

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2026
NAME OF PROVIDER OR SUPPLIER  Rose Garden of Pana		STREET ADDRESS, CITY, STATE, ZIP CODE  900 South Chestnut Pana, IL 62557	
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure dignity and respect for 4 of 5 (R23, R21, R35 and R46) residents reviewed for call lights in a sample of 35. Findings include: 1. On 02/24/2026 at 2:00 PM, R23 stated that if they don't answer her call light and she has to go to the bathroom and she has an accident it does not feel good and it embarrasses her. R23's Minimum Data Set (MDS), dated [DATE], documented that her cognition was moderately impaired and that she was frequently incontinent of urine and occasionally incontinent of stool. 2. On 02/24/2026 at 2:08 PM, R35 stated that she takes a water pill, and she is always incontinent but if she has to wait, she is just thinking about the other residents that need help and that are not getting it. R35's MDS, dated [DATE], documented that her cognition was intact and that she was frequently incontinent of urine. 3. On 02/24/2026 at 2:12 PM, R21 stated that it takes a long time for the night shift to answer her call light, but she will just get up and go to the bathroom on her own. R21's MDS, dated [DATE], documented that her cognition was intact and that she was occasionally incontinent of urine. 4. On 02/24/2026 at 2:15 PM, R46 stated that if she has to wait a long time and she has to go to the toilet and if she has an accident, it makes her feel awful. R46's MDS, dated [DATE], documented that her cognition was intact and that she was occasionally incontinent of urine. On 2/24/2026 at 4:12 AM, V12 (Licensed Practical Nurse/LPN) stated they usually staff 2 to 3 Certified Nurse Assistants (CNA) for 100, 200, 400 and 1 CNA for the Memory Care unit on night shift. She also stated that she does not feel it is enough CNAs to get everything done, 1 CNA is not enough on the unit. On 2/24/2026 at 4:28 AM, V14 (CNA) stated management does not answer when staff try to contact them. Not even the call nurse's answer. She stated night shift does not have enough staff and they need 5 CNAs on nights (2 on memory unit). On 02/26/2026 at 9:20 AM, V22 (CNA) stated that they try and answer the call lights as soon as possible but if it was her and if she had urinated on herself, she would feel embarrassed. On 02/26/2026 at 9:25 AM, V20 (CNA) that they try and answer the call lights as soon as possible, but she said if she had urinated on herself while waiting for someone to answer her call light, it would embarrass her. On 02/26/2026 at 9:25 AM, V23 (CNA) stated that they try and answer the call lights as soon as possible, but she said if she had urinated on herself while waiting for someone to answer her call light it would embarrass her. The Long-Term Care Ombudsman Program Residents' Right for People in Long Term Care Facilities, undated, documented, Your facility must provide services to keep your physical and mental health, and sense of satisfaction with yourself, at their highest practical levels.</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  145411	Facility ID:  145411  If continuation sheet Page 1 of 4

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to complete dressing changes and daily skin checks as ordered by the physician for wounds for 1 of 3 residents (R73) reviewed for wounds in a sample of 35. Findings Include: R73's Face Sheet, admission date of 02/24/23, documents R73 has diagnoses of but not limited to rheumatoid arthritis, sepsis, peripheral vascular disease, cellulitis of left lower limb, and atherosclerosis of native arteries of right leg with ulceration of other part of lower leg. R73's Minimum Data Set (MDS), dated [DATE], documents R73 is cognitively intact with a Brief Interview of Mental Status (BIMS) of 15 out of 15 and she is dependent on staff for most of her activities of daily living (ADLs). R73's Care Plan, admission date of 02/24/23, documents R73 has a venous/stasis ulcer of the right medial ankle (08/28/25), non-pressure related blister to left heel. Interventions include but are not limited to document location of wound, amount of drainage, peri-wound area, pain, edema, and circumference measurements weekly, evaluate wound for: Size, depth, margins: peri-wound skin, sinuses, undermining, exudates, edema, granulation, infection, necrosis, eschar, gangrene. Document progress in wound healing on an ongoing basis. Notify physician as indicated, monitor/document/report as needed (PRN) for signs and symptoms (s/sx) of infection, and weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate and any other notable changes or observations. R73's Physician's Orders, dated 09/24/25, documents Daily skin check every day shift. Document: C=Clear; R=Rash, O=Other, P= Pressure, S= Skin Tear, Document CROPs on Treatment Administration Records (TAR) on Friday. R73's Physician's Orders, dated 10/21/25, documents Right Anterior Lower Leg: Cleanse with normal saline/wound cleanser (NS/WC and pat dry. Apply xerform to wound bed. Cover with abdominal pad (ABD). Wrap leg from toes to knee with kerlix then ace bandage. Change daily and PRN. Every night shift. R73's TAR for the month of December 2025 was reviewed and no documentation daily skin check was completed on 12/05/25, 12/19, and 12/26/25. There was no documentation R73's dressing was completed on 12/01/25 and 12/24/25. R73's TAR for the month of January 2026 was reviewed and no documentation daily skin check was completed on 01/16/26 and 01/23/26 and daily dressing change was completed on 01/30/26. R73's TAR for the month of February 2026 was reviewed and no documentation daily skin check was completed on 02/06/26 and 02/20/26 and daily dressing change was completed on 02/06/26 and 02/22/26. On 02/23/2026 at 9:45 AM, R73 is sitting in her wheelchair in her room. The dressing on R73's right lateral ankle has the date of 02/22/26 and there is a moderate amount of yellow/greenish drainage noted to the dressing. On 02/23/26 at 9:40 AM, R73 said her dressing is changed by the night shift usually later in their shift/early in the morning and it wasn't changed last night. She said it was agency staff that was working last night. On 02/24/26 at 4:12 AM, V12 (Licensed Practical Nurse/LPN) said most of the agency nurses don't do their treatments. She said she worked a Saturday night, completed her treatments as ordered, was off Sunday night, then when she worked on Monday night the resident's dressing she applied on Saturday night were still on the residents. On 02/25/26 at 12:38 PM V5 (LPN) stated it's hit or miss if dressings get changed on night shift. She said it depends also if agency staff are working, they are the ones who usually don't do their dressing changes. On 02/26/26 at 3:47 PM, V4 (Regional Nurse) stated she expects dressings to be changed as ordered. The facility's Wound Care Policy, revision date of October 2010, documents Purpose The purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Further documents: Documentation The following information should be recorded in the resident's medical record: The following information should be recorded in the resident's medical record:1. The type of wound care given.2. The date and time the wound</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>care was given.3. The position in which the resident was placed.4. The name and title of the individual performing the wound care.5. Any change in the resident's condition.6. All assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound.7. How the resident tolerated the procedure.8. Any problems or complaints made by the resident related to the procedure.9. If the resident refused the treatment and the reason(s) why.10. The signature and title of the person recording the data.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on observation, interview, and record review, the facility failed to schedule a Registered Nurse (RN) for at least 8 consecutive hours a day for 88 of the 88 days reviewed for December 2025, January 2026, and February 2026. This failure has the potential to affect all 71 residents that resides in the facility. Findings Include: During this investigation was V4 (Regional Nurse) was the only RN in the building. The facility's working schedules and daily staffing sheets were reviewed and documents the following: December 2025, there was no RN scheduled from 12/01/25 through 12/31/25. January 2026, there was no RN scheduled from 01/01/26 through 01/31/26. February 2026, there was no RN scheduled from 02/01/26 through 02/26/26. On 02/26/2026 at 9:21 AM, V23 (Certified Nursing Assistant/CNA), said V2 (Director of Nursing/DON) and V4 (Regional Nurse) are in the facility, but she did not know if they (V2 and V4) were working the floor as a nurse. On 02/26/26 at 9:25 AM, V22 (CNA) stated V2 and V4 are in the facility but didn't know if they worked on the floor. On 02/26/2026 at 9:45 AM, V4 (Regional Nurse) stated that the facility does not have an RN for 8 consecutive hours a day. The facility's policy Staffing, Sufficient, and Competent Nursing, revision date of August 2022, documents Policy Statement Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. It further documents Sufficient Staff 3. A registered nurse provides services at least eight (8) consecutive hours every 24 hours, seven (7) days a week. RNs may be scheduled more than eight (8) hours depending on the acuity needs of the resident. The facility's CMS 671, dated 02/23/26, documents there is 71 residents in the facility.</p>		