STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145414	A. Building B. Wing	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prairie Crossing Lvg & Rehab	409 West Comanche Road Shabbona, IL 60550

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38488 Based on observation, interview, and record review the facility failed to ensure a dependent residents was provided showers for 1 of 3 residents (R1) reviewed for activities of daily living in the sample of 7. The findings include: R1's face sheet showed she was admitted to the facility on [DATE] with diagnoses to include sepsis, pneumonia, urinary tract infection, seizures, dysphasia, aphasia, peripheral vascular disease, pressure ulcer of right buttock, incontinence without sensory awareness, irritant contact dermatitis due to fecal, urinary, or dual incontinence. R1's facility assessment dated [DATE] showed R1 is dependent upon staff for all cares. R1's care plan initiated 3/21/2016 showed, [R1] has an ADL (activities of daily living) self-care performance deficit related to limited mobility and weakness secondary to cardiovascular accident with right hemiplegia and requires extensive assist with ADL's and dependent on staff for transfers . [R1] requires extensive assist of 2 staff with bathing/showering per should schedule and as necessary . On 7/31/24 at 11:30 AM, R1 was in her bed receiving incontinence care from staff. R1's hair appeared dirty and unkempt. R1's mouth was dry, and she had a thick layer of residue across her teeth. On 7/31/24 at 11:14 AM, V7 CNA (Certified Nursing Assistant) said showers are done for residents twice a week and completed on Monday through Friday. V7 said showers are not documented in the electronic record but are documented on shower sheets. On 7/31/24 at 11:19 AM, V4 RN (Registered Nurse) said shower sheets are completed by the CNAs, the nurses sign off on them, and then they are given to her as the Wound Care Nurse to keep records. V4 said showers are only documented on shower sheets. On 7/31/24 at 11:21 AM, V4 provided R1's shower sheets for July 2024. There were 2 shower sheets provided with one dated 7/17/24 showing R1 refused a shower and one 7/24/24 indicated the shower was completed. There was no evidence found that R1 had more than 1 shower given to her for the month of July. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/31/24 at 10:34 AM, V8 (Registered Nurse from Day Surgery at local acute care hospital) said R1 had been to their department on 7/30/24 for a procedure. V8 said when R1 arrived for the procedure she appeared unkempt, her hair appeared dirty, she was wearing a dirty, foul smelling hospital gown, and it appeared to have been quite some time since she received oral care because her teeth were covered in a thick layer of plaque or debris. On 7/31/24 at V2 DON (Director of Nursing) said she expects residents to receive at least one shower each week. V2 said the CNAs should offer the shower more than once and if they refuse the nurse should be notified of the refusal. The facility's policy and procedure for providing resident care and showers was requested. V1 (Administrator) said the facility does not have a policy regarding providing showers. The facility's policy and procedure titled Mouth Care showed, . the purposes of this procedure are to keep the resident' slips and oral tissues moist, to cleanse and freshen the resident's mouth, and to prevent infections of the mouth .