STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145440	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neighbors Health Center	811 West 2nd Byron, IL 61010

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 - Some	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 provide water to residents in a sanitary manner. This applies to 5 of 8 (R1, R2, R3, R4, R5) in the sample of 11 reviewed for dietary services. The findings include: On 6/30/2025 at 11:43AM, observations of residents being given ice water by V6 (Activity Aide). V6 used a scoop that was sitting on the water cart holding the cooler with water and ice. V6 opened the lid of the cooler to fill R5's and R2's cup with the scoop, placed the wet scoop back down on the cart, and took the cup back into the resident's room. V6 was observed holding R3, R4, and R1's water cup that was removed from the resident's room above the open water and ice cooler while filling the cup. On 6/30/2025 at 12:06AM, V7 (Food Service Director) said the scoop should not be placed back on the cart due to risk cross contamination. V7 said the resident's water cup shouldn't be held above the water cooler because of the risk of cross contamination. The facility provided Ice Dispensing policy revised 5/20/2014 states, the healthcare community stores, prepares, distributes and serves food in a sanitary manner to prevent foodborne illness.

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