begun.

The facility provided grievance dated 8/15/24 documents R5 notified V11 Social Services Director of the missing cellular phone.

40385

2.) The facility's IDPH (Illinois Department of Public Health) Notification Form dated 8/23/24 documents on 8/23/24 at 12:00 PM V1 Administrator was notified of alleged missing Narcotics and an investigation was initiated. This form does not document that R45's (resident involved) family/representative were notified of the allegation. The facility's Final Report to IDPH documents the investigation determined pharmacy processed R45's Fentanyl (narcotic pain medication) patches and Lorazepam on 8/19/24, and a package containing only R45's Lorazepam was delivered on 8/20/24. This form documents the facility was unable to determine that R45's Fentanyl was delivered to the facility.

R45's Hospice Physician Order Form dated 8/14/24 documents an order to discontinue Fentanyl 12 micrograms (mcg) patch apply every 72 hours and start Fentanyl 25 mcg patch apply every 72 hours.

R45's Minimum Data Set, dated dated dated [DATE] documents R45 has severe cognitive impairment. There is no documentation in R45's medical record that R45's family was notified of R45's missing Fentanyl.

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Watseka Rehab & Hlth Care Ctr	715 East Raymond Road Watseka, IL 60970

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/25/24 at 8:43 AM V1 Administrator stated last Friday (8/23/24) V26 Hospice Registered Nurse reported that on 8/20/24 hospice sent by mail R45's Lorazepam tablets and one box of Fentanyl patches to the facility. V1 stated the facility received a package for R45 on 8/20/24, V1 signed the mail delivery receipt for the package and gave the package to V3 Assistant Director of Nursing. V1 stated the package only contained a card of Lorazepam tablets and was unable to locate the box of Fentanyl patches. On 8/25/24 at 4:45 PM V1 stated V1 did not report the missing Fentanyl to R45's family. V1 stated that notification should have been done right away, but V1 was busy conducting narcotic audits at that time.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385 Based on interview and record review the facility failed to schedule a follow up cardiology appointment for one (R46) of two residents reviewed for dialysis in the sample list of 36. Findings include: R46's Diagnoses List documents R46's diagnoses include Type 2 Diabetes Mellitus, Hypertension, Chronic Obstructive Pulmonary Disease, Seizures, Stenosis of Carotid Artery, and Nonrheumatic Mitral Valve Prolapse. R46's Census documents R46 expired on [DATE]. R46's Hospital Discharge Instructions dated [DATE] documents R46's discharge problems were Acute Respiratory Failure and Hypertension, R46 has dialysis scheduled three times weekly, and to contact V27's office (Cardiologist) to schedule a follow up appointment. There is no documentation in R46's medical record that the facility contacted V27's office to schedule this appointment. On [DATE] at 11:02 AM V11 Social Services Director stated V11 is responsible for scheduling resident appointments. V11 reviewed the facility's appointment calendar and did not see that R46 had an appointment scheduled with V27. V11 stated V11 asks for copies of hospital discharge summaries and reviews appointments that are needed. V11 stated V11 was not sure if V11 received notification to schedule R46's appointment. V11 stated V3 Assistant Director of Nursing (ADON) is the only other employee who assists with scheduling appointments. On [DATE] at 11:07 AM V3 ADON stated the facility was probably in the process of scheduling R46's appointment, but then R46 died . V3 stated V11 does the appointment scheduling and keeps record of appointments. V3 stated V3 did not schedule R46's follow up appointment. On [DATE] at 11:13 AM V1 Administrator stated the facility does not have a policy for scheduling resident appointments, we expect physician's orders to be followed.

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	145389	A. Building B. Wing	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Watseka Rehab & Hlth Care Ctr	715 East Raymond Road Watseka, IL 60970

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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** 42702 Based on observation, interview and record review the facility failed to obtain treatment orders and implement pressure relieving interventions for three (R5, R14 and R4) of three residents reviewed for pressure ulcer wounds from a total sample list of 36 residents. Findings include: The facility Preventative Skin Care Policy dated October 2006 documents that it is the policy of the facility to provide preventative skin care through repositioning and careful washing, rinsing, drying and observation of the residents skin condition to keep them clean, comfortable, well groomed and free from pressure ulcers. If reddened areas are noted, it will be reported to the Charge Nurse. Any resident identified as being at high risk for potential skin breakdown shall be turned and reposition a minimum of every two hours. The facility Decubitus Care/Pressure Areas Policy dated January 2018 documents that it is the policy of this facility to ensure a proper treatment program has been instituted and is being closely monitored to promote the healing of any pressure ulcer. 1.) R5's skin assessment dated [DATE] documents R5 is at high risk for skin breakdown. R5's physician orders dated 1/26/24 documents barrier cream to be applied to R5's buttocks for excoriation twice daily. R5's August 2024 treatment administration record documents that barrier cream was not applied as ordered on 8/5/24, 8/10/24, 8/14/24, 8/17/24 and 8/20/24. R5's Minimum Data Set, dated dated dated [DATE] documents that R5 is cognitively intact. On 8/25/24 at 11:00AM, R5 stated she had a wound on her buttocks and legs and that she didn't think that there was a treatment on it. On 8/26/24 at 8:36AM V2 Director of Nursing stated that she is unaware of R5 having any wounds. On 8/26/24 at 2:15PM, R5 was rolled to the side where two half dollar sized stage two wounds were visualized on R5's right buttock and upper thigh. No dressing or treatment was on the wounds. On 8/26/24 at 2:20PM, V16 Licensed Practical Nurse (LPN) stated she was not aware prior to now that R5 had any open areas to her skin and there were no current treatment orders for R5's open wounds. On 8/26/24 at 2:25PM, V23 Certified Nursing Assistant (CNA) stated she saw open wounds on R5's backside last week and that she told the nurse at that time. 2.) R14's skin assessment dated [DATE] documents that R14 is at high risk for skin breakdown. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R14's orders dated 8/9/24 document to apply Nystatin External Cream 100,000 units per gram every 12 hours as needed for excoriation. On 8/25/24 at 10:18AM, R14 stated she has a wound on her bottom. R14 was sitting in the common room from 8:30AM to 11:30AM without a pressure relieving cushion in her wheelchair. On 8/27/24 at 10:45AM, R14 was sitting in her wheel chair in her resident room without a pressure relieving cushion in the chair. On 8/26/24 at 8:36AM, V2 Director of Nursing stated that she is unaware of R14 having any current wounds. On 8/26/24 at 4:15PM, R14 had open areas and irritation to inner thighs. R14's vaginal area, inner thighs and buttocks were red/raw/excoriated. A linear open wound was on the left inner thigh and a superficial open wound was on the left posterior thigh/gluteal fold. On 8/26/24 at 4:30PM, V16 LPN stated the posterior thigh wound was identified yesterday and reported to the nurse. V12 stated R14 was red like this when she last cared for her, but couldn't recall what day. On 8/27/24 at 1:30PM, V2 Director of Nursing stated physician orders should be followed including treatments and medications to prevent skin breakdown. 32853 3.) R4's Order Summary Report dated 8/25/24 documents diagnoses including Dementia, Shizoaffective Disorder, Type 2 Diabetes Mellitus, Muscle Weakness and Unsteadiness on Feet. R4's Care Plan dated 2/28/24 documents R4 has a pressure ulcer or potential for pressure ulcer development with interventions to see the TAR (Treatment Administration Record) for current orders, administer treatments as ordered and monitor for effectiveness, follow the facility's policies and protocols for prevention/treatment of skin breakdown and monitor and document and report any changes in skin status all dated 2/28/24. R4's skin risk assessment dated [DATE] documents R4 is at a high risk for skin impairment. Interventions listed on the assessment are pressure reducing device for the bed and chair and a protective device (protective sleeves). R4's Minimum Data set (MDS) dated [DATE] documents R4 has a pressure reducing device for the bed and the chair. R4's shower sheet dated 8/4/24 documents discoloration on the left heel. R4's shower sheet dated 8/12/24 documents left heel under findings and does not document any other information regarding the left heel. R4's shower sheet dated 8/17/24 documents a pressure ulcer and has the left heel circled. R4's shower sheet dated 8/22/24 documents a blister on the left heel. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R4's Treatment Administration Record (TAR) dated 7/1/24 through 7/31/24 documents an order for cushion protective boots when in bed every shift with a start date of 7/11/24. This order is not signed out as completed on 7/12/24, 7/14/24, 7/15/24, 7/20/24, 7/25/24 and 7/26/24 on the night shift and on 7/31/24 on the day shift. There is no treatment order for the left heel on the July TAR. R4's August (TAR) documents the order for the cushion protective boots and is not signed out as completed on 8/2/24 and 8/13/24 on the day shift and on 7/3/24, 7/5/24, 7/10/24 and 7/17/24 on the night shift. R4's TAR dated 8/1/24 through 8/31/24 does not document a treatment order for R4's left heel. On 8/25/24 at 9:10 AM, R4 was in her bed in her room with gripper socks on with her feet resting directly on the bed. There were no protective cushion boots on her feet or any boots visible in her room. On 8/26/24 at 1:46 PM and 3:25 PM, R4 was laying in bed with her feet directly on the mattress with no protective boots on her feet. On 8/25/24 at 11:27 AM, 12:14 PM and 2:45 PM, R4 was sitting in her wheel chair and there was no cushion underneath her, she was sitting directly on the sling bottom of the wheel chair and she had gripper socks on both feet. On 8/26/24 at 8:12 AM, 8:45 AM, 9:55 AM, 11:10 AM and 1:46 PM, R4 was in her wheel chair with gripper socks on both feet and no cushion in her wheel chair underneath her. On 8/27/24 at 1:05 PM, R4 was in bed and V23 Certified Nursing Assistant removed R4's left gripper sock. R4 had a large round sore on the left heel, approximately two inches in diameter. The bottom portion (approximately 1/4 inch) of the sore was black and necrotic. The rest of the sore was red. V23 then removed R4's right gripper sock and R4 had a red area on the right outer ankle with a white spot in the middle of the reddened area. At this time V23 confirmed that there was no cushion in R4's wheelchair that was sitting in her room. On 8/28/24 at 9:32 AM, R4 was in bed and she did not have any protective boots on her feet. On 8/27/24 at 11:44 AM, V2 Director of Nursing confirmed there was no treatment order for R4's left heel or right ankle. On 8/27/24 at 1:35 PM, V3 Assistant Director of Nursing stated R4 is supposed to have protective heel boots on when she is in bed. On 8/27/24 at 1:46 PM, V2 confirmed that R4 should have a pressure relieving device in her wheel chair and stated that they will contact the doctor to have R4's left heel looked at.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 40385 Based on observation, interview, and record review the facility failed to properly maintain a urinary collection bag to prevent cross contamination and failed to change a urinary catheter as ordered for one of one resident (R45) reviewed for urinary catheters in the sample list of 36. Findings include: On 8/25/24 at 8:42 AM, 10:46 AM, and 2:33 PM R45 was lying in bed. R45's urinary collection bag was laying on the floor and contained dark urine. On 8/25/24 at 4:15 PM V7, V9 and V28 Certified Nursing Assistants entered R45's room and provided R45's urinary catheter care. V9 stated the facility has been out of privacy bags which are used to cover the urinary collection bags. V7 stated V7 placed a pillow case over R45's urinary collection bag this afternoon to keep it from contacting the floor. R45's Physician Order dated 7/1/24 documents urinary catheter size 16 French with 30 cc (cubic centimeter) bulb, change monthly and as needed. R45's July and August 2024 Treatment Administration Records document this order, but do not document that R45's urinary catheter has been changed. There is no documentation in R45's medical record that R45's urinary catheter has been changed monthly as ordered. R45's Urine Culture dated 7/24/24 documents Escherichia coli (bacteria) and Pseudomonas aeruginosa (bacteria) greater than 100,000 colony forming units, indicating a urinary tract infection. On 8/25/24 at 2:40 PM V3 Assistant Director of Nursing stated R45's catheter is changed routinely at the facility by hospice and should be documented in the hospice notes. At this time documentation of R45's catheter changes was requested. On 8/26/24 at 8:07 AM V2 Director of Nursing confirmed urinary collection bags should be kept off of the floor for infection control purposes. V2 stated there should be a barrier between the collection bag and the floor, and staff could use an incontinence pad on the floor as a barrier. At this time documentation was requested for R45's urinary catheter changes. On 8/26/24 at 12:00 PM V26 Hospice Registered Nurse stated hospice can assist with changing R45's catheter, but R45's catheter has not been changed by hospice. On 8/28/24 the facility had not provided any documentation that R45's catheter was changed. The facility's Urinary Drainage Collection Unit policy dated February 2018 documents to keep the urinary drainage bag covered with a dignity bag.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 32853 Based on observation and record review the facility failed to store respiratory equipment in a clean and sanitary manner, failed to change respiratory equipment as ordered, failed to date respiratory equipment when changed and failed to administer oxygen as ordered for two of three (R22, R5) residents reviewed for respiratory care in the sample list of 36. Findings include: The facility's Oxygen Therapy policy with a revised date of August 2003 documents, Oxygen therapy may be used provided there is a written order by the physician. The order must state liter flow per minute, mask or cannula, time frame. Change oxygen tubing/mask/cannula/and/or tracheostomy mask on a weekly basis. Date tubing changes and document on the treatment sheet. If humidification is indicated, date prefilled bottles when changed. 1.) R22's Order Summary report dated 8/25/24 documents diagnoses including Essential Hypertension, Pneumonia, Chronic Obstructive Pulmonary Disease With Exacerbation, Atherosclerotic Heart Disease of Native Coronary Artery Without Angina Pectoris. On 8/25/24 at 11:26 AM, R22's nebulizer machine was sitting on the bedside table behind her with the nebulizer mask hanging on the side of it, uncovered and open to the air. On 8/26/24 at 8:40 AM, R22's nebulizer machine and mask with the tubing attached was still sitting out in the open with no cover on it. The nebulizer mask and the medication cup portion of the mask were dated 8/6/24. R22's Order Summary Report documents an order for Iprotropium-Albuterol Inhalation solution 0.5-2.5 mg (milligrams)/3 ml (milliliters) one vial, inhale orally every 6 hours as needed for wheezing related to Chronic Obstructive Pulmonary Disease with Exacerbation with a start date of 12/13/23. There is no order to change the nebulizer mask or tubing. 42702 2.) R5's undated diagnoses sheet documents the following diagnoses including: Congestive Obstructive Pulmonary Disease, Hypertension, Congestive Heart Failure, Right Heart Failure, Chronic Respiratory Failure with Hypercapnia, Acute Respiratory Failure with Hypoxia, Congenital Bronchomalacia, Pulmonary Heart Disease, Other Diseases of the Bronchus, and Morbid Obesity with Alveolar Hypoventilation. R5's physician order dated 8/16/24 documents an order for oxygen at two liters per nasal cannula when in bed. On 8/25/24 at 12:17PM, R5 was wearing oxygen per nasal cannula and the concentrator was delivering four liters per nasal cannula. There was no label with the date of change documented on the tubing or on the water bottle. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Watseka Rehab & Hlth Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 715 East Raymond Road Watseka, IL 60970	

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/25/24 at 12:20PM, R5 was not wearing oxygen and said that the staff always administer four liters of oxygen when she wears it at night. R5's oxygen tubing was laying on top of the concentrator, undated. On 8/26/24 at 10:52AM, R5 was not wearing oxygen and the oxygen tubing was laying on top of the concentrator, undated.

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F 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385 Based on observation, interview, and record review the facility failed to effectively manage pain, routinely assess for pain, and timely implement pain medication orders for one (R45) of two residents reviewed for Hospice in the sample list of 36. This failure resulted in R45 experiencing uncontrolled pain as evidenced by grimacing, moaning, and yelling out. Findings include: The facility's Pain Prevention & Treatment policy dated 12/7/17 documents: It is the facility policy to assess for, reduce the incidence of and the severity of pain in an effort to minimize further health problems, maximize ADL (Activities of Daily Living) functioning and enhance quality of life. Assessment of pain will be completed with changes in the resident's condition, self reporting of pain or evidence of behavioral cues indicative of the presence of pain and documented in the nurses notes or on the Pain Management Flow Sheet. This will include, but is not limited to, date, rating, treatment intervention and resident response. The Pain Management Flow Sheet will be initiated for those residents with but not limited to: routine pain medication, daily pain, diagnosis that may anticipate pain. Information collected on the Pain Assessment Form will be used to formulate and implement a resident specific Pain Treatment Plan documented in the resident's care plan. On 8/25/24 at 8:34 AM R45 was lying in bed moaning. V7, V9, and V10 Certified Nursing Assistants (CNA) entered R45's room. V9 stated R45 is on hospice and does that a lot, in regards to R45's moaning. V9 stated V9 will try to see what R45 needs. On 8/25/24 at 8:42 AM R45 had been repositioned. V4 Registered Nurse entered R45's room and R45 reported having back pain when V4 asked about R45's pain. On 8/25/24 at 4:15 PM V7, V9, V28 CNAs entered R45's room, provided urinary catheter care, and transferred R45 with a full mechanical lift from the bed into a reclining geriatric chair. During the catheter care R45 grabbed hold of the privacy curtain and moaned when staff turned and moved her. During the transfer R45 had facial grimacing and cried out ow, it hurts, hurry hurry. V7 and V9 were asked about R45's pain and moaning, and stated that was normal for R45. On 8/26/24 at 3:33 PM R45 was heard moaning from R45's room. V9 stated V9 will check on R45. R45's ongoing Diagnoses List documents R45 has Cirrhosis of the liver, Acute Kidney Injury, Hyperuricemia, and Esophageal Varices. R45's Minimum Data Set, dated dated dated [DATE] documents R45 has severe cognitive impairment, and during the last five days R45's pain was almost constant, frequently affected sleep, and almost constantly affected daily activities. R45 rated the worst intensity of pain as very severe, horrible during the last five days. There is no documentation that R45's pain is routinely assessed besides on admission and when PRN (as needed) pain medication is administered. R45's Care Plan dated 7/23/24 documents R45 is at risk for pain and documents interventions to anticipate need for pain relief and respond immediately to complaints of pain, monitor/document probably cause for pain episodes, remove/limit causes of pain when possible, monitor and report signs of pain to the nurse. This care plan does not document new interventions were developed/implemented to address R45's pain after 7/23/24. (continued on next page)

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F 0697 Level of Harm - Actual harm Residents Affected - Few	R45's July 2024 Medication Administration Record documents Percocet (narcotic pain medication) 5-325 milligrams (mg) one tablet twice daily for pain from 6/29-7/16/24, Fentanyl (narcotic) 12 micrograms (mcg) (incorrectly noted as 25 mcg) patch apply every 72 hours starting 7/17/24, Percocet 5-325 mg one tablet every 4 hours PRN from 6/29/24-8/15/24. 20 doses of PRN Percocet was given in July, and there were four times that R45's pain was rated 7-9 on a 1-10 scale between 7/10/24 and 7/16/24. R45's Hospice Physician Order Form dated 8/14/24 documents an order to discontinue Fentanyl 12 micrograms (mcg) and start Fentanyl 25 mcg patch apply every 72 hours. There is no documentation that this was implemented prior to 8/25/24 (11 days after the order). R45's August 2024 MAR documents Fentanyl 12 mcg patch was administered every 72 hours from 8/1-8/25/24, excluding 8/19/24 in which this entry documents to refer to R45's nursing notes. R45's nursing notes do not document why this medication was not administered. R45's August 2024 MAR documents Morphine Sulfate concentrate 20 mg/ml (milliliters) give 5 mg or 10 mg every hour PRN for pain initiated 8/15/24, Percocet 5-325 mg one tablet every 4 hours PRN discontinued 8/15/24. This MAR documents Tylenol 650 mg PRN was given on 8/20/24 at 10:20 AM for pain rated 9, and 15 doses of Morphine 10 mg and seven doses of Morphine 5 mg were given. R45's pain was rated 7-10 for 11 of the Morphine administrations, and 6 of these doses are documented as being ineffective in pain relief. There is no documentation that R45 refuses pain medication. R45's Controlled Substances Proof of Use dated 8/15/24-8/25/24 documents three Morphine Sulfate 0.5 ml (10 mg) administrations 8/24/24 at 8:00 PM, and 8/25/24 at 12:00 AM and 5:00 AM that are not documented on R45's MAR or nursing notes. There are no pre and post pain assessments documented for these administrations. On 8/25/24 at 10:48 AM V4 Registered Nurse (RN) stated R45 gets Fentanyl, Morphine, Tylenol and Ativan for pain, some of these medications are scheduled and some are given PRN. V4 stated we have been giving R45's PRN medications around the clock. V4 stated it was passed on in shift report today that R45 was uncomfortable and was up until 3:00 AM. At 11:36 AM V4 stated R45 had only one Fentanyl 12 mcg patch on this morning, which V4 removed and applied two patches. On 8/26/24 at 9:31 AM V14 Licensed Practical Nurse stated V14 was not sure why V14 did not administer R45's Fentanyl patch on 8/19/24, and possibly R45 refused the medication. On 8/26/24 at 12:00 PM V26 Hospice RN stated V26 consults with the nurses about R45's pain during each visit and the facility calls when R45 has increased pain. V26 confirmed the facility should call hospice if there are problems managing R45's pain. V26 stated V26 ordered Fentanyl 25 mcg from the hospice pharmacy on 8/18/24 and discovered during narcotic count on 8/20/24 that the facility still only had the 12 mcg patches. V26 confirmed not administering Fentanyl as ordered could contribute to R45 having increased pain. (continued on next page)

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F 0697 Level of Harm - Actual harm Residents Affected - Few	On 8/26/24 at 3:49 PM V21 LPN stated R45 was in a lot of pain on Saturday night (8/24/24), and R45 is usually in a lot of pain when R45 is laying down. V21 stated R45 rated R45's pain that night as a 10, we repositioned R45, V21 administered Haldol, Morphine, and Ativan and R45 slept for a few hours. V21 stated R45 woke up again moaning around 1:30-2:00 AM and then again at 6:00 AM. V21 stated Morphine does help relieve R45's pain and it helped that night. V21 stated if the medication administration is not documented on the MAR then it would be on the count sheets. V21 stated sometimes it doesn't show up on the MAR when V21 documents PRN medication administration. V21 stated R45 moans, yells out, and thrashes about when R45 has pain. On 8/25/24 at 3:42 PM V2 Director of Nursing (DON) stated pain should be documented in a progress note, pain should be assessed on an hourly basis for hospice residents, and hospice should be consulted for any uncontrolled pain. When asked about pain assessment documentation, V3 Assistant DON stated we chart by exception and pain scales are documented when PRN medications are given. V3 stated 12 mcg was ordered on 7/17/24 and V3 put an order in today to increase to 25 mcg and may apply two 12 mcg patches until the 25 mcg patches arrive. At 3:51 PM V2 reviewed R45's hospice binder and confirmed order to increase Fentanyl 25 mcg on 8/14/24. On 8/27/24 at 3:55 PM V2 stated hospice nurses give the facility their notes and order forms, and verbally tell the nurses of any new orders.

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F 0698 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702 Based on interview and record review the facility failed to provide dialysis services to one (R15) of two residents reviewed for dialysis services from a total sample list of 36. This failure resulted in R15 being hospitalized for Hypervolemia. Findings include: On 8/27/24 at 1:10PM, R15 stated, I missed nearly two and a half months of dialysis because V11 Social Services Director didn't understand that I needed dialysis and didn't get a nurse involved. I ended up in the hospital really sick. I was doing dialysis three times a week before I came here. R15's undated census report documents that R15 was initially admitted to the facility on [DATE]. R15's undated diagnosis sheet documents that R15 was admitted with a diagnosis of kidney failure. R15's admission record dated 12/18/23 documents that R15 was admitted to the facility with a renal shunt for dialysis. R15's medical record documents that R15 was admitted to the hospital on 1/30/24 for Hypervolemia. R15's hospital discharge notes dated 2/6/24 document that R15 needs three times a week dialysis, to follow up with nephrology and to have a renal diet. On 8/27/24 at 2:30PM, V1 administrator stated , R15 was admitted urgently in December of 2023. The day of admission R15 was supposed to have dialysis; however the facility could not provide transportation on that date and after that I'm not sure what happened because (V11 Social Services Director) was handling it (dialysis appointments). On 8/27/24 at 2:45PM, V2 Director of Nursing said that nursing issues such as dialysis should be managed by nursing and that now they are being done so. On 8/27/24 at 1:50PM, V32 Dialysis Registered Nurse said that R15's first treatment at their facility was on 2/9/24 after she had been being dialyzed at the hospital. V32 said that R15 has kidney failure that requires dialysis three times a week and that the risks of not receiving dialysis three times a week could result in critical fluid overload including hospitalization .

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 40385 Based on observation, interview, and record review the facility failed to accurately account for controlled substance medications and repeatedly failed to ensure medications were provided as ordered for four (R45, R14, R32, R22) of 16 residents reviewed for physician orders in the sample list of 36. Findings include: 1.) R45's Hospice Physician Order Form dated 8/14/24 documents an order to discontinue Fentanyl 12 micrograms (mcg) and start Fentanyl 25 mcg patch apply every 72 hours. The facility's IDPH (Illinois Department of Public Health) Notification Form dated 8/23/24 documents on 8/23/24 at 12:00 PM V1 Administrator was notified of alleged missing Narcotics and an investigation was initiated. The facility's Final Report to IDPH documents the investigation determined pharmacy processed R45's Fentanyl (narcotic pain medication) patches and Lorazepam on 8/19/24, and a package containing only R45's Lorazepam was delivered on 8/20/24. This form documents the facility was unable to determine that R45's Fentanyl was delivered to the facility. The facility's investigation file for this incident contained a proof of delivery receipt with the tracking number for R45's medication package and V1 signed for the delivery on 8/20/24. This file included written statements from V3 Assistant Director of Nursing (ADON), V14 Licensed Practical Nurse (LPN), and V2 DON dated 8/23/24-8/25/24 that document V1 received the package, gave the package to V3, V3 opened the package which only contained a card of R45's Lorazepam, V3 gave this package to V14 to put away, and V2 never received this package. On 8/25/24 at 8:43 AM V1 Administrator stated last Friday (8/23/24) V26 Hospice Registered Nurse reported that on 8/20/24 hospice sent R45's Lorazepam tablets and one box of Fentanyl patches to the facility. V1 stated the facility received a package for R45 on 8/20/24, V1 signed the mail delivery receipt for the package and gave the unopened package to V3 Assistant Director of Nursing (ADON). V1 stated per V3, the package only contained a card of Lorazepam tablets and did not contain a box of Fentanyl patches. On 8/25/24 at 4:45 PM V1 stated V1 spoke with staff at the hospice pharmacy and determined R45's Lorazepam and Fentanyl patches were in the same delivery package with the same tracking number. V1 stated from now on we aren't going to accept mail delivery of controlled medications. V1 confirmed the facility has not required a second signature to verify receipts of controlled medications delivered by mail. On 8/26/24 at 8:55 AM V1 stated V1 was unable to locate a packing slip for the package that contained R45's Lorazepam. On 8/25/24 at 8:59 AM V3 ADON stated V1 gave V3 the envelope which was unopened/not damaged, V3 opened it and it only contained R45's Lorazepam. V3 stated V3 then gave the envelope containing the medication to V14 Licensed Practical Nurse (LPN) to put in the medication cart. At 3:34 PM V3 confirmed there was no other staff present with V3 when the bag was opened, to verify receipt of the medications that were delivered. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/25/24 at 3:30 PM V5 LPN stated (mail carrier) delivers medications in a bag that contains no identifying information, and once opened if it contains controlled medications then the nurse is responsible for completing a controlled medication count sheet. V5 stated it's not required to have two signatures to verify receipt of these medications. On 8/26/24 at 9:31 AM V14 LPN stated on 8/20/24 V14 was given an unopened bag and was told it contained narcotic medications. V14 stated V14 was in the middle of doing wound treatments so she asked V2 DON if she could leave the bag with V2 in V2's office, and V2 agreed. V14 stated V14 never saw the bag again and V14 was unsure what medications were in the bag since it was unopened. On 8/25/24 at 3:34 PM V2 DON stated V2 was not aware that R45's Fentanyl 25 mcg patches were in the building and it was reported to V2 that during the investigation V14 reportedly placed a package of medications on V2's desk. V2 stated V2 didn't know anything about that, but on 8/16/24 R45's Morphine was delivered, V14 placed it on V2's desk and told V2 to hold onto it. V2 stated V2 then placed the Morphine at V3's working area to be put away as the medication is suppose to be locked in the medication cart. 2.) R45's August 2024 Medication Administration Record (MAR) documents to give Lorazepam 1 mg tablet every 2 hours as needed for anxiety/restlessness, and this medication was given one time on 8/15, two times on 8/17, once on 8/18, once on 8/20, none on 8/21, and once on 8/22. The Controlled Substances Proof of Use dated 8/14/24 for R45's Lorazepam 1 mg does not match the entries on R45's MAR, and documents Lorazepam was dispensed three times on 8/15/24 including two entries at 6:30 AM, three times on 8/17, six times on 8/18, three times on 8/20, once on 8/21, and five times on 8/22/24. R45's August 2024 MAR documents Morphine sulfate 20 milligrams/milliliter give 5 mg or 10 mg every hour as needed, and this medication was given four times on 8/16, twice on 8/17, once on 8/18, twice on 8/20, twice on 8/21, none on 8/24, and three times on 8/25. The Controlled Substance Proof of Use dated 8/15/24 for R45's Morphine does not match the entries on R45's MAR, and documents two entries on 8/16, four on 8/17, five on 8/18, four on 8/20, four on 8/21, five on 8/24, and four on 8/25/24. On 8/25/24 at 4:45 PM V1 stated V1 conducted a house wide audit of controlled medications and identified some discrepancies between the count sheets and the MARs. V1 stated the medications should be signed out on both the count sheet and the MAR. On 8/26/24 at 3:49 PM V21 LPN stated V21 gave R45 Haldol, Morphine, and Ativan on the evening shift of 8/24/24. V21 stated if the medication administrations are not documented on the MAR then it would be recorded on the medication count sheet. V21 stated sometimes when V21 signs out the medications on the MAR it doesn't show up. On 8/27/24 at 10:10 AM V2 Director of Nursing (DON) stated the controlled medication count sheets should match the MAR. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3.)On 8/27/24 at 10:33 AM the B Hall/C Hall medication cart was viewed with V22 LPN and all controlled medications were counted and verified with the controlled count sheets. There were 28 tablets of Lorazepam 1 mg remaining in R32's medication card and the Controlled Substance Proof of Use for this medication dated 8/17/24 documents 29 tablets as the remaining quantity. This was confirmed with V22. V22 stated V21 LPN must have forgot to sign out last night's dose. V22 stated I know that's no excuse, and confirmed controlled medications are to be signed out when given. R32's August 2024 MAR documents V21 LPN administered Lorazepam 1 mg tablet at 8:00 PM on 8/26/24 4.) R22's Controlled Substance Proof of Use dated 7/4/24 for Lorazepam 1 mg documents two doses were administered, one on 7/12 at 5:00 PM and the other on 8/16/24 at 6:00 AM. There is an entry dated 7/5/24 that a pill fell out of the card and the pill was wasted. There is only one nurse signature (V3 ADON) for the destruction of this pill. There is no order or documented administrations of this medication on R22's July and August 2024 MARs. On 8/26/24 at 4:55 PM V2 DON reviewed R22's Lorazepam count sheet and stated that is V3's signature (in reference to the wasted entry). V2 confirmed there is no second signature verifying destruction of this medication. V2 stated V3 should have had a second nurse witness the wasting of this controlled medication. On 8/26/24 at 5:00 PM V3 ADON stated R22's Lorazepam tablet fell out of the card and into the cart, so V3 had to waste the medication. V3 confirmed V3 did not have a second nurse verify that the medication was wasted. V3 stated I'm usually down the hall by myself. On 8/27/24 at 10:24 AM V16 LPN confirmed V16 administered R22's Lorazepam on 7/12/24 and stated there should have been an order and administration documented on the MAR. 5.) R14's Physician Order dated 6/30/24 documents to administer Omeprazole oral suspension give 20 ml once daily via gastrostomy tube. R14's Nursing Note dated 8/25/2024 at 10:47 AM documents spoke to pharmacy in regards to resident medication Omeprazole liquid for g-tube (gastrostomy) not being delivered. Pharmacy states medication is held up in insurance. R14's Nursing Notes dated 8/26/24 and 8/27/24 documents Omeprazole was not available for administration. There is no documentation that R14's physician was notified of missed doses of Omeprazole and that the medication was not covered by R14's insurance. On 8/28/24 at 8:42 AM V2 DON searched the medication cart for R14's Omeprazole and was unable to locate the medication. V2 stated V2 was not aware that R14 has been without Omeprazole. V2 stated this is an issue with medications not being covered by insurance. V2 stated the pharmacy notifies us and then we have to notify the physician to get it changed to another medication that is covered, resubmit to insurance, and then go through the process all over again. The facility's Controlled Substances policy dated 11/16/18 documents At the time a Controlled Substance is delivered, the Charge Nurse and the Delivery Person will count the controlled substance together to verify the count. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's Controlled Substances policy dated 11/6/18 documents Schedule II drugs must be kept under two locks that require two different keys and when controlled substances are delivered the charge nurse and delivery person will verify the count of the item delivered. This policy documents to record Schedule II drug administrations on a disposition sheet, and if a dose needs to be destroyed two nurses must be present and the destruction recorded on the disposition sheet. This policy documents reconciliation of controlled substances will occur between the oncoming nurse and the nurse going off duty. The facility's Medication Administration policy dated 11/18/17 documents to record the date, time, medication, dose and route on the resident's MAR, including PRN (as needed) medications. This policy documents notify the pharmacy and physician when a medication is unavailable.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 37813 Based on interview and record review the facility failed to obtain consent for psychotropic medications, identify resident specific targeted behaviors, and justify duplicative antipsychochic medication for five residents of five residents (R5,R19, R33,R38, R39) reviewed for psychotropic medications in a sample list of 36. Finding Include: The facility's policy Psychotropic Medication policy reviewed 6/17/22 states It is the policy of this facility that resident not be given unneccesary drugs. Unnecessary drugs is any drug that is used: 1. In an excessive dose. 2. For excessive duration 3. without adequate moinitoring. 4. without adequate indications for use 5. In the presence of adverse consequences that indicate the drugs should be reduced or discontinued. This policy documents to obtain consents for use of psychotropic medications. 1. R38's Physician's order summary printed 8/28/24 documents current physician's orders for the following psychotropic medications: Haldol (antipsychotic) Injection Solution 5 MG/ML (Haloperidol Lactate) Inject 5 mg intramuscularly every 24 hours as needed for elevated agitation Haloperidol Oral Tablet 5 MG (Haloperidol) Give 1 tablet orally at bedtime. Mirtazapine (antidepressant) Oral Tablet 15 MG (Mirtazapine) Give 15 mg by mouth at bedtime. Quetiapine Fumarate (antipsychotic) Oral Tablet 50 MG (Quetiapine Fumarate) Give 1 tablet orally one time a day. There was no documentation of resident specific behaviors justifying the use of antipsychotics observed for R38. There was no tracking of behaviors documented for R38. There was no physician's documentation to justify the concurrent duplicative orders for antipsychotic medications for R38. There was no consent documented for the use of Haldol for R38. 2. R19's Physician's order summary printed 8/28/24 documents current physician's orders for the following psychotropic medications: 1.Depakote Sprinkles Oral Capsule Delayed Release sprinkle (Neuroleptic) 125 MG (Divalproex Sodium) Give 2 capsule by mouth two times a day, Mirtazapine Oral Tablet 15 MG (antideppressant) Give 15 mg by mouth at bedtime, Seroquel (antipsychotic) Oral Tablet 25 MG (Quetiapine Fumarate) Give 1 tablet orally in the evening. There was no documentation of resident specific behaviors justifying the use of antipsychotics observed for R19. There was no tracking of behaviors documented for R19. 3. R33's Physician's order summary printed 8/28/24 documents current physician's orders for the following psychotropic medications: Depakote Sprinkles Oral Capsule Delayed Release Sprinkle (Neuroleptic)125 MG (Divalproex Sodium) Give 2 capsule orally in the morning Give 4 capsule orally in the evening, Melatonin (Sleep Aide) 10 MG sublingually Give 1 tablet orally at bedtime. Mirtazapine (antidepressant) Oral Tablet 7.5 MG (Mirtazapine) Give 1tablet orally at bedtime. Risperidone Oral Tablet (Antipsychotic) Give 0.25 mg orally at bedtime every other day. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Watseka Rehab & Hlth Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 715 East Raymond Road Watseka, IL 60970	

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	There was no documentation of resident specific behaviors justifying the use of antipsychotics observed for R33. There was no tracking of behaviors documented for R33. 4. R39's Physician's order summary printed 8/28/24 documents current physician's orders for the following psychotropic medications: Depakote Sprinkles Oral Capsule Delayed Release Sprinkle 125 MG (Neuroleptic) Give 4 capsule by mouth two times a day. Lorazepam (antianxiety) Oral Tablet 0.5 MG (Lorazepam) Give 0.5 mg by mouth in the evening. Mirtazapine (antidepressant) Oral Tablet 30 MG (Mirtazapine) Give 30 mg by mouth at bedtime. Olanzapine Oral Tablet 10 MG (Olanzapine) Give 10 mg by mouth one time a day. There was no documentation of resident specific behaviors justifying the use of antipsychotics observed for R39. There was no tracking of behaviors documented for R39. On 7/.29/24 V2 Director of Nursing stated I see we don't have any specific behaviors identified or tracked for (R19, R33,R38, R39). I can also see (R38) is on two antipsychotics and there is no physician's documentation to justify the reason. 42702 5.) R5's undated diagnosis sheet documents the following psychiatric diagnoses including: Post Traumatic Stress Disorder, Schizoaffective Disorder-Bipolar Type, and Personal History of Other Mental and Behavioral Disorders. R5's behavior tracking could not be located in the medical record during this survey. R5's Physician Orders dated 11/25/23 document Aripiprazole (Antipsychotic) 20 milligrams (mg) daily. R5's physician orders dated 11/25/23 document Topiramate (Anticonvulsant that can be used for Obsessive Compulsive Disorder) 200mg twice daily. R5's physician orders dated 3/22/24 document Ativan (sedative) 1.0mg / Benadryl (antihistamine) 25mg / Haldol (antipsychotic) gel 1.0mg every eight hours as needed. On 8/27/24 at 9:00AM, V2 Director of Nursing provided consents for the above medications (R5,R19, R33, R38, R39) that were not signed and were dated 8/27/24. This is all that I can do, we don't have them.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 40385 Based on observation, interview, and record review the facility failed to administer medications in accordance with manufacturer's instructions and facility policy for two (R14, R34) of nine residents reviewed for medication administration in the sample list of 36. This failure resulted in four medication errors out of 25 opportunities, a medication error rate of 16%. Findings include: 1.) On 8/26/24 at 4:15 PM V16 Licensed Practical Nurse (LPN) administered crushed R14's Atorvastatin 20 milligrams (mg) tablet, Carvedilol 6.25 mg tablet, and Eliquis 5 mg tablet and placed into a medication cup. V16 did not dissolve these medications in water. V16 entered R14's room and checked R14's gastrostomy tube placement with a syringe. V16 poured approximately 40 ml (milliliters) of water into the syringe connected to R14's gastrostomy tube to administer via gravity flow. The water did not infuse and V16 checked R14's gastrostomy tube placement with air rush technique three times before water would infuse via gravity flow. V16 stated R14 gets a total of 300 ml of water flush for medication administration. V16 poured 10 ml water into the syringe connected to R14's gastrostomy tube, followed by 15 ml of Potassium 20 milliequivalents/15 ml, followed by the crushed medications, followed by the remainder of the 300 ml of water. On 8/27/24 at 8:45 AM V16 confirmed V16 did not dissolve R14's crushed medications in water prior to administration. V16 stated V16 usually dissolves the medication in warm water first, but forgot to do that. R14's Physician's Orders dated 6/28/24 document to administer Atorvastatin 20 mg daily, Eliquis 5 mg one twice daily, and Carvedilol 6.25 mg twice daily. There are no orders documenting the amount of water that should be mixed with R14's medications for administration. The facility's Administration of Medication Via a Feeding Tube policy dated 3/17/23 documents unless it is contraindicated, crush medications well and dissolve in water prior to administration, and flush with 5 cc (cubic centimeters) of water between crushed and liquid medications. 2.) On 8/27/24 at 7:53 AM V16 LPN gave R34 one puff of Albuterol Sulfate 90 mcg followed by another puff less than 30 seconds later and without shaking the inhaler between puffs. On 8/27/24 at 8:45 AM V16 stated I believe you have to wait 30 seconds before administering the second puff of Albuterol. R34's August 2024 Medication Administration Record documents R34 receives Albuterol 90 mcg two puffs inhaled four times daily. The Albuterol manufacturer's insert dated February 2019 documents to when administering more than one puff, wait one minute and shake the inhaler between puffs.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385 Based on observation, interview and record review the facility failed to administer seizure medication, pain medication and nebulizer treatments as ordered resulting in multiple missed doses of medications for three (R46, R45, R99) of 16 residents reviewed for physician orders in the sample of 36. Findings include: The facility's The facility's Medication Administration policy dated 11/18/17 documents to record the date and time of medication administration on the Medication Administration Record (MAR), document the reason for not administering a medication, and notify the pharmacy and physician when a medication is unavailable. 1.) R45's Hospice Physician Order Form dated 8/14/24 documents an order to discontinue Fentanyl 12 micrograms (mcg) and start Fentanyl 25 mcg patch apply every 72 hours. R45's August 2024 Medication Administration Record (MAR) documents R45's Fentanyl was not administered 8/19/24 and documents to refer to progress notes. There is no documentation in R45's progress notes as to why this medication was not administered as ordered and there is no documentation that R45 has refused Fentanyl administration. R45's Controlled Substance Proof of Use form dated 8/14/24 documents Fentanyl 12 mcg patch was not dispensed after 8/16/24 until 8/22/24, indicating the medication was not administered as ordered on 8/19/24. On 8/26/24 at 9:31 AM V14 Licensed Practical Nurse stated V14 was not sure why V14 did not administer R45's Fentanyl patch on 8/19/24 and possibly R45 refused the medication. On 8/26/24 at 12:00 PM V26 Hospice Registered Nurse confirmed R45 experiences pain and if Fentanyl not administered as ordered could contribute to R45 having increased pain. 2.) R46's March 2024 MAR documents Lacosamide 50 mg (milligrams) give one tablet by mouth twice daily for seizures starting on 1/12/24 and ending on 6/12/24. R46's Nursing Notes document between 2/19/24 and 4/24/24 R46's Lacosamide was unavailable, on order, and awaiting insurance approval. There is no documentation in R46's nursing notes that V25 Physician was notified of the Lacosamide being unavailable or of the missed doses. On 8/26/24 at 1:35 PM V3 Assistant Director of Nursing stated there was a pharmacy/insurance issue with getting R46's Lacosamide and confirmed this resulted in the medication being unavailable. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/26/24 at 1:41 PM V20 Regional Nurse and V1 Administrator both stated when medications are unavailable V1 should be notified to provide cost coverage of the medication for a certain amount of time until approval obtained from insurance for coverage or the physician is notified and gives an order for an alternative medication that is covered by the resident's insurance. On 8/26/24 at 2:26 PM V1 provided a pharmacy Proof of Delivery dated 4/26/24 that documents 60 tablets of Lacosamide 50 mg was delivered to the facility for R46. V1 stated that is the only documentation V1 could provide for deliveries of R46's Lacosamide between February 2024 and April 2024. On 8/27/24 at 12:00 PM V25 Physician confirmed missing doses of seizure medications placed R46 at risk for having seizures. V25 stated V25 was not aware that there was an issue with insurance coverage for R46's Lacosamide and that the medication was not administered as ordered. 32853 3.) R99's Order Summary Report dated 8/27/24 documents an admitted [DATE] and documents diagnoses including Pneumonia, Aphasia Following Cerebral Infarction, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side. R99's hospital chest X-ray report dated 8/18/24 documents Right lower lung infiltrate or atelectasis changes were noted. R99's hospital discharge medication orders dated 8/21/24 document an order for Albuterol-Ipratropium nebulized 3 mg (milligrams)-0.5 mg/3 ml (milliliters) four times a day. R99's Nurse's Note dated 8/21/24 at 2:17 PM documents R99 was admitted to the facility from the hospital. R99's Nurse's Note dated 8/21/24 at 11:41 PM documents Albuterol Sulfate Inhalation Nebulizer Solution was not administered due to resident sleeping. R99's Nurse's Note dated 8/23/24 at 1:20 AM documents the Albuterol Sulfate Inhalation Nebulizer Solution was not administered with no reason documented. R99's Nurse's Note dated 8/23/24 at 5:47 AM and 8/24/24 at 5:08 AM document the Albuterol Sulfate Inhalation Nebulizer Solution was not administered due to not having a nebulizer machine. R99's Nurse's Note dated 8/24/24 at 12:17 PM documents the nebulizer was not administered with no reason documented. R99's Nurse's Note dated 8/24/24 at 3:14 PM and 8/25/24 at 1:19 AM document the nebulizer was not administered due to it being on order and not having a machine. R99's Nurse's Note dated 8/25/24 at 5:31 AM documents the nebulizer was not administered and does not document a reason. R99's Nurse's Note dated 8/26/24 at 1:06 PM documents the nebulizer was not administered due to waiting on the pharmacy to deliver. R99's Nurse's Note dated 8/27/24 at 12:19 AM and 8/27/24 at 5:06 AM document that the nebulizer was not administered and no reason was documented. On 8/26/24 at 1:36 PM, R99 does not have a nebulizer machine in his room. On 8/27/24 at 9:53 AM there was no nebulizer in R99's room. At this time, R99 was outside of his room and stated yes when asked if his lungs were hurting and ran his hand over his right side of his chest indicating where it was hurting. R99 confirmed that he does not have a nebulizer machine in his room and has not received any nebulizer treatments. On 8/26/24 at 11:42 AM, V16 Licensed Practical Nurse stated that she cannot give R99 his nebulizer treatment because she does not have the medication. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/27/24 at 10:07 AM, V3 Assisted Director of Nursing confirmed that R99 was ordered nebulizer treatments on admission from the hospital. V3 stated that it was originally ordered incorrectly as an inhaler not a nebulizer treatment and confirmed R99 does not have a machine due to insurance issues.

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32853 Based on interview and record review the facility failed to obtain laboratory tests as ordered and repeatedly failed to document blood glucose results for three of three residents (R4, R25, R46) reviewed for laboratory services in the sample list of 36. Findings include: The facility's Glucose Monitoring policy with a revised date of August 2018 documents, Purpose: To monitor resident's blood glucose to assist in the development of an appropriate medication and treatment regime for resident's with a metabolic disorder caused by an imbalance between insulin supply and demand. Document results of blood glucose and insulin dosage on medication sheet. The facility's undated Laboratory Tests policy documents, Obtain laboratory orders upon admission, readmission and PRN (as needed) for medication and condition monitoring per the physician's order. 1.) R4's Order Summary Report documents a diagnosis of Type 2 Diabetes Mellitus with an admitted [DATE]. This Order Summary document an order for an A1C (glycated hemoglobin) every three months. R4's pharmacy consultation report dated 6/26/24 documents R4 has orders for labs, but at the time of this review they were not available in the medical record. The missing laboratory values include: A1C every 3 months. This report is signed and dated by a physician on 7/3/24 for the recommendation to have the labs obtained. R4's last A1C was obtained on 11/27/23, nine months ago. This laboratory report sheet was provided by V1 Administrator on 8/25/24 at 3:04 PM. The results of the A1C laboratory draw were high at 6.6% (percent) which normal range is 4.0 to 5.6. On 8/26/24 at 11:55 AM, V3 Assistant Director of Nursing provided a laboratory report dated 7/10/24 with an A1C result of 6.7%, high again. V3 confirmed there are not any A1C results between November 2023 and July 2024, every three months as they are ordered. 40385 2.) R25's Physician Order dated 6/5/25 documents Comprehensive Metabolic Panel (CMP), Complete Blood Count (CBC) and Hepatic Function Panel. There is no documentation in R25's medical record that a Hepatic Function Panel was completed as ordered. On 8/25/24 at 1:45 PM R25's laboratory results were viewed with V2 Director of Nursing (DON). V2 confirmed the order dated 6/5/24 included Hepatic Function Panel and confirmed there was no Hepatic Function Panel results in R25's medical record. V2 stated the Hepatic Function Panel is usually part of the CMP or Basic Metabolic Panel. (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/26/24 at 8:14 AM V29 Phlebotomist at facility's contracted laboratory confirmed there are additional liver function tests that are conducted as part of a Hepatic Function Panel that are not covered by a CMP. V29 stated a bilirubin level is not captured on a CMP. V2 confirmed R25 had a CBC, CMP and Lipid Panel on 6/10/24, and R25 has not had a Hepatic Function Panel completed. 3.) R46's Care Plan dated 6/24/24 documents R46 has Diabetes Mellitus and includes an intervention for blood glucose monitoring and to refer to orders and Medication Administration Record (MAR). R46's April 2024, May 2024, and June 2024 MARs documents check blood glucose twice daily and to check blood glucose at noon four times weekly and notify the provider for blood sugar less than 60 and greater than 400. These MARs do not document R46's blood glucose results. These MARs document Lantus/Glargine insulin give 10 units daily as of 1/13/24, Jardiance 10 milligrams (mg) twice daily, and Lispro insulin 5 units subcutaneously three times daily as of 1/12/24. On 8/26/24 11:07 AM V3 Assistant DON stated blood glucose results should be documented on the MAR. V3 reviewed R46's electronic MAR and confirmed blood glucose results were not recorded. V3 stated it must have been a computer issue.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. 42702 Based on observation, interview and record review the facility failed to provide the correct consistency for a pureed diet for seven (R1, R4, R7, R19, R23, R29, R33) of seven residents reviewed for pureed diets in the sample list of 36. Findings include: The facility policy dated 10/2012 documents that the Method of Pureeing food includes blending mixture to a smooth, pudding-like consistency. The policy documents to never puree with water. 1.) R1's physician order dated 6/14/23 documents a pureed texture for meals. 2.) R4's physician order dated 3/26/24 documents a pureed texture for meals. 3.) R7's physician order dated 10/2/23 documents a pureed texture for meals. 4.) R19's physician order dated 5/3/24 documents a pureed texture for meals. 5.) R23's physician order dated 11/20/23 documents a pureed texture for meals. 6.) R29's physician order dated 5/1/23 documents a pureed texture for meals. 7.) R33's physician order dated 5/3/24 documents a pureed texture for meals. On 8/26/24 at 9:45AM, V17 [NAME] made pureed pork fritters. V17 [NAME] did not use a recipe and added unmeasured amounts of water and thickener three times before coming to the consistency that she stated was pureed. When taste tested , the pureed meat had lumps in it. V17 [NAME] stated that she does not test the pureed consistency, I just kind of go with how it looks and we don't get complaints. On 8/26/24 at 10:00AM, V15 Dietary Manager said that the cooks are supposed to follow the recipe for pureed food, use broth to blend and they should test the product to make sure that there are no lumps. If the pureeds aren't smooth, they could cause a resident to choke.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385 Based on interview and record review the facility failed to ensure residents and resident representatives understood the facility's arbitration agreement. This failure affects two (R32, R35) of three residents reviewed for arbitration in the sample list of 36. Findings include: 1.) R35's Agreement to Resolve Disputes by Binding Arbitration dated 2/2/23 documents this is an agreement between the facility and R35 to utilize arbitration (an outside third party) to settle disputes between R35 and the facility, and the resident waives the right to a trial in court and a trial by a jury for future legal claims that the resident may have against the facility. This agreement is signed by R35 and V11 Social Services Director. R35's ongoing census documents R35 admitted to the facility on [DATE]. R35's Minimum Data Set (MDS) dated [DATE] documents R35 as cognitively intact. On 8/27/24 at 12:59 PM R35 stated the facility staff come to you with a stack of papers to sign on admission, they briefly explain things and then say sign here. R35 stated the arbitration agreement was not explained to her that it waives the right to a court trial for legal claims. R35 stated R35 would not have signed the arbitration agreement if she had known, because R35 wants the option of a court trial. 2.) R32's Agreement to Resolve Disputes by Binding Arbitration dated 6/14/22 documents this is an agreement between the facility and R32 to utilize arbitration to settle disputes between R32 and the facility, and the resident waives the right to a trial in court and a trial by jury for future legal claims that the resident may have against the facility. This agreement is signed by V30, R32's Guardian, and V11. R5's MDS dated [DATE] documents R32 has severe cognitive impairment. On 8/27/24 at 1:40 PM V30 stated V30 did not fully understand the arbitration agreement that was signed. V30 stated the agreement wasn't explained to V30 very well and V30 did not understand that V30 was waiving R32's right to a court trial by signing the arbitration agreement. V30 stated V30 would still want a court trial as an avenue if legal action would ever be needed. On 8/27/24 at 1:53 PM V11 stated V11 explains to residents and their representatives that arbitration is a third party that is brought in to resolve disputes without going through the court systems, and that the resident is not able to utilize the court system for legal claims if the arbitration agreement is in place. V11 confirmed the arbitration is voluntary and is reviewed with residents as part of their admission paperwork. V11 stated V11 will follow up with R32 and V30 and review the arbitration agreement with them.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 37813 Failures at this level require more than one deficient practice statement. A. Based on record review and interview the facility failed to monitor potential exposure sites for Legionella. This failure has the potential to affect all 44 residents who reside in the facility. B.) Based on observation, interview and record review the facility failed to don PPE (Personal Protective Equipment) prior to entering a contact isolation room for one of one resident (R34) reviewed for transmission based precautions in the sample list of 36. Findings include: a.) The Long-Term Care Facility Application For Medicare and Medicaid dated 8/25/24 documents 44 residents reside in the facility. The facility's policy Legionella Policy and Procedures (not dated) states Legionella Bacteria thrive and multiply in hot or cold water systems and storage tanks and then spread through spray from showers and taps. Should concerns are identified the following measures may be initiated to minimize and control the risks: Have the water system inspected, maintained, and cleaned. (Annually). Ensure water cannot stagnate anywhere in the system remove redundant pipe work (As needed). No documentation was provided by the facility to indicate the plumbing has been inspected. Locations where redundant piping may exist have been and require regular flushing have not been assessed. No surveillance has been documented. On 8/29/24 at 10:00AM V1, Administrator stated We do not have documentation of an assessment for possible sources of stagnation or a plan to flush such sites if they exist. 32853 b.) The facility's Contact Precautions policy with a revised date of December 2009 documents, In addition to Standard Precautions, use Contact Precautions, or the equivalent for specified residents known or suspected to be infected or colonized with epidemiologicallly important microorganisms that can be transmitted by direct contact with the resident (hand or skin to skin contact that occurs when performing resident care activities that require touching the residents dry skin) or indirect contact (touching with environmental surfaces or resident care items in the residents environment.). Gloves: In addition to wearing gloves as outline under Standard Precautions, wear gloves (clean non sterile gloves are adequate) when entering the room. Remove gloves before leaving the residents environment and wash hands immediately with an antimicrobial agent or a waterless antiseptic agent. Gown: In addition to wearing a gown as outlined under Standard Precautions, wear a gown (a clean, nonsterile gown is adequate) when entering the room if you anticipate that your clothing will have substantial contact with the resident, environmental surfaces, or items in the residents room, or if the resident is incontinent or has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Watseka Rehab & Hlth Care Ctr	715 East Raymond Road Watseka, IL 60970

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 8/25/24 at 8:48 AM, V4 Registered Nurse stated R34 is on contact isolation due to ESBL (extended-spectrum beta-lactamase, bacteria) in the urine. On 8/26/24 at 1:31 PM, V16 Licensed Practical Nurse entered R34's room to administered medication without donning any PPE. There was a sign on the door typed up and documents Contact Isolation and to see the nurse before entering. There is no instructions as to what PPE is required prior to entering the R34's room. R34 was lying in bed and does not have fine motor control of her hands so V16 administered her medication and drink to her. On 8/26/24 at 2:59 PM, V16 entered R34's room again without donning any PPE. On 8/28/24 at 9:32 AM, V6 Housekeeping/Laundry Supervisor was in R34's room next to the bed showing her pictures on her phone without any PPE on. R34's Laboratory Report dated 5/15/24 documents Urine Culture results of Klebsiella Pneumoniae ESBL and Proteus Mirabilis (bacteria). R34's Laboratory Report dated 7/19/24 documents Urine Culture results as Proteus Mirabilis and Escherichia Coli. On 8/26/24 at 1:50 PM, V3 Assistant Director of Nursing stated that R34 is on contact isolation due to ESBL in her urine and stated that they are trying to get three negative urine cultures for her.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145389	A. Building B. Wing	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Watseka Rehab & Hlth Care Ctr	715 East Raymond Road Watseka, IL 60970

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 37813 Based on interview and record review the facility failed to employ a certified Infection Preventionist. This failure has the potential to affect all 44 residents who reside at the facility. Findings Include: The Long-Term Care Facility Application For Medicare and Medicaid dated 8/25/24 documents 44 residents reside in the facility. The facility's Infection Control Surveillance and Monitoring Policy reviewed 12/7/18 states It is the policy of the facility to do routine surveillance and and monitoring of the facility to determine if compliance with work practices and care of protective clothing and equipment is maintained. Procedure: Monitoring the effectiveness of the facility work practices and protective equipment will be conducted by the Administrator, Infection Control Preventionist (ICP) and the Director of nursing (DON). This includes but is not limited to: a. Surveillance of the facility to ensure that required work practices are observed and that protective equipment and clothing are provided and properly used; b. Investigation of known or suspected parenteral exposure to blood/body fluids to establish the conditions surrounding the exposures; and c. Improve in training, work practices, or protective equipment to prevent recurrence. d. Maintain a procedure of notification to physicians, and Illinois Department of Public Health (IDPH) as required by regulation, of any infectious cases. e. Review all policies, procedures, and programs related to infection control including any environmental control on a yearly basis. On 8/27/24 at 10:00AM V2, Director of Nursing stated I have (V3), Assistant Director of Nursing help me with Infection Prevention, tracking, and control. Neither (V3) or myself are certified Infection Preventionists. On 8/27/24 at 10:05AM V3 stated I haven't taken the infection Preventionist training, but I track the infections, cultures and antibiotics.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Watseka Rehab & Hlth Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 715 East Raymond Road Watseka, IL 60970	

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 40385 Based on observation, interview, and record review the facility failed to ensure a safe, comfortable, and functional environment by failing to maintain the building structure to prevent roof leaks. This failure affects one (R12) of 16 residents reviewed for environment in the sample of 36. This failure has the potential to affect all 44 residents residing in the facility. Findings include: On 8/25/24 at 8:09 AM near the nurse's station, centralized area where all of the resident halls connect, and the beginning of the C Hall the ceiling tiles were sagging and had large brown stains. One tile had been removed and there were cords visible hanging down approximately a couple inches below the ceiling. On 8/25/24 at 8:20 AM R12 was lying in bed. R12's room had a brown stained ceiling tile near R12's doorway. R12 stated R12 admitted to the facility in October 2023 and the brown area on the ceiling tile has gotten larger since R12's admission. R12 stated the facility's roof leaks when it rains which is what causes the brown discoloration. On 8/28/24 at 8:40 AM the ceiling tiles near the nurse's station and at the beginning of the C Hall were sagging and had large brown stains. One tile has been removed and had visible cords hanging down. Directly below this area was a wet floor sign and a bath towel that contained a basin collecting water droplets leaking from the ceiling. On 8/27/24 at 3:35 PM V2 Director of Nursing stated the roof leaks and the ceiling tiles have been like that for a long time, even when V2 was working as a hospice nurse at the facility a year and a half ago. On 8/27/24 at 3:40 PM V1 confirmed the brown, sagging ceiling tiles near the nurse's station. V1 stated the facility's roof still leaks when it rains. V1 stated the facility has gotten roof repair quotes and the roof has been patched, but it still leaks. V1 stated the roof has not been repaired yet since V1 is awaiting corporate approval of the quotes for the repair. The Long-Term Care Facility Application For Medicare and Medicaid dated 8/25/24 documents 44 residents reside in the facility.