STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145409	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Michaelsen Health Center	831 North Batavia Avenue Batavia, IL 60510

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 - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow policy on Contact Isolation on a resident with known history of Clostridium Difficile. The facility also failed to follow policy on EBP (Enhanced Barrier Protection). This applies to 16 of 16 residents (R4, R5, R8, R9, R16, R21, R39, R43, R48, R59, R64, R72, R73, R82, R95, R96) reviewed for Infection Control in the sample size of 20.The findings include: 1. On 02/17/26 at 3:00 PM, R4 did not have an EBP (Enhanced Barrier Precaution) or a contact isolation sign on the door or the wall outside of the room. There was no PPE (Personal Protective Equipment) bin outside of the room. On 02/18/26 at 11:37 AM, R4 continued to not have any signage on the door or wall outside of the room before entering for EBP or contact isolation. On 02/17/26 at 11:05 AM, V22 (RN/Registered Nurse) was in the room with R4. V22 was not wearing PPE while in the room. On 02/17/26 at 11:06 AM, V22 stated R4 was not on isolation but was receiving Vancomycin for gastrointestinal issue. On 02/18/26 at 10:54 AM, V3 (Assistant Director of Nursing/Infection Preventionist) stated R4 continues to have loose bowel movements, once per day, and was still receiving Vancomycin. V3 stated on 02/12/26 R4 had gone without loose bowel movements and orders were discontinued for contact isolation. V3 stated R4 started to have loose bowel movements again on 02/17/26 and 02/18/26. She had a loose bowel movement yesterday and one the day before. On 02/18/26 at 2:18 PM, V3 stated the ID NP (Infectious Disease Nurse Practitioner) should have been notified when R4 began to have loose bowel movements again, so that R4 could be placed on contact isolation again. On 02/18/26 at 12:50 PM, V4 (ID NP) stated R4 has a history of c-diff and is currently receiving Vancomycin. V4 stated he was not informed of R4 having loose bowel movements for the last few days. V4 stated if R4 had loose bowel movements, there is a risk for transmission of the bacteria, and possibility of a c-diff outbreak, if not following isolation policies. V4 stated R4 should have been placed back on contact isolation when the loose bowel movements began since she has a history of c-diff. R4 was admitted to the facility on [DATE] with multiple diagnoses which included enterocolitis due to clostridium difficle, cerebral infarction, neuromuscular dysfunction of bladder, urinary tract infection, encounter for attention to gastrostomy, dysphagia, and hypertensive heart disease. R4's Physician Order Sheet for February 2026 showed an active order for Firvanq 50/mg (milligrams)/mL (milliliter), indication: history of c-diff, every six hours, for 14 days, ordered 02/18/26. R4 did not have orders for EBP on or contact isolation on 02/17/26. R4's MAR (Medication Administration Record) for the months of January and February 2026 showed R4 was administered Firvanq each day starting (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	01/29/26 to 02/20/26. R4's EMR (Electronic Medical) showed R4 had a stage four wound to the right thigh. R4's gastrointestinal care plan showed interventions: assess and monitor bowel elimination patterns and gastrointestinal status, assess and monitor gastrostomy site for complications. R's Progress Notes dated 02/18/26 at 1:00 PM, showed, Patient placed on contact precautions per ID NP. Received order to dc (discontinue) cefdinir and change vanco order x 14 days. Orders carried out. The facility's Clostridium Difficile Policy, revised October 2018, showed, Policy Statement: Measures are taken to prevent the occurrence of Clostridium difficile infections (CDI) among residents. Precautions are taken while caring for residents with C. difficile to prevent transmission to other residents. 2. Residents considered at high risk of developing symptoms associated with C. difficile include those with: c. previous confirmed infection with c. difficile; and d. antibiotic or anti-neoplastic therapy. 9. Residents with diarrhea associated with C. difficile (i.e., residents who are colonized and symptomatic) are placed on contact precautions. 2. According to facility's EBP List, R39 is on EBP for wound. During facility tour done on 2/17/26 at 10:15 AM, 2/18/26 at 9:30 AM and 2/20/26 at 8:30 AM, EBP signage and PPE (Personal Protective Equipment) were inside the room. R39's POS (Physician Order sheet) reviewed and does not have any order for EBP. Facility's wound list given on 2/17/26 documents R39 has wound on left buttock. 3. According to facility's EBP List, R21 is on EBP for indwelling urinary catheter and presence of wound. During facility tour on 2/17/26 at 10:32 AM, 2/18/26 at 9:35 AM and 2/20/26 at 8:31 AM, EBP signage and PPE bin were inside R21's room. R21's POS reviewed and does not have any order for EBP. Facility's wound list given on 2/17/26 documents R21 has wounds on left buttock, right thigh and left abdomen. 4. According to facility's EBP List, R73 is on EBP for wound. On 2/20/26 at 8:32 AM, EBP signage and PPE bin were inside R73's room. R73's POS reviewed and does not have any order for EBP. Facility's wound list given on 2/17/26 documents R73 has wound on left buttock. 5. According to facility's EBP List, R72 is on EBP for wound. On 2/20/26 at 8:33 AM, EBP signage and PPE bin were inside R72's room. R72's POS reviewed and does not have any order for EBP. Facility's wound list given on 2/17/26 documents R72 has wound on right buttock, left foot and right foot. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6. According to facility's EBP List, R82 is on EBP for wound. On 2/20/26 at 8:34 AM, EBP signage and PPE bin were inside R82's room. R82's POS reviewed and does not have any order for EBP. Facility's wound list given on 2/17/26 documents R82 has wound on right scalp, right buttock, scrotum and right thigh. 7. According to facility's EBP List, R48 is on EBP for wound. On 2/20/26 at 8:35 AM, EBP signage and PPE bin were inside R48's room. R48's POS reviewed and does not have any order for EBP. Facility's wound list given on 2/17/26 documents R48 has wound on left leg. 8. According to facility's EBP List, R8 is on EBP for wound. On 2/20/26 at 8:45 AM, EBP signage and PPE bin were inside R8's room. R8's POS reviewed and does not have any order for EBP. Facility's wound list given on 2/17/26 documents R8 has wound on her back. 9. According to facility's EBP List, R9 is on EBP for having a central line. On 2/20/26 at 8:46 AM, EBP signage and PPE bin were inside R9's room. R9's POS reviewed and does not have any order for EBP. 10. According to facility's EBP List, R43 is on EBP for indwelling urinary catheter. On 2/20/26 at 8:47 AM, EBP signage and PPE bin were inside R43's room. R43's POS reviewed and does not have any order for EBP. 11. According to facility's EBP List, R64 is on EBP for presence of PEG (Percutaneous Endoscopic Gastrostomy) tube. During facility tour on 2/17/26 at 10:00 AM, 2/18/26 at 10:30 AM and 2/20/26 at 10:30 AM, EBP signage and PPE (Personal Protective Equipment) were inside the room. R64's POS (Physician Order sheet) reviewed and does not have any order for EBP. 12. According to facility's EBP List, R5 is on EBP for indwelling urinary catheter and presence of wound. During facility tour on 2/17/26 at 10:32 AM, 2/18/26 at 9:35 AM and 2/20/26 at 8:31 AM, EBP signage and PPE bin were inside R5's room. R5's POS reviewed and does not have any order for EBP. Facility's wound list given on 2/17/26 documents R5 has a wound on his right ankle. 13. According to facility's EBP List, R59 is on EBP for wound. On 2/20/26 at 9:32 AM, EBP signage and PPE bin were inside R59's room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R59's POS reviewed and does not have any order for EBP. Facility's wound list given on 2/17/26 documents R59 has wound on right hip. 14. According to facility's EBP List, R95 is on EBP for wound. On 2/20/26 at 9:33 AM, EBP signage and PPE bin were inside R95's room. R95's POS reviewed and does not have any order for EBP. Facility's wound list given on 2/17/26 documents R95 has wound on right ankle. 15. According to the facility's EBP List, R96 is on EBP for wound and IV (intravenous access). On 2/20/26 at 9:34 AM, EBP signage and PPE bin were inside R96's room. R96's POS reviewed and does not have any order for EBP. Facility's wound list given on 2/17/26 documents R96 has wound on left calf. 16. According to facility's EBP List, R16 is on EBP for indwelling urinary catheter. On 2/20/26 at 9:35 AM, EBP signage and PPE bin were inside R16's room. R16's POS reviewed and does not have any order for EBP. On 2/20/26 at 8:36 AM, V5 (RN-Registered Nurse) said EBP signage and PPE bin should be at the door. She said she is an agency nurse and had to look on her list to identify residents on EBP. On 2/20/26 at 8:38 AM, V6 (RN/Nurse Manager) said EBP signage and PPE bin are placed inside the room, so staff knows the difference between contact precautions and EBP. On 2/20/26 at 8:40 AM, V7 (LPN-Licensed Practical Nurse) said EBP signage should be posted by the door and PPE bin should be outside the room. V7 said he does not know why EBP signage and PPE bin are now inside resident's room. On 2/20/26 at 10:08 AM, V3 (ADON-Assistant director of Nursing/IP (Infection Preventionist) said facility does not ask for order for resident to be on EBP because it is just a precaution. V3 said EBP signage and PPE bin are inside the resident's room because staff do not need to be dressed prior to entering the room. She said facility decided it was best to put signage and PPE bin inside resident's room as a reminder to staff. V3 read facility's Policy on Enhanced Barrier Precautions and could not say why they are not following facility policy. Facility's Policy on Enhanced Barrier Precautions dated August 2022 documents the following: Policy Statement: Enhanced Barrier Precautions (EBPs) are utilized to prevent the spread of multi-drug organisms (MDROs) to residents. Policy Interpretation and Implementation 10. signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE required. 11. PPE is available outside of the resident rooms. CDC (Centers for Disease Control and Prevention) Guidelines, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) sates that for Enhanced Barrier Precautions, facilities should Post clear signage on the door or wall (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	outside of the resident room indicating the type of Precautions and required PPE (Personal Protective Equipment)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on observation, interview, and record review, the facility failed to ensure resident medication regimens remain free from unnecessary medications.This applies to 1 resident (R81) reviewed for medication regimen in a sample of 20 residents. Findings include:On 2/18/26 R81's POS (Physician Order Sheet) was noted to show the following active orders:Triamcinolone acetonide 0.1% topical ointment two times daily for fungal dermatitis start date 9/17/25. No stop date.Miconazole nitrate 2% topical cream daily for groin fungus start date start date 5/27/25. No stop date.R81's MAR (Medication Administration Record) was reviewed from May of 2025 through February 2026 and showed R81 had been receiving both topical ointments since their start dates, as ordered. Triamcinolone steroid ointment was given for 5 consecutive months, twice daily. Miconazole antifungal cream was given for 9 consecutive months, daily.On 2/20/26 at 10:46 AM, V7 (LPN/Licensed Practical Nurse) said R81's groin redness has been present on and off and is related to R81's hygiene. V7 said he has administered both ointments- Triamcinolone (a steroid cream) and Miconazole (an antifungal) daily as they are ordered. V7 said sometimes when he was applying the ointments R81's skin was clear and without redness. On 2/20/26 at 10:52 AM, R81's bilateral groin was visualized in the presence of V7 and was clear, no redness noted. R81 said his groin redness had cleared up about a month ago and the staff continued to put both topical medications on him.On 2/18/26 at 1:34 PM, V3 (Infection Preventionist Registered Nurse) said both topical ointments were ordered continuous/ongoing, and not as needed even though R81's skin condition comes and goes. On 2/18/26 at 12:43 PM, V4 (Infectious Disease Nurse Practitioner) said there are side effects of taking triamcinolone steroid ointment long-term including skin breakdown and thinning of the skin. V3 said the topical medications, triamcinolone and miconazole, should not be taken long term, and are usually only temporary treatment orders. V4 said the triamcinolone should be discontinued and the miconazole should be ordered on an as needed basis for a fungal outbreak, not continuous.The facility's policy titled, Administering Medications revised 4/2019 states, Policy Statement: Medications are administered in a safe.manner.Policy Interpretation and Implementation:.8. If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's attending physician or the facility's medical director to discuss the concerns.