

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Pavilion of Ottawa		STREET ADDRESS, CITY, STATE, ZIP CODE 704 East Glover Street Ottawa, IL 61350	
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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interview and record review the facility failed to ensure a grievance was resolved for 1 of 3 residents (R3) reviewed for resident's rights in the sample of 14. The findings include: On 2/20/26 at 10:33 AM, V8 (R3's daughter) said last month, she had brought a concern regarding R3's missing tooth (two natural teeth) to staff including V1 (Administrator) and V2 (Director of Nursing). V8 said no one can tell her what happened to R3's missing tooth or how R3 lost her tooth. Did it just come off in her mouth? What caused it to fall off? V8 said as of today, no one yet (at the facility) came back to tell her what happened. On 2/20/26 at 12:30 PM, V11 (CNA) said a couple of weeks ago, she noticed R3 tapping her mouth, she has dementia so she cannot speak, it looked like she lost a tooth. V11 said this was reported to the Nurse who said she will refer R3 to the dentist. R3's progress notes dated 1/27/26 documents, Oral visual check done, deny pain and discomfort, no redness or swelling on her gums noted. 1 right lateral tooth noted missing. daughter aware. On 2/20/26 at 12 PM, V2 (Director of Nursing) said an electronic mail was sent to V8 (R3's daughter) on 1/27/26 to let V8 know that the facility was looking into how R3 had a missing tooth. On 1/30/26, V2 said V8 added additional teeth missing per R3's profile picture. Now there was a total of 2 missing teeth. As of today 2/20/26, there was no update to V8 because no one knew what happened to R3's missing tooth. R3 had not been referred to the dentist. Review of the Facility's grievance log did not include V8's concerns of R3's missing tooth as confirmed by V1 (Administrator) and V2 (DON) Both said it should have been logged with the resolution. On 2/20/26 at 2PM, V1 (Administrator) said today, R3 will be referred to the dentist and V8 will be updated. The facility Policy on Grievance Complaint Process (undated) documents, 5. Upon receiving a grievance and complaint report, the administrator or designee will begin an investigation into the allegation. 6. The Resident Grievance/Complaint investigation report form must be completed within 5 working days of the incident. 7. The resident or person acting on behalf of the resident will be informed of the findings of the investigation as well as any corrective action recommended within 10 working days of the filing of the grievance or complaint.</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:	Facility ID: 145426
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