

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145517	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Axiom Healthcare of Mount Vernon		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 White Street Mount Vernon, IL 62864	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>(continued on next page)</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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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility failed to ensure they maintained sufficient staff to meet the needs of the residents timely for 3 of 3 residents (R1, R2, and R3) reviewed for staffing in the sample of 7. This failure has the potential to affect all 47 resident who currently reside at the facility. Findings include: The facility document titled Daily Census dated 12/16/2025 documents 47 residents reside at the facility. 1. R1's document titled Transfer/Discharge Report documents R1's admission date of 9/19/2025 and includes diagnoses of Chronic Obstructive Pulmonary Disease, Multiple Sclerosis, Muscle Wasting, Dysphagia, Major Depressive Disorder, and Conversion Disorder with Seizures or Convulsions. R1's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 15 indicating R1's cognition is intact. Section GG documents R1 uses a walker for mobility. R1 requires supervision or touching assistance with eating and oral care. R1 requires partial/moderate assistance with toileting hygiene, shower/bathing, lower body dressing, putting on and taking off footwear, sit to lying positioning, lying to sitting on side of bed, sit to stand, chair/bed-to-chair transfers, toilet transfers and waling 10 feet. R1 is independent for bed mobility. R1's current Care Plan documents R1 is at moderate risk for falls related to Multiple Sclerosis (MS) unsteadiness on feet. R1 has had unwitnessed falls on 11/9/2025, 11/13/2025, and 11/30/2025. Goal is documented as R1 will not sustain serious injury through review date of 12/31/2025. Interventions include 11/13/2025, educate the resident/family/caregivers about safety reminders and what to do if fall occurs proper shower chair use. The resident's call light is within reach and encourage resident to use it for assistance as needed. The resident needs prompt response to all request for assistance, dated 11/9/2025. On 12/17/2025 at 10:30AM, R1 was asked if she had any concerns with her care. R1 then stated, the care is not too bad I guess. R1 stated she usually gets her showers twice a week. R1 stated sometimes it takes a long time to get the call light answered and sometimes she has to start yelling for help especially if she has fallen. R1 stated the night shift is often short staffed and that is when most of the problems are with call lights. R1 stated sometimes they just don't answer the call lights at all. R1 stated she has waited very long times for the call light to be answered before. R1 stated she had fallen out of bed and laid in the floor for a while and had to yell for help after using her call light and nobody answered so she started yelling for help before anyone came. 2. R2's document titled Transfer/Discharge Report documents an admission date of 12/3/2025 and includes diagnoses of Hereditary Ataxia, Deformities of Right Lower Leg and Left Leg, Ataxic Gait, and GERD. R2's Minimum Data Set (MDS), section C, dated 12/11/25 documents a Brief Interview for Mental Status (BIMS) score of 15, indicating that R2 is cognitively intact. R2's Activities of Daily Living documentation in the Point of Care section of the Electronic Health Record documents that R2 requires supervision or touching for toilet hygiene. R2 requires substantial/Maximal assistance for showers and sometimes with chair/bed-to-chair transfers. R2's current Care Plan documents R2 has limited physical mobility related to Ataxia, with interventions to provide supportive care, assistance with mobility as needed. R2 has an alteration in musculoskeletal status related to Ataxia with interventions to educate the resident/family/caregivers on joint conservation techniques. Follow the MD orders for weight bearing status. See MD (Medical Doctor) orders and/or PT (Physical Therapy) treatment plan. On 12/17/2025 at 10:40AM, R2 was asked how her care was and R2 stated the nights are rough because they take forever to bring medications or answer call lights. R2 stated she does as much as possible by herself and she gets her showers twice a week. R2 stated she does require help with some tasks. R2 stated the night shift does not always have enough staff to take care of all of us. 3. R3's document titled Transfer/Discharge Report documents an admission date of 7/7/2025 and includes diagnoses of Type 2 Diabetes, Major Depressive Disorder, Anxiety, Congestive Heart Failure, and Hypothyroidism. R3's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 15 indicating R3's cognition is intact. Section GG documents R3 requires assistive device of a walker for mobility. R3 requires setup or clean up assistance for eating, oral hygiene, and toileting. R3 is dependent for showers. R3 is independent for position changes, ambulation and transfers. Section H documents R3 is occasionally incontinent of urine and always continent of bowels. R3's current Care Plan documents R3 has self-care deficit-needs supervision and/or assist to complete quality care and/or poorly motivated to complete ADLs (Activities of Daily Living), dated 6/6/2024 with revision date of 6/16/2024. Goal is that R3 will participate in bathing and dressing during am and pm cares for the next 90 days with revision date of 10/16/2025 and target date of 1/19/2026</p>		