STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145514	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Effingham Healthcare & Senior Living	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145514	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Effingham Healthcare & Senior Living	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to thoroughly investigate an allegation of abuse for 2 (R1 and R6) of 3 residents reviewed for abuse in the sample of 9.1. R1's admission Record documented an initial admission date to the facility on [DATE] and included diagnoses of hemiplegia affecting left nondominant side, chronic obstructive pulmonary disease, asthma, type 2 diabetes mellitus, morbid obesity, osteoarthritis, obstructive sleep apnea, disorder of prostate, generalized anxiety disorder, major depressive disorder, calculus of ureter, and abdominal pain. R1's Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15, indicating R1 was cognitively intact. A facility document titled Fax Worksheet Incident Report Form - Illinois Department of Public Health Notification documented on 08/01/2025, R1 reported that V4 (Licensed Practical Nurse/LPN) spoke inappropriately to him. V4 was sent home, and investigation immediately initiated.A typed letter dated 08/08/2025 documented it was the follow up to the initial report of a nurse speaking inappropriately to R1. R1 reported that V4 spoke inappropriately to him when he requested his as needed pain medication. V4 explained to R1 that it was not time for his pain medication. R1 reported that this frustrated him. During the investigation, the resident reported that he has a temper and was in pain. The nurse was educated about customer service and approach.The facility's investigation folder provided by V1 (Administrator in Training) included a handwritten letter from R1 that documented R1 turned on his call light at an unknown time. V6 (Certified Nurse Assistant/CNA) answered the call light and went to report (R1's) pain to V4 (LPN). R1 documented that V4 came into his room yelling at R1 saying very loud I guess you want an ambulance too. I was in pain, so I yelled back at him. There was no documentation of this incident in R1's electronic medical record. On 08/12/2025 at 1:02 PM, R1 stated that V4 (LPN) had come in sometime around 8:30 PM and brought R1 medications. R1 said that he fell asleep and woke up 4-5 hours later. R1 stated he turned on the call light and asked V6 (CNA) to ask V4 if it was time for pain medication. R1 stated that V4 said I guess you want a damn ambulance after telling him that it wasn't time for medications. R1 stated that when he woke up, he did not know what time it was. R1 stated that he understands that there is a time frame that has to pass for him to receive his medications. R1 stated that the nurse (V4) was out of line when he yelled at me. R1 stated that he (R1) shouldn't have raised his voice, but he was in severe pain. R1 stated that he had written down what happened on a piece of paper and given the facility a copy of it. On 08/12/202 at 1:19 PM, V1 (Administrator in Training) stated that she was on vacation when this incident occurred between R1 and V4. V1 stated that V11 (Regional Director) completed the investigation. On 08/12/2025 at 1:55 PM, V11 (Regional Director) stated she got a call from V2 (Director of Nursing/DON) regarding the incident that occurred with R1 and V4. V11 stated that she was informed that R1 had upset V4 over pain medication. V11 stated that she did not speak to any of the staff that gave statements. V11 reiterated that R1 stated he was upset and loud. V11 stated that V4 (LPN) has an intellectual issue and does not believe he would yell at anyone. V11 stated that if V4 raised his voice it was to talk over R1. On 08/12/2025 at 2:28 PM, V4 (LPN) stated that one of the CNA's told him that R1 was wanting a pain pill. V4 stated that he went into the room to tell R1 that it was too early. V4 stated that R1 accused him of yelling at R1. V4 stated I was not trying to yell at R1, I was trying to explain that he would have to wait one more hour because it was not time. V4 said he asked R1 if he needed an ambulance. V4 stated that V11 (Regional Director) nor V2 (DON) called V4 to speak about this incident. On 08/13/2025 at 11:30 AM, V10 (LPN) stated she was the on call nurse the night of this incident. V10 said she never took a statement from V4, he was crying so much she could not understand him.On 08/13/2025 at 1:16 PM, V11 (Regional Director) stated that she only briefly spoke with V4, that she did not do an interview with him. V11 stated that she thought that V2 (DON) or V10 (LPN) spoke with V4.On 08/13/2025 at 1:35 PM, V2 (DON) stated that she did not do the investigation, that V11 completed the investigation because V1 was out of town. V2 stated that she spoke to V4 briefly, but he did not say much during the time she spoke to him. V2 stated she asked V4 what occurred but barely got any information out of him because he was still upset. On 08/15/2025 at 10:35 AM, V1 (Administrator in training) stated that she has no documentation of education for V4 for customer service and approach. V1 stated that she has reached out to V11 (Regional Director) to see if she has the education.2. R6's admission Record documented a facility admission date of 11/03/2016 and included diagnoses of Alzheimer's Disease, hyperlipidemia, dementia, type 2 diabetes mellitus, dysphagia, developmental disorder of speech and language, convulsions, and essential hypertension. R6's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145514	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Effingham Healthcare & Senior Living	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)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on interview and record review, the facility failed to provide 8 hours per day, 7 days per week Registered Nursing (RN) coverage for the facility. This failure has the potential to affect all 37 residents residing in the facility. The facility's June 2025 Nurse Schedule documents on 06/01/25, 06/14/25, 06/15/25, 06/28/25 and 06/29/25 the facility did not have a Registered Nurse (RN) scheduled. On 06/04/25, 06/06/25, 06/09/25, 06/12/25, 06/20/25, and 06/26/25, V2 (Director of Nursing/DON) was the RN scheduled for 8 hours. The Employee Timecard Report for V2 documented on the dates of 06/04/25, 06/06/25, 06/09/25, 06/12/25, and 6/26/25, V2 worked 7.5 hours, and on 06/20/25, V2 worked 7 hours. The facility's July 2025 Nurse Schedule documents on 07/05/25, 07/06/25, 07/26/25 and 07/27/25, the facility did not have an RN scheduled for 8 hours. On 07/09/25, V2 was the RN scheduled for 8 hours. The Employee Timecard Report for V2 documented on 07/09/25, V2 worked 7.5 hours. The facility's August 2025 Nurse Schedule documents on 08/06/25 and 08/10/25, the facility did not have a RN scheduled. On 08/09/25, V2 was the RN scheduled for 8 hours. The Employee Timecard Report for V2 documented on 08/09/25, V2 worked 3 hours. On 08/15/2025 at 9:47 AM, V2 (DON) stated that she is aware there is not RN coverage every day on the schedule. V2 stated that there is a PRN (as needed) nurse who has recently started and is helping cover shifts. V2 stated the facility is advertising for a Registered Nurse position. V2 stated that this month is better than the last two with Registered Nurse coverage. On 08/15/2025 at 10:33 AM, V1 (Administrator) stated she is aware that they are short on RN coverage. V1 stated there is a RN job posted on Indeed for some time. The Minimum Data Set (MDS) Resident Matrix with a date of 08/12/25, documented 37 residents are residing at the facility.