STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145480	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mattoon Rehab & Hcc	2121 South Ninth 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35380 Based on observation, interview, and record review the facility failed to place call light devices within resident's reach for four of four residents (R14, R27, R77, R95) reviewed for call lights in the sample list of 49. Findings Include: R14's undated Face Sheet documents R14's diagnoses as: Repeated Falls, Unsteadiness of feet, Muscle Weakness, and unspecified Dementia. R14's Care Plan dated 3/20/24, documents R14 as having a non-traditional call light. R14's Minimum Date Set (MDS) dated [DATE], documents R14 is dependent and requires substantial/maximal assist with moving in bed, rolling, lying, sitting, chair bed transfers, toilet transfers, dressing, and personal hygiene. R14's Brief Interview for Mental Status (BIMS) dated 7/1/24, documents R14 is not cognitively intact. On 07/09/24 at 10:03 AM R14's call light was on the floor near the bed and not within R14's reach. R27's undated Face Sheet documents R27's diagnoses as: Fracture of Superior rim of right Pubis, subsequent encounter, Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing, primary generalized Osteoarthritis, difficulty walking, unsteadiness on feet. R27's BIMS dated 7/9/24, documents R27 is not cognitively intact. R27's Care Plan dated 2/16/24, documents be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. On 7/9/24 at 9:40 AM R27 was sitting in R27's recliner, and the call light was hanging on the bed rail approximately three to four feet away from R27's reach. R77's undated Face Sheet documents R77's diagnoses as: Malignant Neoplasm of pelvic bones, sacrum and coccyx, Malignant Neoplasm of body of stomach, Epilepsy, and other reduced Mobility. R77's Care Plan dated 3/31/24, documents to be sure R77's call light is within reach. On 7/9/24 at 9:50 AM R77 was asleep in bed and R77's call light was lying at the end of R77's bed, out of reach for R77. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Mattoon Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 South Ninth 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R95's undated Face Sheet documents R95's diagnoses as: Cognitive Social or Emotional Deficit following Cerebral Infarction, Morbid Obesity, and Gout. R95's Care Plan dated 7/9/24, documents be sure R95's call light is within reach. On 7/9/24 at 10:10 AM R95 stated R95 cannot reach the call light. At this same time, R95's call light was at the end of R95's bed, not within R95's reach. On 7/9/24 at 2:34 PM, V11 Licensed Practical Nurse (LPN) stated call lights should be in resident's reach at all times. V11 also stated when the staff start their shift, they should be making rounds to make sure the call lights are within reach for all the residents and when staff are taking a resident back to their room, staff need to make sure they are putting the call light in reach.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145480	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mattoon Rehab & Hcc	2121 South Ninth 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)

F 0565

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Honor the resident's right to organize and participate in resident/family groups in the facility.

20892

Based on observation, interview and record review the facility failed to thoroughly address multiple concerns of the resident council and facility grievances regarding laundry services. This failure effects 5 of 5 residents (R8, R15, R56, R78 and R81) who participated in Resident Council Meeting on the sample list of 49.

Findings Include:

Resident Council Meeting was held on 7/10/24 at 1:00 PM in the ADL (Activities of Daily Living) room. The Resident Council Members were R8, R15, R56 (Resident Council President), R78 and R81.

During the meeting all five residents complained the facility did not return their personal items and clothing back in a timely matter. They also complained the clothes returned to them are not always clean and they appear as though they have not been washed.

The Resident Council Meeting minutes dated 1/30/24, 2/27/24, 3/26/24, 4/25/24 and 6/28/24 under the section Laundry Issues/Concerns document complaints regarding the facility's laundry service. Specific complaints included issues such as the laundry taking a long time to be returned, clothes are put into closets poorly, missing laundry and laundry not being labeled, and clothes are returned dirty.

The facility's Grievance Log from February 2024 to June 2024 documents numerous concerns about clothing not being returned to the residents timely or at all.

On 07/11/24 at 9:28 AM a large bin of clothing full of personal items and other items were hanging in the laundry room. V15 Laundry Attendant stated that a lot of personal items are in the laundry room, just waiting to be returned to the residents. V15 Laundry Attendant stated that she now works half time housekeeping and half time laundry and there is not enough time to get the resident's personal clothing/items returned to them, especially when the Certified Nurses Assistants (CNAs) wait until all of the bins are full and bring them all at once.

On 7/11/23 at 1:30 PM V13 Housekeeper/Laundry Supervisor stated the clothes in the bins are unlabeled and the ones hanging on the rack have not been delivered to the residents yet. V13 stated Laundry Hours for employees are one full time person on day shift and one person working 2:00 PM to 10:00 PM Monday through Friday. V13 stated during the weekends only day staff work. V13 stated the facility is using contract services for their laundry and housekeeping departments.

On 7/11/24 at 2:00 PM the facility was asked for a Laundry Policy and V1 Administrator stated they did not have a laundry policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mattoon Rehab & Hcc	2121 South Ninth 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20892 Based on interview and record review the facility failed to provide a complete discharge summary for one of two residents (R101) reviewed for discharge on the sample list of 49. This past noncompliance occurred from 4/10/24-6/1/24. Findings Include: R101's Census Information dated 4/10/24 from the facility's EMR (Electronic Medical Record) documents R101 was admitted to the facility on [DATE] and was discharged on [DATE]. R101's Medical Diagnosis sheet dated 2/14/24 in the EMR documents R101 is diagnosed with Metabolic Encephalopathy and Unspecified Convulsions. R101's Discharge Summary dated 4/10/24 documents five separate sections with the following titles, Discharge Summary Recapitulation of Stay, Social Service Summary of Resident Stay, Clinical Summary of Resident Stay, Dietary Summary of Resident Stay and Activity Summary of Resident Stay. Of the five sections of R101's Discharge Summary only two sections were completed and the others were left blank. R101's Progress Note dated 4/10/24 documents R101 was discharged to another facility and all personal belongings and medications were sent with R101. The facility's Discharge Summary and Plan policy dated November 2022 documents staff should complete the Discharge Plan, Instructions, and Summary which provides a recapitulation or summary of the resident's stay. On 7/11/24 at 10:30 AM V2 Director of Nurses stated the Discharge Summary or Recapitulation of Stay should be completed and if it is not found under the resident assessment tab then it is not completed. Prior to the survey date the facility took the following actions to correct the noncompliance. 1. In May of 2024 the facility social services consultant identified that the facility was not completing the discharge summary recapitulation of stay assessment. 2. During morning meeting on 5/31/24 the clinical team members were educated about the discharge summary recapitulation of stay assessment process. 3. On 5/31/24 an Ad Hoc Quality Assurance and Performance Improvement meeting was held to review and discuss the education provided. 4. On 6/1/24 a follow up email was sent to each discipline from V2 Director of Nurses, confirming that each discipline, nursing, dietary, activities, and social services, would be responsible for completing their section in the discharge recapitulation prior to the resident discharging. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145480	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mattoon Rehab & Hcc	2121 South Ninth 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. Audits of discharge summaries were initiated beginning on 6/1/24 and continued for five weeks.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Mattoon Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 South Ninth 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 (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 Note: The nursing home is disputing this citation.	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 35380 Based on observation, interview, and record review the facility failed to accurately provide treatment for a pressure ulcer for one of one resident (R9) reviewed for pressure ulcer treatments in the sample list of 49. Findings Include: R9's Physician Order Sheet (POS) dated July 2024 documents treatments for a right heel wound and a right medial ankle wound. Both wounds have an order to apply collagen to the wound bed. On 7/11/24 at 10:24 AM V16 Licensed Practical Nurse (LPN) was observed completing R9's pressure ulcer treatments. During this time, V16 placed approximately an inch in circumference of collagen on R9's right heel wound and R9's right medial wound covering the wound bed as well as the peri wound. On 7/11/24 at 11:49 PM V2 Director of Nursing (DON) stated ideally V16 LPN should have measured the wound bed to be able to place the collagen directly into the wound bed without covering the peri-wound area. V2 stated R9's physician orders document to place the collagen only onto the wound wound. The undated manufacturers package for collagen wound dressing documents instructions to apply the collagen directly on the wound bed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Mattoon Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 South Ninth 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32172 Based on observation, interview, and record review the facility failed to obtain a physician's ordered diagnostic test in a timely manner for one of two residents (R5) reviewed for Urinary Tract Infections on the sample list of 49. This failure extended R5's suffering for a total of six days with the following symptoms: painful and burning urination, abdominal pressure, and overall discomfort. Findings Include: R5's Medical Diagnoses list dated July 2024 documents R5 is diagnosed with Bipolar Disorder, Depression, and Neuromuscular Dysfunction of Bladder. R5's Minimum Data Set, dated dated dated [DATE] documents R5 is cognitively intact. R5's Situation, Background, Assessment, and Recommendation (SBAR) and Communication Form and Progress Notes dated 6/30/24 documents R5 complained of abdominal pain and burning and pain with urination. V17 Medical Director was notified and ordered a urinalysis and culture and sensitivity to be collected and sent to the lab. R5's Urinalysis Lab dated 7/3/24 documents R5's urine was not sent to the lab until 7/3/24. R5's Urine Culture and Sensitivity Lab finally resulted on 7/6/24. R5's Situation, Background, Assessment, and Recommendation (SBAR) and Communication Form and Progress Notes dated 7/6/24 documents R5 stated she has had Urinary Tract Infection (UTI) symptoms and she has not gotten any treatment. R5 stated she has abdominal tenderness and burning with urination and symptoms have gotten worse. R5 requested to go to the emergency room . R5 was sent to the emergency room . R5's Health Status Note dated 7/8/24 documents R5 returned from the hospital after being admitted with a Urinary Tract Infection. R5 returned to the facility with a Peripherally Inserted Central Catheter (PICC) line and orders for intravenous antibiotics. On 7/09/24 at 1:16 PM R5 stated she first had symptoms of an UTI on Saturday (6/30/24). R5 told the nurse and an urine culture was ordered however it took many days for it to be completed and then it took six days to get results back. On the sixth day there was still no treatment started so R5 requested to go to the emergency room . R5 stated she was admitted to the hospital with a UTI, had a PICC line inserted and antibiotics were started. R5 stated she had abdominal discomfort, burning, bloating and pain for six days without any relief or treatment. R5 stated she knows her body and she knew she needed to be treated and was tired of waiting. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mattoon Rehab & Hcc	2121 South Ninth 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	On 7/12/24 at 12:06 PM V17 Medical Director confirmed his expectation is for nursing to implement new orders as they are given and R5's urinalysis should have been sent to the lab on 6/30/24- the day it was ordered, not three days later. V17 confirmed he was waiting for the culture and sensitivity results before treating R5's urinary tract infection and if the urine would have been sent in sooner, treatment could have been provided sooner. V17 confirmed R5 decided to go to the emergency room for treatment on 7/6/24 and was diagnosed with a urinary tract infection and is being treated with intravenous antibiotics.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Mattoon Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 South Ninth 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32172 Based on observation, interview, and record review the facility failed to assess and monitor a Peripherally Inserted Central Catheter (PICC) for one of two residents (R5) reviewed for Intravenous Catheter medication administration on the sample list of 49. Findings Include: R5's Medical Diagnoses list dated July 2024 documents R5 is diagnosed with Bipolar Disorder, Depression, and Neuromuscular Dysfunction of Bladder. R5's Minimum Data Set, dated dated dated [DATE] documents R5 is cognitively intact. R5's Situation, Background, Assessment, and Recommendation (SBAR) and Communication Form and Progress Notes dated 7/6/24 documents R5 stated she has had Urinary Tract Infection (UTI) symptoms and R5 requested to go to the emergency room . R5 was sent to the emergency room . R5's Health Status Note dated 7/8/24 documents R5 returned from the hospital after being admitted with a Urinary Tract Infection. R5 returned to the facility with a PICC line and new orders to start intravenous antibiotics. R5's Physician Order Sheet (POS) dated 7/9/24 documents there are no orders regarding R5's PICC line. R5's Medication or Treatment Administration Records dated July 2024 document since readmission on 7/8/24 R5's PICC line has not been routinely monitored by nursing staff. On 7/10/24 at 10:00 AM R5 stated she returned from the hospital with her PICC line and she hasn't seen the nursing staff assess it except to administer the antibiotic doses. On 7/11/24 at 12:35 PM V2 Director of Nurses (DON) stated when a resident is admitted to the facility with intravenous access the correct order set need to be implemented in order to care for and maintain the intravenous access. V2 confirmed an intravenous site should be monitored and flushed every shift and staff should document the status of the intravenous site.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mattoon Rehab & Hcc	2121 South Ninth 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide safe, appropriate pain management for a resident who requires such services. 35380 Based on interview and record reviewed the facility failed to manage a resident's pain by failing to obtain pain medication and administer pain medication for one of one resident (R83) reviewed for pain management in the sample list of 49. Findings Include: R83's undated Face Sheet documents R83's diagnosis as: Bilateral Primary Osteoarthritis of Knee. R83's Physician Order Sheet (POS) dated July 2024 documents Oxycodone-Acetaminophen oral tablet 5-325 milligrams two tablets by mouth every four hours for pain management. R83's Medication Administration Record (MAR) documents on 7/9/24 at 12:00 PM a dose was not given and to see progress note. On 7/9/24 at 4:00 AM the MAR documents a dose not given and to see progress note and the same was documented on 7/9/24 at 8:00 AM. On 7/9/24 at 2:34 PM V11 Licensed Practical Nurse (LPN) stated there was no Oxycodone available to be given to R83 this morning. V11 LPN stated she just found out this morning the medication was not available and placed a call to the doctor so V11 could get the order to the pharmacy. V11 stated there were three doses missed the night before and none of those nurses called the doctor or the pharmacy to get more pain medication for R83. On 7/9/24 at 3:00 PM V2 Director of Nursing (DON) stated the medication cards prompt you when the medications are low so more can be ordered before running out. V2 stated the night shift should have called the doctor and/or pharmacy to get an order for a pain medication that was in our stat safe box until the original medication was obtained. V2 stated there were not notes regarding this medication being ordered, not given, or doctor called.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Mattoon Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 South Ninth 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 34058 Based on observation, interview, and record review the facility failed to maintain proper food storage order, failed to maintain dishwashing equipment to sanitize dish wares, and failed to maintain food contact equipment in a sanitary manner. These failures have the potential to affect all 99 residents residing in the facility. Findings Include: 1.) On 7/9/24 at 9:50 AM, in the facility's walk-in refrigerator, there was an opaque plastic tub with thawing raw pork sausage sitting on top of and in direct contact with thawing raw hamburger. On 7/9/24 at 9:50 AM, V3, Dietary Manager in Training, stated, Pork should be below hamburger. On 7/10/24 at 1:40 PM, V6, Dietary District Manager, stated, We follow the FDA (Food and Drug Administration) Code for food storage hierarchy. The current FDA Code (2017) documents on page 421, It is the intent of this code to require separation of raw animal foods based on anticipated microbial loads and food type in order to prevent cross-contamination. On page 558, this same FDA Code documents pork is a food associated with Trichinella species (worms) requiring temperature controlled cooking. The facility policy 'Food Storage: Cold Foods' dated 4/2018 documents, All foods will be stored and arranged in a manner to prevent cross-contamination. 2.) On 7/9/24 at 10:03 AM, V3, Dietary Manager in Training processed a tray of plastic cups through the facility dishwasher, V3 conducted a chlorine test by dipping a chemical test strip into the dishwasher rinse cycle. This test strip did not change color, merely appeared to become wet, at best was a nearly imperceptible gray which did not reach the color of the first level of the test color comparison chart, indicating less than 10 parts per million (ppm) of available chlorine. The chlorine supply bucket contained approximately one-quarter to three-eighths of an inch of product. On 7/9/24 at 10:03 AM, V3 stated, The chlorine should be between 10 and 50 (ppm). We just had (dishwasher provider company) out here last Friday (7/5/24) to look at this dishwasher because the temperature gauge wasn't reading correctly. On 7/9/24 at 10:05 AM, V5, Dietary Aide who was operating the dishwasher prior to V3 conducting the chlorine test, at first stated, I tested the dishwasher this morning. V5 then stated, No I tested the dishwasher yesterday but not today so I don't know how long it has been without chlorine, maybe from last night. V5 then replaced the chlorine supply bucket with a full bucket. On 7/9/24 at 1:40 PM, V6, Dietary District Manager, stated, I have tested the dishwasher again and it is at the right amount of chlorine. Our log shows (documents) that the machine was tested this morning. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Mattoon Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 South Ninth 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's 'Dish Machine Log' dated for July 2024 had been recorded with a black magic marker, making the log largely illegible, including the column for 7/9/24 breakfast. Additionally, the log had been altered with white-out tape across the sections for 7/9/24 lunch and dinner, which were apparently completed prior to the actual meal times. When this log was originally shown to surveyor, there was not an entry written over the white-out tape for lunch on 7/9/24, but when the copy was provided, there was an entry for lunch on 7/9/24 written over the white-out tape. It is also noted that this entry for lunch on 7/9/24 is recorded as 55 ppm, and the color comparison chart only reads as 10 ppm, 50 ppm, 100 ppm, and 200 ppm. This facility log does document that the manufacturer recommended ppm is 50 - 100. On 7/9/24 at 1:49 PM, V6 stated, The sweet spot for the chlorine should be between 50 - 100 ppm, and that is written right on the log. The gray color (10 ppm) is too low, and the darkest purple (200 ppm) is too high. The manufacturer recommendation provided by V6 documents the chlorine level should be titrated to a level between 50 - 100 ppm, and to adjust the cam timer or digital timer if it is not correct. 3.) On 7/9/24 at 9:54 AM, V3, Dietary Manager in Training, stated, The mixer is all cleaned and ready for use. On 7/9/24 at 9:54 AM, there was a dark brown (color of brownie batter) dried substance on the mixer bowl shield starting as a one-half inch circle and trailing down approximately one and one-half inches to a point. There were no less than six creamy white dried splatters on the bowl shield and wire frame guard. There was a dried bright red substance (color of velvet cake batter) stuck on the wire frame guard at no less than two of the intersections where the horizontal wires and vertical wires crossed. All of these splatters and dried substances were directly over the mixing bowl. The facility's Form 802 Resident Matrix dated 7/9/24 documents 99 residents reside in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mattoon Rehab & Hcc	2121 South Ninth 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 42702 Based on interview and record review the facility failed to ensure the required Quality Assurance Performance Improvement (QAPI) meetings were being held quarterly and failed to ensure required members attended quarterly QAPI meetings. This failure has the potential to affect all 99 residents residing in the facility. Findings Include: The facility Long-Term Care Facility Application For Medicare and Medicaid dated 7/10/24 documents 99 residents residing in facility. The facility is unable to provide any documentation that the required quarterly QAPI meeting was held during the first quarter of 2024. The 2023 fourth quarter QAPI meeting sign in sheet, dated 2/23/24, does not document that an Infection Preventionist was present. On 7/10/24 at 2:40 PM V2 Director of Nursing said that they could not locate the minutes or sign in sheets for the 2024 first quarter QAPI meeting. On 7/10/24 at 2:20 PM V2 Director of Nursing confirmed that there was no Infection Preventionist in attendance at the 2/23/24, fourth quarter 2023 QAPI meeting. The undated Quarterly QAPI Committee Meeting Agenda Policy documents that the purpose of quality meetings is to take a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality while involving all caregivers in practical and creative problem solving. Quality meetings will be held quarterly, and the attendees will include: Administrator, Director of Nursing, Infection Preventionist, Social Services, Food Service Director, Activities Director, Maintenance Director, Recruitment/Retention Coordinator, Payroll Clerk, Minimum Data Set Coordinator, Business Office Manager, Environmental Services Director and the Pharmacy Consultant.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mattoon Rehab & Hcc	2121 South Ninth 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 (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 - Many	Provide and implement an infection prevention and control program. 42702 Based on interview and record review the facility failed to establish a water management program including developing a risk assessment, ensuring that interventions to monitor control limits are met, and developing a method to audit the program to prevent the growth of Legionella and other water borne pathogens in the building's water systems. This failure has the potential to affect all 99 residents that reside in the facility. Findings Include: The facility Long-Term Care Facility Application for Medicare and Medicaid dated 7/10/24 documents that there are 99 residents who reside in the facility. The undated facility Water Management Program to Reduce Legionella Growth and Spread documents that each facility will complete a risk evaluation to identify if the entire building or parts of the building are at risk for Legionella growth and spread. Additionally, the facility will implement control measures to reduce spread, ensure that the program remains operational and audit the program monthly. The facility could not provide documentation of a Legionella prevention program including a risk evaluation to identify if the building is at risk for Legionella growth and spread, a way to monitor the measures they have in place including testing protocols and acceptable ranges, and ways to intervene when control limits are not met in the building's water systems. On 7/11/24 at 10:55 AM V14 Clinical Director of Operations said that she could not locate any risk assessment, routine testing, nor planned interventions should the control limits not be met. Our Maintenance Director is responsible for this and currently we do not have one on staff. We will be working on this.