

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145446	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2025
NAME OF PROVIDER OR SUPPLIER Marigold Rehabilitation Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 275 East Carl Sandburg Drive Galesburg, IL 61401	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>Based on observation, record review, and interview the facility failed to honor a resident's request to conduct a care plan meeting with the ombudsman present for one of three residents (R2) reviewed for resident rights in the sample of three. Findings include: The Facility Assessment Tool dated 3/19/25 documents, The residents' care is based on their individual needs and preferences and is reflected in the individual's care plan. Provide person-centered/directed care: Psycho/social/spiritual support: Build relationship with resident/get to know him/her/engage resident in conversation, offer and assist resident and family caregivers (or other proxy as appropriate) to be involved in person-centered care planning and advance care planning. R2's BIMS (Brief Interview for Mental Status) dated 8/18/25 documents R2 is cognitively intact. R2's Grievance dated 5/8/25 documents, I (R2) have had difficulty with (my) bath/hair and getting (a) head to toe bath plus my hair shampooed since the CNAs (Certified Nursing Assistant) have been switched halls. I am not consistently getting a full bath and my hair shampooed. I would like to discuss a shower plan at a care plan meeting with (V14/Ombudsman) to support me (R2). Please let me (R2) know a date and time that we (the facility) can meet, and I will coordinate with the ombudsman. R2's Electronic Health Record dated 5/8/25 (date of grievance) through 8/19/25 does not include documentation of a care plan meeting being conducted with R2, the facility staff, and the ombudsman. On 8/18/25 at 10:30 AM R2 was lying in a bariatric bed. R2's hair appeared oily and stringy. R2 stated, Nobody listens to me around here. I am trying to find somewhere else to accept me. I asked (V15/Prior Administrator) over and over to have a care plan meeting with the ombudsman present and no one has ever set up a meeting for me. I have told almost all the staff here that I want a meeting with the ombudsman so I can have a witness and be heard. On 8/19/25 at 9:30 AM V14 (Ombudsman) stated, After (R2) wrote the grievance on 5/8/25, I immediately handed it to (V15/Prior Administrator) who was in (V16's/Director of Nurse's) office at the time. I discussed with (V15) and (V16) the need to have a care plan meeting with (R2) to discuss (R2's) concerns. At that time (V15) told me that the care plan coordinator was out of the building, and he would get back to (R2) and myself with a day and time for a care plan meeting. I have never heard anything back. On 8/19/25 at 11:00 AM V1 (Administrator) verified R2 has not had a care plan meeting with the ombudsman present. On 8/18/25 at 11:38 AM V9 (Social Service Director) stated, I have worked here for two years and have never been told that (R2) would like a care plan meeting with the Ombudsman present. I am responsible for scheduling care plan meetings.</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
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F 0558 Level of Harm - Actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. (continued on next page)

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<p>F 0558</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to obtain the proper equipment to ensure a resident received showers at least once weekly and was weighed at least once monthly for one of three residents (R2) reviewed for accommodation of needs in the sample of three. These failures resulted in a resident with the diagnoses of Morbid Obesity not receiving a shower for over two years, resulting in R2 having increasing depression and feeling disgusting, smelly, and dirty. Findings include: The Facility Assessment Tool dated 3/19/25 documents, Diseases/Conditions: Morbid Obesity. Services and care we offer based on our resident's needs. The facility provides services for the residents we care for. The residents' care is based on their individual needs and preferences and is reflected in the individual's care plan. The cares and services are distributed by category. Activities of daily living bathing: Bathing and Showers. Physical Environment and building plant needs: Ensure adequate supplies and to ensure equipment is maintained to protect and promote the health and safety of residents. Physical Equipment: Bath benches, shower chairs, bathroom safety bars, bathing tubs, scales, bed scales. The facility's Weight Assessment and Intervention policy dated 12/2024, The nursing staff will measure resident weights on admission and weekly for four weeks thereafter. If no weight concerns are noted at this point, weights will be measured monthly. Weights will be recorded in the individual's medical record. The facility's Activities of Daily Living Policy, undated, documents, This facility provides each resident with care, treatment, and services according to the resident's individualized care plan. Based on the resident's comprehensive assessment, facility staff will ensure that each resident's abilities in activities of daily living do not diminish unless circumstances of the resident's clinical condition demonstrates that the decline was unavoidable, including Bathing, dressing, grooming, transferring, locomotion, ambulation, toileting, eating, and communication. R2's admission Record documents R2 is a [AGE] year-old admitted to the facility 10/20/22 with the diagnoses of Depression, Morbid Obesity, Adult Failure to Thrive, Hoarding Disorder, and Attention-Deficit Hyperactivity Disorder. R2's Current Care Plan documents, Behavior Problem: Has signs/symptoms of depression. Withdrawn. BATHING/SHOWERING: Provide sponge bath when a full bath or shower cannot be tolerated. Date Initiated: 04/13/2023 BATHING/SHOWERING: (R2) requires extensive assistance by one staff with bathing/showering (bathing/showering on scheduled days and as necessary. (Mechanical Lift) and two assist for transfers to shower chair. Encourage (R2) to wash upper body. Date Initiated: 04/13/2023. R2's MDS (Minimum Data Set) dated 6/19/25 documents R2 is dependent on staff for showers/bathing and needs partial/moderate assistance of staff for personal hygiene. This same Assessment documents R2's Mood Score at a 10 indicating R2 suffers moderate depression. R2's BIMS (Brief Interview for Mental Status) dated 8/18/25 documents R2 is cognitively intact. R2's Weights and Vitals Summary dated 1/2025 documents R2's most recent weight obtained was 293 pounds. R2's Grievance dated 5/8/25 documents, I (R2) have had difficulty with my bath/hair and getting (a) head to toe bath plus my hair shampooed since the CNAs (Certified Nursing Assistants) have been switched halls. I am not consistently getting a full bath and my hair shampooed. I would like to discuss a shower plan at a care plan meeting with (V14/Ombudsman) to support me (R2). Please let me (R2) know a date and time that we (the facility) can meet, and I will coordinate with the ombudsman. On 8/18/25 at 10:30 AM R2 was lying in a bariatric bed. R2 was morbidly obese and had stringy, oily hair. R2 stated, I feel very disgusting, smelly, and dirty. I have lived here over two years and have never been able to take a shower. The staff tried once, and I could not fit through the shower room door while on the shower chair, and my wheelchair will not fit through the shower room doorway. I am getting further and further depressed from being in this room every day and never getting a shower. I get bed baths, and my hair only gets washed maybe six out of the 12 times I get a bed bath. How would you (this surveyor) feel if you never could get a shower? I have asked over and over and filled out a grievance about at least getting my hair washed and nobody ever gets back to me. I do not get weighed monthly because the scale on the (mechanical lift) broke. On 8/18/25 at 10:10 AM V3 (LPN/Licensed Practical Nurse) stated, We (the facility) do not have a shower room that can accommodate (R2). (R2) requires a large shower bench and cannot fit through the shower doorways. Anytime the staff try, (R2's) legs scrape on the doorway of the shower room. The doorway to the shower rooms needs to be wider in order to fit (R2), or (R2) needs a different shower chair. On 8/18/25 at 10:20 AM V4 (CNA/Certified Nursing Assistant) stated, I have worked here four years and have always taken care of (R2). (R2) cannot fit through the shower room doors, so we</p>		