

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>145480                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>06/06/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Mattoon Rehab & Hcc                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2121 South Ninth<br>Mattoon, IL 61938 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                                                 |
| F 0585<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to provide timely responses to resident grievances for three residents (R2, R3, R4) out of four residents reviewed for Activities of Daily Living (ADL) in a sample list of four residents. Findings include: R2's Minimum Data Set (MDS), dated [DATE], documents R2 as cognitively intact. This same MDS documents that R2 requires maximum assistance with bathing. R3's Minimum Data Set (MDS), dated [DATE], documents R3 as cognitively intact. This same MDS documents that R3 requires maximum assistance with bathing. R4's Minimum Data Set (MDS), dated [DATE], documents R4 as cognitively intact. This same MDS documents that R4 requires maximum assistance with bathing. The facility Resident Council Minutes, dated 4/21/26, document resident concerns regarding staff not cleaning residents well and showers not getting done. The facility Resident Council Minutes, dated 5/19/26, document resident concerns regarding residents missing showers because there was no staff. The facility Grievance Form, dated 3/17/26, with no resident name listed, documents concerns that residents were not receiving showers twice weekly. This same form lists Resident Council as the resident name. The grievance was documented as resolved on 3/23/26. The facility Grievance Form, dated 4/22/26, with no resident name listed, documents concerns that Certified Nurse Aides (CNAs) were not cleaning residents adequately and that some residents were still not receiving showers twice weekly. This same form lists Resident Council as the resident name. The grievance further documents that staff were asking residents at 10:00 PM whether they wanted a shower and that residents felt this was too late. The grievance was documented as resolved on 4/30/26. The facility Grievance Form, dated 5/19/26, with no resident names listed, documents concerns that residents were not receiving showers because of inadequate staffing. This same form lists Resident Council as the resident name. The grievance was documented as resolved on 6/1/26. On 6/6/26 at 12:45 PM, V1 Grievance Coordinator/Administrator stated that all concerns brought forward during Resident Council meetings are documented on a grievance form. V1 stated the grievance form is then provided to V1 for review and distribution to the appropriate department head. V1 stated the department head investigates the concern and develops a solution, which is then returned to the Resident Council President to determine whether the concern has been resolved. V1 stated the original resident who raised the concern is not involved in the grievance process or resolution. V1 further stated that the resident with the specific concern should be involved in the resolution process. V1 stated the facility would review the process and make adjustments to ensure resident involvement. On 6/6/26 at 12:50 PM, V11 Activity Director stated that when a concern is raised during Resident Council, the concern is listed under Resident Council on the grievance form. V11 stated there is no way to identify which resident originally raised the concern. V11 stated the grievance form is forwarded to the appropriate department head, the concern is investigated, and the completed form is returned to the Resident Council President (RCP). V11 stated the RCP determines whether the concern has been resolved and then reports back during the following month's Resident Council meeting. V11 Activity Director stated the resident who raised the concern is not involved in the process and may have to wait an entire month before learning whether the concern was (continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                                 |
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| F 0585<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>resolved. On 6/6/26 at 1:55 PM, R2 stated staff were not providing his showers as scheduled but were doing better now. R2 stated he complained about not receiving showers during Resident Council meetings but never received any follow-up regarding whether the issue had been investigated. R2 stated it would be nice to know if they are working on it. On 6/6/26 at 2:05 PM, R3 stated she had complained about shower times a couple of times during Resident Council meetings. R3 stated staff ask her to shower at 9:00 PM after she has already gone to bed. R3 stated no one has ever followed up with her to discuss her concerns, ask how the issue could be resolved, or provide any potential solutions. R3 stated, It's like I speak up and that is it. Nothing happens after that. On 6/6/26 at 4:30 PM, R4 stated the facility conducts Resident Council meetings monthly. R4 stated that when a concern is raised during a meeting, it is forwarded to the department head responsible for that area. R4 stated that at every Resident Council meeting, several residents complain that they are not receiving their showers. R4 stated she is provided a document to review after the department head has addressed the issue and is asked whether she agrees with the resolution. R4 stated, It really is a messed up system. Any resident who complains should have the right to say whether the resolution is resolved to their liking. This facility has the Resident Council President decide. R4 stated the Resident Council President makes the determination and then reports back to the council at the following month's meeting. The facility's undated policy titled Resident Grievance Process documents that each grievance will be investigated and addressed with a response. The policy further documents that the response, along with any corrective actions taken, will be provided to the person initiating the grievance within five working days of the findings.</p> |                                                                                    |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility to prevent cross contamination during wound care for one (R1) resident out of three residents reviewed for wound care in a sample list of four residents. Findings include R1's Electronic Medical Record (EMR) documents medical diagnoses of Lymphedema, Edema, Difficulty Walking, Unsteadiness on Feet, Muscle Weakness, Reduced Mobility, Venous Insufficiency, Vitamin B12 Deficiency Anemia, Morbid Obesity, Type II Diabetes Mellitus, Acquired Absence of the Right Great Toe, and Non-Pressure Chronic Ulcer of the Right Lower Leg. R1's Minimum Data Set (MDS), dated [DATE], documents R1 as cognitively intact. This same MDS documents that R1 requires maximum assistance with bathing, dressing, and bed mobility. R1's Physician Order Sheet (POS), dated June 2026, documents a physician order for the Right Second Toe to cleanse the abrasion with wound cleanser, pat dry, apply skin protectant, apply medical-grade honey, weave dry gauze between the toes for moisture wicking, and cover with bordered gauze daily and as needed. This same POS documents a physician order to cleanse R1's Right Heel, pat dry, apply skin protectant, apply medical-grade honey to the wound bed, and cover with bordered foam daily and as needed. On 6/6/26 at 10:20 AM, V4 Licensed Practical Nurse (LPN) performed wound care for R1's Right Second Toe and Right Heel. V4 LPN did not change gloves or perform hand hygiene throughout the procedure. V4 LPN did not provide a clean field for placement of wound care supplies used during the dressing change. R1's roll gauze and tube of medical-grade honey used during the dressing change were placed directly on the contaminated surface of the dresser. V4 LPN used the same open tube of honey to apply the product directly to R1's Right Second Toe and then used the same tube to apply honey directly to R1's Right Heel. The tip of the honey tube came into direct contact with both wounds. V4 LPN did not dress each wound independently. V4 LPN used the same contaminated gauze to cleanse both R1's Right Second Toe and Right Heel. R1's Right Second Toe was observed to be open and draining clear/yellow fluid with a white, macerated periwound area. R1's Right Heel was observed to have an oblong-shaped open wound draining clear/yellow fluid with a white, macerated periwound area. On 6/6/26 at 10:30 AM, V4 Licensed Practical Nurse (LPN) stated he should have changed gloves and performed hand hygiene during the dressing change. V4 LPN stated it would have been better practice to use a cotton-tipped applicator to apply the medical-grade honey to the wounds rather than applying the honey directly from the tube. V4 LPN stated he had placed a clean field under R1's foot during the dressing change but forgot about placing a clean field beneath the wound care supplies. V4 LPN stated each wound should have been dressed separately. V4 LPN confirmed he cross-contaminated R1's Right Second Toe and Right Heel wounds and acknowledged that such cross-contamination could result in infection. On 6/6/26 at 11:30 AM, V2 Director of Nursing (DON) stated R1's wounds should have been dressed separately. V2 DON stated a clean field should have been placed beneath the wound care supplies, nursing staff should change gloves between removing soiled dressings and applying clean dressings, and staff should use a cotton-tipped applicator or tongue depressor to apply ointments to wounds. V2 DON stated R1's wounds were cross-contaminated several ways and indicated staff education would be provided. V2 DON stated that cross-contamination of open wounds could result in infection.</p> |                                                                                    |                                                 |