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	06/16/2026

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to complete treatments for two residents (R3, R4) of three reviewed for wound care in a total sample of four.The facility's Documentation Policy dated July 2017 documents Policy Statement: All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The following information is to be documented in the resident medical record: a. Objective observations; b. Medications administered; c. Treatments or services performed. R3's EHR (Electronic Health Record) documents R3 was admitted to the facility 3/9/23 with diagnoses to include Multiple Sclerosis, Spinal Stenosis, Poly-osteoarthritis, Fibromyalgia, Bipolar Disorder, hypertension, and Depression. R3's Physicians Order dated 2/3/26 documents a treatment order for (Hydrophilic) paste and Silicone Foam Border dressing to right inferior gluteal fold every other day. R3's Physicians Order dated 4/7/26 documents a treatment order for (Hydrophilic) paste and Silicone Border Dressing to right posterior thigh. R4's EHR documents R4 admitted to the facility on [DATE] with diagnoses to include Atrial Fibrillation, Pulmonary Hypertension, and Hypothyroidism. R4's Physician's Order dated 5/4/26 documents a treatment order for Xeroform to wound bed, cover with silicone border dressing to left heel daily. R4's Physician's Order dated 5/4/26 documents a treatment order for Skin-Prep daily to right elbow. R3's May 2026 TAR (Treatment Administration Record) does not have documentation for the administration of (Hydrophilic) paste and Silicone Foam Border dressing to right inferior gluteal fold seven times in May 2026 (May 4, 6, 8, 12, 14, 18, 26). R3's May 2026 TAR does not have documentation for the administration of (Hydrophilic) paste and Silicone Border Dressing to right posterior thigh seven times in May 2026 (May 3, 7, 11, 13, 17, 19, 27). R4's May 2026 TAR does not have documentation for the administration of Xeroform and silicone border to left heel 12 times in May 2026 (May 6, 7, 8, 11, 12, 13, 18, 19, 21, 25, 26, 27) R4's May TAR does not document R4 received Skin-Prep to right elbow 12 times in May 2026 (May 6, 7, 8, 11, 12, 13, 14, 18, 19, 21, 25, 27). On 6/11/26 at 12:25 PM V3 ADON (Acting Director of Nursing) confirmed treatments that are completed are to be documented. On 6/16/26 at 8:48 AM V3 confirmed R3 and R4's treatments for May 2026 are not documented for each day the treatments were to be completed.

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

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	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to follow infection control precautions for one (R2) of three resident reviewed for wound care in a total sample of four. The facility's Enhanced Barrier Precautions Policy dated March 2024 documents Policy Interpretation and Implementation: 2. EBP (Enhanced Barrier Precautions) employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room). 3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBP's include: a. dressing' b. bathing/showering; c. transferring; d. providing hygiene; e. changing linens; f. changing briefs or assisting with toileting; g. device care or use; h. wound care (any skin opening requiring a dressing).R2's Electronic Health Record documents R2 was admitted to the facility 2/28/24 with diagnoses to include Parkinsonism, Diabetes, and Hypertension.R2's Wound Assessment and Plan dated 6/9/26 documents R2 has a stage 4 (Full thickness) pressure ulcer on right buttock. R2's Care Plan documents Use enhanced barrier precautions during high contact activities such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or central lines, urinary catheter, feeding tube, tracheostomy, and wound care.On 6/16/26 at 8:55 AM V3 ADON (Acting Director of Nursing) and V4 APRN (Advanced Practice Registered Nurse/wound consultant) were assessing and providing wound care for R2. R2's room did not have signage indicating R2 was on EBP (Enhanced Barrier Precautions). V3 donned gloves only. V4 donned gloves and gown. V3 cleansed R2's wound, removed gloves and performed hand hygiene. V3 went to the treatment cart inside the doorway and gathered treatment supplies. V3 donned gloves and applied wound treatment as ordered.On 6/16/26 at 9:03 AM V3 (ADON) confirmed that R2 is on EBP. V3 verified that R2 did not have EBP signage on her door and confirmed that V3 should have been wearing a gown for R2's wound care.