STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145502	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Taylorville Care Center	600 South Houston Taylorville, IL 62568

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to follow physician's orders for one (R2) of 4 sampled residents reviewed for wound treatment.Findings include:R2's Undated Face Sheet documents he was initially admitted to the facility on [DATE] and has diagnoses including: cellulitis of right lower extremity, edema, disorder of the skin and subcutaneous tissue and heart failure. R2's Quarterly Minimum Data Set (MDS) dated [DATE] documents he is cognitively intact and has one venous/arterial ulcer present. R2's Physician's Order Sheet (POS) dated 4/1/2026 right lower extremity (inner calf) cleanse with wound cleanser, apply gentamycin sulfate 0.1% ointment with calcium alginate with silver to bed of wound then cover with large border gauze daily and PRN (when needed) for soiling/dislodgement. Apply ace wrap during day upon rising. R2's Care Plan addresses skin breakdown on right lower extremity but doesn't address the physician's order to ace wrap it. On 4/14/2026 at 3:07 PM R2 was observed sitting up in wheelchair in his room. R2's right lower extremity was wrapped with an ace bandage. R2 stated he has a venous ulcer on the back of his right calf and his right foot that he has dealt with for a long time and staff do his treatment on it daily but they don't always ace wrap his right lower leg as they should, he tells the nurse to but they don't listen to him. On 4/15/2026 at 9:00 AM R2 was observed sitting up in his wheelchair in the dining room. R2 stated the nurse already did his wound treatments this morning 5 hours ago. R2 showed his right lower extremity didn't have an ace bandage on and shrugged his shoulders and stated the nurse didn't put it on. On 4/17/2026 at 8:10 AM V9, Licensed Practical Nurse (LPN) stated she administered treatment to R2's right lower extremity early in the morning on 4/15/2026 and she forgot to apply the ace wrap then she remembered and she got side tracked taking care of other residents and forgot to apply the physician ordered ace wrap. On 4/15/2026 at 9:20 AM V2, ADON stated R2 has chronic venous ulcers on his right lower extremity, and he refuses to elevate his lower extremities to reduce the edema. V3 stated R2 is assessed by a wound physician weekly and he ordered R2's right lower extremity to be ace wrapped after wound treatment to reduce edema. V3 stated she didn't know why the nurse didn't apply the ace wrap to R2's right lower extremity. V3 stated she expected staff to follow all physician's orders including to apply ace wraps and she also expects staff to be following the facility wound policy. The Facility's Wound Management Program revised, 1/20/2023 documents it is the policy of (facility) to manage resident skin integrity through prevention, assessment, implementation and evaluation of interventions. Physician orders should be obtained and followed for each resident.

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