

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/11/2025
NAME OF PROVIDER OR SUPPLIER  Effingham Healthcare & Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE  1610 North Lakewood Drive Effingham, IL 62401	

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>Based on interview and record review, the facility failed to ensure Registered Nurse (RN) coverage 8 consecutive hours per day, 7 days per week. This failure has the potential to affect all 34 residents residing in the facility.</p> <p>Findings Include:</p> <p>The facility's May 2025 Nurse Schedule documents on 05/03, 05/04, 05/17, 05/18, 05/26, and 05/31/25 the facility did not have a Registered Nurse scheduled. On 05/07, 05/08, 05/09, 05/12, 05/15, 05/20, 05/21, and 05/23/25, V2 (Director of Nursing/DON) was the RN Scheduled for 8 hours. The Employee Timecard Report for V2 documented on 05/07, V2 worked 7.5 hours, on 05/08, V2 worked 7.5 hours, on 05/09, V2 worked 5.25 hours, on 05/12, V2 worked 7.25 hours, on 05/15, V2 worked 7.25 hours, on 05/20, V2 worked 7.5 hours, on 05/21, V2 worked 7 hours, and on 05/23, V2 worked 7.5 hours.</p> <p>The facility's June 2025 Nurse Schedule documents on 06/01, there was no RN scheduled. On 06/04 and 06/06, V2 (DON) was the RN scheduled for 8 hours. V2's Employee Timecard Report documented on 06/04, V2 worked 7.5 hours and on 06/06, V2 worked 7.5 hours.</p> <p>On 06/11/2025 at 9:40 AM, V2 (DON) stated that they have had an RN quit and that has left some days with no RN coverage. V2 stated they are trying to hire another RN. V2 stated that if she is in the building and there is not an RN working, then she would be the RN coverage scheduled for 8 hours that day. V2 stated at this time the facility does not utilize agency staffing.</p> <p>On 06/11/2025 at 11:11 AM, V1 (Administrator in Training) stated she is aware that there are not RNs in the building every day. V1 stated that until recently they had enough RNs, but recently had one quit. V1 stated that they have advertisements posted on the Internet for a day shift and a night shift RN.</p> <p>The MDS (Minimum Data Set) Resident Matrix with a date of 06/11/2025, documents that 34 residents are currently residing at the facility.</p> <p>The facility policy titled Staffing, Sufficient, and Competent Nursing with a revision date of August 2022 documents under Sufficient Staff, 3. A registered nurse provides services at least eight (8) consecutive hours every 24 hour, seven (7) days a week.</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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