

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Heartland Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 410 Northwest Third Casey, IL 62420	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to store food in accordance with professional standards for food service safety. This failure has the potential to affect all 53 residents residing at the facility. The Long-Term Care Facility Application for Medicare and Medicaid form dated 1/26/26 documents 53 residents reside in the facility. On 01/27/2026 at 11:51 AM the facility's walk-in cooler was observed with a dark brown substance puddled onto the floor beneath a rack of raw meat. A large portion of meat wrapped in plastic was sitting on a cardboard box on the bottom shelf of the cooler with accumulating fluids on top of the box that were dripping down the side of the box. The walk-in freezer was observed with loose carrots and unknown debris on the floor. On 01/27/2026 at 11:53 AM V3 Dietary Manager stated the meat wrapped in plastic, located on bottom shelf, was pork and confirmed the accumulation of fluid on top of the box and identified it as drippings from the meat. V3 Dietary Manager verified the presence of the unknown brown substance accumulating on the floor of the walk-in cooler. V3 verified the presence of loose carrots on the floor as well as an unknown substance on the floor of the walk-in freezer and stated the floor in the cooler and freezer needed cleaned. The facility's Food Storage (Dry, Refrigerated, and Frozen) policy 2016 documents food shall be stored on shelves in a clean, dry area, free from contaminants. Food shall be stored at appropriate temperatures and using appropriate methods to ensure the highest level of food safety.		

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: Facility ID: 145416	If continuation sheet Page 1 of 9

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on interview and record review, the facility failed to have quarterly Quality Assessment Performance Improvement (QAPI) meetings and failed to ensure required staff members attended meetings. These failures have the potential to affect all 53 residents residing in the facility. Findings include: On January 28, 2026, V1, Administrator provided three sign-in sheets for the facility's Quality Assessment and Assurance (QAA) Committee dated 10/28/25, 7/17/25 and 3/14/25. On 1/28/26 at 1:15 PM V1, stated these are the only sign-in sheets I have for QAA meetings. The QAA sign in sheet dated 7/17/25 does not document V15 Medical Director's signature. The Facility undated policy titled Quality Assessment and Assurance Committee states The facility will have QA (Quality Assurance) meetings every quarter and the required attendance of the following members: Medical Director, Director of Nurses, Administrator and Infection Preventionist. V1, Administrator confirmed on 1/29/26 at 1:40 PM Yes, I can only find 3 QA meeting sign-in sheets. The last one dated 10/28/25 was my first meeting for QA since I am new. The Long-Term Care Facility Application for Medicare and Medicaid form dated 1/26/26 documents 53 residents reside in the facility.		

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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. Based on interview and record review the facility failed to implement a Legionella surveillance program. This failure has the potential to affect all 53 residents who reside in the facility. Findings Include: The facility's Long-Term Care Application for Medicare and Medicaid Services form dated 1/26/26 documents 53 residents residing at the facility. The facility's Safe Water Policy dated 2/1/24 states Maintenance Supervisor must be able to demonstrate sound knowledge and specific skills in service being provided. This may include the maintenance of water systems equipment/services such as: Water storage tanks, vessels, and connecting pipework above and below ground. Sanitary appliances and associated taps, thermostatic mixing valves, and other fittings. Fire Fighting Services. On 1/29/26 at 2:51PM V17, Maintenance Supervisor stated All I check is the water temperature in rooms. I am kind of new to this position and I don't know what to do to check for Legionella. On 1/29/26 at 2:30PM V1, Administrator verified no surveillance for Legionella was being done.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview and record review the facility failed to ensure interventions for safe smoking were followed for three of 27 residents (R2, R43, R39) reviewed for accident hazards in a sample list of 27. Findings Include: R2's Care Plan documents an admission date of 07/08/2025 with the following diagnoses: Constipation, Tobacco Use, Atherosclerotic Heart Disease of Native Coronary Artery Without Angina Pectoris, Asthma, Gastric Ulcer, Presence of Right Artificial Shoulder Joint, Chronic Obstructive Pulmonary Disease, Generalized Anxiety Disorder, Dependence on Renal Dialysis, Depression, and Heart Failure. R2's Care Plan documents a focus area dated 7/09/2025 documenting the resident is a smoker with a goal of maintaining safety while following smoking protocol. R2's Smoking & Safety Screen dated 12/27/2024 documents R2 has been educated on smoking safety, that R2 uses a vape on occasion, and that R2 knows to turn her smoking materials into the nurse. The Safety Screen documents R2 lets staff know when she is going outside to smoke and when she comes back in the building. The Safety Screen documents there is potential for injury and R2 walks with a walker. R43's Care Plan documents an admission of 06/10/2024 with the following diagnoses: Hypomagnesemia, Thrombocytopenia, Gastro-Esophageal Reflux Disease Without Esophagitis, Depression, Acquired Absence of Right Leg Below Knee, Secondary Esophageal Varices Without Bleeding, Type 2 Diabetes Mellitus With Diabetic Neuropathy, Pancytopenia, Hypo-Osmolality and Hyponatremia, Diarrhea, Hyperkalemia, Essential (Primary) Hypertension, Type 2 Diabetes Mellitus With Hyperglycemia, Iron Deficiency Anemia, Chronic Kidney Disease Stage 3, Portal Hypertension, Reduced Mobility, Abnormalities Of Gait and Mobility, and Unsteadiness on Feet. R43's Care Plan focus area dated 07/07/2024 documents the resident is a smoker with a goal of maintaining safety while following the smoking protocol. R43's Smoking - Safety Screen dated 12/11/2024 documents the resident does not consider safety of others and could easily fall asleep and drop cigarette due to his diabetes problems and since he is an amputee he cannot respond as quickly as others to a fire situation. R39's Care Plan documents an admission date of 8/22/2025 with the following diagnoses: Anemia, Hypothyroidism, Gastro-Esophageal Reflux Disease Without Esophagitis, Retention of Urine, Hyperlipidemia, Antiphospholipid Syndrome, Essential (Primary) Hypertension, Presence of Functional Implant, Repeated Falls, and Type 2 Diabetes Mellitus. R39's Care Plan focus area dated 03/17/2025 documents the resident is a smoker with a goal to maintain safety while following smoking protocol. The facility's undated smoking policy documents residents are not allowed to keep cigarettes, electronic cigarettes, pipes, tobacco, lighters or any other smoking article in their possession. On 1/29/26 at 12:45 PM R2 was sitting in the outside smoking area, without staff present, lighting a (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cigarette with a personal lighter. R2 stated she always keeps her cigarettes and lighter on her person and comes outside to smoke often without staff present. On 1/29/26 at 12:53 PM R43 was sitting in the facility's smoking area smoking a cigarette without staff present. R43 stated he lit the cigarette with his own lighter he keeps on his person at all times and comes outside to smoke often without staff present. R34 was observed dropping a recently extinguished cigarette butt into his jacket sleeve. On 1/29/26 at 12:55 PM R39 was sitting in the outside smoking area, without staff present, lighting a cigarette with a lighter he removed from his jacket pocket. Once the cigarette was lit the lighter was observed being placed back into jacket pocket. R39 stated he keeps his own lighter and does not always have staff present when he goes outside to smoke. On 1/29/26 at 12:58 PM V11 Certified Nurse's Aide (CNA) confirmed the presence of residents smoking unattended in the facility's outside smoking area and stated several residents do not comply with the facility's rules regarding smoking and continue to obtain lighters in order to smoke whenever the residents' desire. On 1/29/26 at 12:40 PM V1 Administrator stated the facility has had some ongoing issues with several residents going outside to smoke without supervision. V1 Administrator stated several residents continue to obtain lighters and keep them on their person.		

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review the facility failed to administer medications timely and according to physician orders for three (R2, R40, R43) of fifteen residents reviewed for medication administration on the sample list of 27. These failures resulted in three medication errors out of twenty-five opportunities resulting in a 12% medication error rate. Findings include: On 1/27/2026 at 12:49 PM, V7, (Registered Nurse (RN)), administered both the scheduled dose of Insulin Aspart and the sliding scale dose of Aspart to R40 after the noon meal.R40's Physicians Order Sheet (POS) dated 11/19/2025 documents an active order for routine administration of Insulin Aspart before meals. Additionally, R40's POS includes an order dated 12/16/2024 for sliding scale Insulin Aspart to be administered before meals based on the resident's blood sugar reading.R40's Medication Administration Audit Sheet dated 1/27/2026 at 12:50 PM, documents that V7 (RN) administered R40's Insulin Aspart after the noon meal. On 1/27/2026 at 12:53 PM, V7, (RN), administered both the scheduled dose of Insulin Aspart and the sliding scale dose of Aspart to R2 after the noon meal.R2's POS dated 11/22/2025 documents an active order for routine administration of Insulin Aspart before meals. Additionally, R2's POS includes an order dated 11/22/2025 for sliding scale Insulin Aspart to be administered before meals based on the resident's blood sugar reading.R2's Medication Administration Audit Sheet dated 1/27/2026 at 12:53 PM, documents that V7 (RN) administered R2's Insulin Aspart after the noon meal.On 1/27/2026 at 1:09 PM, V7, (RN), administered both the scheduled dose of Insulin Lispro and the sliding scale dose of Insulin Lispro to R43 after the noon meal. V7 (RN) confirmed that R43's blood sugar reading was obtained at 11:15 AM and was 316. R43's POS dated 1/28/2026 documents an active order for routine administration of Insulin Lispro with meals. Additionally, R43's POS includes an order dated 7/28/2024 for sliding scale Insulin Lispro to be administered with meals based on the resident's blood sugar reading.R43's Medication Administration Audit Sheet dated 1/27/2026 at 1:09 PM documents that V7 (RN) administered R43's Insulin Lispro after the noon meal. On 1/27/2026 at 1:10 PM, V7, (RN), stated R2, R40, and R43's insulin was not administered according to the physician's order and agreed that the best practice is to administer medications exactly as ordered by the prescriber.On 1/29/2026, at 11:56 AM, V2, (Director of Nursing (DON)) stated all nurses are required to administer medications in accordance with the physician's orders and in a timely manner. The facility's Administering Medications Policy stated April 2019 documents that medications are administered in a safe and timely manner, and as prescribed. Additionally, this policy documents that medications will be administered in accordance with prescriber orders, including any required time frame.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to appropriately label nasal spray dispensers with the opened date for three (R1, R7, R48) of fifteen residents reviewed for medication administration on a sample list of 27. Findings include: On 1/28/2026 at 2:32 PM, the facility's North-South Medication Cart was inspected in the presence of V10, (Licensed Practical Nurse (LPN)). During the inspection R1, R7, and R48's nasal spray multidose dispensers were found without a documented date of opening. Review of R1's Physician's Order Sheet dated 10/02/2025 confirmed that R1 has an active order and is currently receiving Fluticasone Nasal Spray. Review of R7's Physician's Order Sheet dated 11/19/2025 confirmed that R7 has an active order and is currently receiving Fluticasone Nasal Spray. Review R48's Physician's Order Sheet dated 7/02/2025 confirmed that R48 has an active order and is currently receiving Fluticasone Nasal Spray. On 1/28/2026 at 2:35 PM, V10, (LPN), stated that any medication in a multi-dose container should be labeled with the date opened and discarded within 28-30 days of opening. On 1/29/2026 at 12:08 PM, V2, (Director of Nursing (DON)), stated the nurses should label all multi-dose containers upon opening. The facility's Administering Medications Policy dated April 2019 documents that medications are administered in a safe and timely manner and that when opening a multi-dose container, the date opened is recorded on the container.		

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to monitor/ manage a gastrostomy feeding tube and report changes to the dietitian/physician for one (R52) of one resident reviewed for feeding tube in a sample of 27 residents. Findings include: R52's face sheet documents R52 was admitted to the facility on [DATE] with the following diagnoses: Urinary Tract infection, Dysphonia, Dysphagia, Epilepsy with Status Epilepticus, Status Post Gastrostomy, Left Hemiparesis, Left Hemiplegia, and History of Stroke, and was discharged to an acute care hospital 10/30/25. R52's Progress Note dated 10/29/25 at 6:00PM by V14, Licensed Practical Nurse (LPN) documents Nurse entered residents' room to give medications via g-tube (Gastrostomy Tube). Placement confirmed with stethoscope, nurse heard gurgling sound after pushing 5ml (Milliliters) of air through tube. 400ml of content was aspirated from g-tube. Nurse started continuous feeding at 60ml/hr (hour) after giving meds and flushing with 70cc (Cubic Centimeters) of water. On 1/29/26 at 2:00PM V14 stated I discarded the stomach contents. (R52) was complaining of abdominal pain. I did not call the doctor. R52' Daily Skilled Nurse's Note dated 10/30/2025 at 12:01PM by V7, Registered Nurse (RN) documents R52 requires the following skilled services PT (Physical Therapy) OT (Occupational Therapy) nursing observation and assessment and management of care plan. The reason (R52) requires skilled services is strengthening; pain management; PEG (Percutaneous endoscopic gastrostomy) tube management. (R52) is alert and has no memory problems. (R52) can recall A&O x4 (alert and oriented). (R52) does not have delusions, does not have hallucinations, and decision making is not impaired. Signs of delirium: none. Other cognitive concerns: none (R52) has the following sensory or speech issues: difficulty speaking. (R52) has the following indicators of a mood issue: none. (R52) has the following behavioral issues: none. (R52) has the following skin issues: PEG tube placed in abdomen. (R52) does not receive dialysis, is incontinent of bladder, is not on a toileting program for bladder incontinence, and does have a urinary catheter. (R52) is experiencing the following urinary issues: diarrhea. (R52) uses the following items to assist with bladder control: bed pan. Eating performance is tube fed. Swallowing observations with meals, snacks and medications: none observed. GI (Gastrointestinal) concerns are: NPO (Nothing by Mouth); complain of stomach pain, severe and acute. Bowel sounds are not assessed, has diarrhea, is incontinent of bowel, and is not on a toileting program for bowel incontinence. Apical pulse is regular, radial pulse is regular. (R52) is experiencing the following cardiovascular issues: none. (R52) has edema. Respiratory Status- (R52) is experiencing the following breathing issues: none. (R52) Does not have SOB (Short of Breath) while lying flat, Does not have shortness of breath on exertion, does not have shortness of breath or trouble breathing when sitting at rest. Lung sounds: Clear. (R52) does not have a cough and requires the following respiratory support none. Gait is not assessed, grasp is equal. Upper extremity movement: both sides are equal and movement is within normal limits lower extremity movement: both sides are equal and movement is within normal limits. Pupil response equal. (R52) has an infection. Additional comments: All meds given via PEG tube. R52's progress Note dated 10/30/2025 at 2:44PM by V7 documents Resident has complaint of abdominal pain, severe and acute all shift. Provider notified and requests that she be sent to (hospital) for evaluation and treatment. Resident and POA (Power of Attorney) agree with order and ambulance has been called for transport On 1/29/26 at 1:00PM when asked why she deferred an assessment of R52's abdomen, bowel sounds and did not address the insertion site of R52's new Gastrostomy tube, V7 stated Well she was in a lot of pain, and I didn't want to bother her too much. I guess I really should have done a better assessment. On 1/29/26 at 12:50PM V13, Registered Dietitian confirmed removing stomach contents during a gastric residual check could potentially cause fluid and electrolyte imbalance and is not the current standard of practice and given there was 400ML of residual the physician should have been notified. On 1/29/26 at 12:22PM V15, (continued on next page)		

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Medical Director verified given the new Gastrostomy tube a complete nursing assessment should have been done with specific parameters for how much residual is acceptable and when to notify the physician. V15 stated I would have consulted with the surgeon concerning whether or not to stop the tube feeding and how much residual is too much. R52's emergency room record from 10/30/26 documents an Xray was preformed and the gastrostomy tube was found to be in place. However, there was redness and drainage from the insertion site. The facility's policy Confirming the placement of feeding tubes revised November 2018 fails to address acceptable parameters of Gastric Residual volume and whether or not to return stomach contents to the resident.		