

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Paris Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 North Main Street Paris, IL 61944	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>42702</p> <p>Based on observation, interview and record review the facility failed to ensure a safe, clean and homelike environment for 28 (R1, R2, R3, & R7-R31) of 28 residents reviewed for a homelike environment from a total sample list of 31 residents.</p> <p>Findings include:</p> <p>On 4/1/25 at 9:23AM the south shower hall anti-room floor was sloping from the entry into the shower room to the exit door. When stood on, this floor was mushy in feel and it felt as though it could cave in or one could slide off of it, leaving one unsteady and at risk for falling. Additionally, the transition piece from old floor to new was not attached to the floor creating a potential trip hazard.</p> <p>On 4/1/25 at 9:35AM, V7 Certified Nursing Assistant was using the south shower to provide care to a resident.</p> <p>On 4/1/25 at 2:45PM, V2 Director of Nursing confirmed that south hall shower is used for south hall residents R1, R2, R3, & R7-R31.</p> <p>On 4/1/25 at 9:30AM, V3 Maintenance Director observed the south shower room and ante-room floors and stated that they are in need of repair and that they do not represent a safe or homelike environment. V3 stated that he did not realize the floor was in such poor condition and that he did not think it safe for residents or staff and that he would repair it.</p> <p>The undated facility provided job description for V3 Maintenance Director documents that the primary duty of V3 and the Maintenance Department is to ensure the facility is well-maintained in a safe and comfortable manner.</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>42702</p> <p>Based on interview and record review the facility failed to ensure that two (R4, R5) of three residents reviewed for physical abuse were free from physical abuse from a total sample list of 31 residents.</p> <p>Findings include:</p> <p>The facility abuse policy dated 1/9/24 documents that residents in the facility are to remain free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff, or mistreatment.</p> <p>R4's progress notes dated 3/11/25 documents an altercation between R4 and another unidentified resident documenting that R4 took that resident's walker away from them, requiring intervention by staff</p> <p>R4's progress notes dated 3/30/25 document an altercation between R4 and R5, both residents of the dementia unit.</p> <p>On 4/1/25 at 10:30AM, V1 Administrator confirmed that an initial reportable incident form had been submitted to the state agency on 3/30/25.</p> <p>On 4/1/25 at 11:00AM, V9 Certified Nursing Assistant (CNA) stated that she was at the facility working on 3/30/25 when R4 and R5 had their altercation. V9 CNA stated that she heard R4 and R5 yelling and when she walked around the corner of the dementia unit, she saw R4 purposefully shove R5.</p> <p>On 4/1/25 at 11:09 V12 Assistant Director of Nursing (ADON) stated that she was notified this weekend of the altercation between R4 and R5. V12 was told that R5's walker got into R4's way and that is why R4 pushed R5.</p> <p>On 4/1/25 at 10:57AM, V11 CNA stated that R4 can be aggressive toward other residents and has to have a close eye kept on her.</p> <p>On 4/1/25 at 11:09AM, V12 ADON stated that the dementia unit needs more staff and they are going to be adding another CNA to the unit, especially since we don't have a dementia unit coordinator right now.</p> <p>On 4/1/25 at 3:00PM, V1 Administrator confirmed that the dementia unit needs more staff.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on interview and record review the facility failed to follow their bedbug prevention policy to ensure the identification and removal of bedbugs from the facility. This failure has the potential to affect all 82 residents who reside in the facility.</p> <p>Findings include:</p> <p>The facility provided bed board dated 4/1/25 documents 82 residents reside in the facility.</p> <p>The facility provided bedbug prevention and management of infestations policy dated 6/22/23 documents that if evidence of bedbugs is found, a specimen is to be collected and the pest control company notified.</p> <p>The Terminex Inspection Report dated 2/27/25 documents treatment for bed bugs in room [ROOM NUMBER].</p> <p>On 4/1/25 at 9:00AM, V5 Licensed Practical Nurse stated that she recently saw a bedbug in room [ROOM NUMBER] and reported it to V12 Assistant Director of Nursing.</p> <p>On 4/1/25 9:15AM, V6 Certified Nursing Assistant (C.N.A.) stated that she was aware that someone had found bed bugs in R1 and R2's room, but did not believe that their room had been sprayed for bedbugs.</p> <p>On 4/1/25 at 9:29AM, V3 Maintenance Director stated that he had been told last week that a bedbug was found in room [ROOM NUMBER]. If it is just one bug, we don't spend the \$270 to spray the room.</p> <p>On 4/1/25 at 10:30AM, V8 Terminex Representative stated that each month he comes to the facility to spray the usual points of entry, including doors and windows and check the bait traps. I don't go into rooms unless the facility notifies me of a specific problem. Even if they see just one bedbug, they need to call me so that I can check it out. If the one bug has just laid eggs, they could have an outbreak. I was there February 27, 2025 to spray room [ROOM NUMBER] for bedbugs, but I was not notified of or have sprayed for any bedbugs in room [ROOM NUMBER] .</p>		