

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Piper City Rehab & Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  600 Maple Street Piper City, IL 60959	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>41002</p> <p>Based on interview and record review the facility failed to employ a Director of Nursing and failed to provide the services of a registered nurse for eight consecutive hours seven days a week. This failure has the potential to affect all 36 residents residing in the facility.</p> <p>Findings include:</p> <p>The resident roster dated 9/24/24 documents 36 residents reside at the facility.</p> <p>On 9/24/24 at 9:30am V2 Assisted Director of Nursing stated We still do not have a Director of Nursing (DON), and we haven't had one for a long time. We also do not have Register Nurse coverage for eight consecutive hours seven days a week. V2 confirmed the documentation on the working schedule provided was an accurate record of RN coverage and that V2 does the schedule for nurses.</p> <p>The facility's nursing working schedule from 9/1/24 to 8/23/24 documents the facility did not have the services of a Registered Nurse (RN) for eight consecutive hours on 9/1, 9/2, 9/5, 9/6, 9/10, 9/11, 9/12, 9/14, 9/15, 9/16, 9/19 and 9/20/24.</p> <p>The facility's policy (not dated) Registered Nurse (RN) Coverage Policy states, Purpose: The purpose of this policy is to ensure that adequate Registered Nurse (RN) coverage is maintained at all times in (the facility) to provide safe, effective, and high-quality care to residents in accordance with Illinois Department of Public Health (IDPH) regulations. Policy Statement: It is the policy of (the facility) to have Registered Nurse (RN) coverage available 24 hours a day, 7 days a week, to oversee and coordinate nursing care and to ensure the health and safety of our residents.</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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