

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 09/09/2025
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 the services of a Registered Nurse for 8 consecutive hours per day, 7 days a week. This has the potential to affect all 32 residents living at this facility. The facility's Nursing schedule for August and September 2025 revealed the facility did not have 8 consecutive hours of RN (Registered Nurse) coverage for the dates of 9/7/25, 9/6/25, 8/24/25, 8/23/25 or 8/9/25. On 9/9/2025 at 8:50am, V1 (Administrator) said the facility did not have the required 8 hours of continuous RN coverage for the dates of 9/7/25, 9/6/25, 8/24/25, 8/23/25 or 8/9/25. On 9/8/2025 at 11:00am, V2 (Director of Nursing) said she realizes the facility does not have 8 continuous hours of RN coverage during the weekends. V2 said the facility is actively advertising to hire more Registered Nurses to meet the requirement. V2 said V8 (RN) was the only RN providing RN coverage on 9/6/25 and 9/7/25, but V8 only worked 4 hours each day. V2 agreed the facility did not have the required 8 consecutive hours or RN coverage for the dates of 9/7/25, 9/6/25, 8/24/25, 8/23/25 and 8/9/25. On 9/8/2025 at 1:00pm, V8 (RN) said she worked on Saturday, 9/6/25 and Sunday, 9/7/25, due to the facility having residents with IV (intravenous) therapy going, but she only worked 4 hours per day. V8 said no other Registered Nurses worked over the weekend. The facility's matrix with print date of 9/8/25 documented 32 residents reside at this facility. Facility policy titled Staffing, Sufficient and Competent Nursing (dated 2001) documents the following in part: Policy Statement: Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. 3.) A registered nurse provides services at least eight consecutive hours every 24 hours, seven 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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