STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145457	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quincy Healthcare & Sr Living	1440 North 10th Street Quincy, IL 62301

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to notify the residents representative and physician of an injury for one of three residents (R1) reviewed for Quality of Care in the sample of three. Findings include:The Change in a Resident's Condition or Status policy dated 2/2021, documents Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g. (example), changes in level of care, billing/payments, resident rights, etc. (et cetera). Policy Interpretation and Implementation 4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: a. the resident is involved in any accident or incident that results in an injury including injuries of an unknown source. 5. Except in medical emergencies, notification will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status.R1's computerized Medical Record documents that R1 is an [AGE] year-old that was admitted to the facility on [DATE] with diagnoses which included Contracture of Muscle, Left Upper Arm, Type 2 Diabetes Mellitus, Dysphagia, Chronic Kidney Disease (Stage 3), Anemia, Vitamin D Deficiency, Atelectasis, Soft Tissue Disorders, Muscle Wasting and Atrophy.R1's Nursing Note written by V9/Registered Nurse/RN dated 3/12/26 at 5:30 AM, documents (R1) lying in bed when this nurse entered room (R1) noted to have dark purple bruising to inside of left arm, (R1) noted to have yellow discoloration to left side of chest with dark purple bruising by (R1's) nipple.R1's Nursing Note written by V2/Director of Nursing/DON dated 3/13/26 at 1:05 PM, documents This nurse observed yellow bruising to (R1's) chest and sides. This nurse also observed purple bruising to the resident's left side near ribcage. Xiphoid process noted to be protruding. (R1) denies pain or discomfort at this time.R1's Nursing Note written by V15/Assistant Director of Nursing dated 3/16/26 at 4:42 PM, documents a 15 inch by 19 inch yellow bruising to R1's upper chest, 1 inch by 1.5 inch, purple bruising noted to R1's Xiphoid process, 3 inch by 3 inch dark purple bruising to R1's right iliac crest, and 1 inch by 4.5 inch dark purple bruising to R1's left lateral ribs. R1's Nursing Note written by V12/Licensed Practical Nurse dated 3/16/26 at 5:06 PM, documents that V14/R1's Power of Attorney was made aware of R1's bruises and stated V14 would go to the emergency room to see R1.On 5/11/26 at 12:28 PM, V5/Nurse Practitioner stated that when she was first made aware of R1's bruising (3/16/26) there was no known incident of a fall or accident so V5 sent R1 out to be evaluated to check R1 for a GI (Gastrointestinal) Bleed. On 5/13/26 at 9:27 AM, V14/R1's Power of Attorney/POA stated that she was not made aware of R1's bruising to his chest until R1 was sent to the hospital (3/16/26). V14 also stated that she was told by staff that R1 had the bruising for a couple of days before R1 was sent to the hospital. V14 stated that she would have liked to have been notified when the bruising was found.On 5/14/26 at 12:20 PM, V9/RN stated that she worked the night shift and had seen some bruising on R1's chest on 5/12/26 and passed the information to the next shift. V9 also stated that she told the DON but did not do an incident report, call the doctor, or R1's POA.On 5/14/26 at 12:45 PM, V1, Administrator stated that as soon as the bruises were seen on 3/12/26 an incident report should have been filled out, the bruises should have been documented with measurements, and the family and physician should have been (continued on next page)

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	notified at that time. V1 also stated I was not notified until 3/16/26 and that is when the investigation was started.