

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Mar Ka Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 201 South 10th Street Mascoutah, IL 62258	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42108</p> <p>Based on interview and record review, the Facility failed to implement their Abuse, Prevention and Prohibition Policy for 2 of 5 (R4, R6) residents, reviewed for misappropriation of resident property, in the sample of 7.</p> <p>Findings Include:</p> <p>1. R4's Admission Record, not dated, documents Major Depressive Disorder, and Essential (Primary) Hypertension.</p> <p>On 1/15/2025 V1, Administrator, provided a daily census that identified R4 as interview able.</p> <p>R4's Minimum Data Set, dated [DATE], documents that R4 has moderate cognitive impairment.</p> <p>On 1/15/2025 at 9:38 AM R4 stated that she had money missing \$100. R4 stated that she was in her room counting her money. R4 stated that V14, Certified Nursing Assistant (CNA), was in the room with her and helped her put the money in her drawer. R4 stated that she left the room and when she returned the money was gone. R4 stated that the only person that knew where the money was, was V14. R4 stated that she notified V1 about it.</p> <p>On 1/15/2025 at 12:12 PM V1, Administrator, stated that she has not had any abuse investigations since taking over as Administrator. V1 stated that if the staff are aware or have heard anything it would be an allegation and have to be investigated and reported. V1 stated staff is expected to report any allegations, including gossip regarding theft or abuse to her or the nurse in charge, which then the nurse in charge would contact her. V1 stated if she was contacted with an allegation of theft she would start an investigation and then contact the police and IDPH. V1 stated even if there was gossip of theft involving a resident, she would start an investigation.</p> <p>On 1/15/2025 at 1:50 PM V3, Licensed Practical Nurse, stated that R4 is alert and answers questions appropriately.</p> <p>On 1/15/2025 at 1:55 PM V16, CNA, stated that R4 is alert and oriented and able to make needs known. V16 stated that R4 is not known to make false allegations.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/15/2025 at 3:15 PM V1 stated that R4's incident occurred prior to her being the administrator. V1 stated that although she worked at the facility, she was not in the position to investigate the allegation. V1 stated that she has looked for an investigation related to this and was not able to locate one. V1 stated that now that she is aware she will follow up.</p> <p>2. R6's Admission Record, not dated, documents Acute Respiratory failure, Chronic Venous Hypertension, Major Depressive Disorder.</p> <p>R2's MDS, dated [DATE], documents that R6 is cognitively intact.</p> <p>On 1/15/2025 V1, Administrator, provided a daily census that identified R4 as interview able.</p> <p>On 1/15/2025 at 2:45 PM R6 stated that she had a gift card with \$150 on it. R6 stated that she put it in her purse and left it in her room. R6 stated that at a later date she went in her purse and it was gone. R6 stated that she told V13, Previous Director of Nursing, DON, when it happened and have not heard anything about it. R6 stated that she feels violated.</p> <p>On 1/15/2025 at 3:15 PM V1 stated that R6's incident occurred prior to her being the administrator. V1 stated that although she worked at the facility, she was not in the position to investigate the allegation. V1 stated that she has looked for an investigation related to this and was not able to locate one. V1 stated that now that she is aware she will follow up.</p> <p>On 1/16/25 at 7:50 AM, V1, Administrator, stated she was not aware of R6's allegation of theft until 1/15/25. R6 stated there was a \$150 gift card inside her purse that was missing. She stated the Facility would be replacing the gift card, but the allegation has not been reported or investigated at this time.</p> <p>On 1/16/2025 at 1:35 PM V18, Social Service Director stated she was gone for a couple days due to a snowstorm, but she was notified the day after that there was an in-service completed due to a missing gift card. V18 stated she did not file a grievance regarding the missing gift card because V1 stated she was doing an investigation. V18 stated she was unsure of who the gift card belonged to and who reported the theft. V18 stated she had heard there was around a total of \$300 missing from 2 residents, however she is unsure who the residents are. V18 stated one resident was missing maybe \$100-\$200 in cash and the other resident was missing a \$100-\$150 gift card. V18 stated the Administrator told her this was all being investigated, and an in-service was done.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Abuse, Prevention, and Prohibition Policy revised 10/2022 documents the facility prohibits mistreatment, neglect or abuse or residents. The facility also prohibits misappropriation of resident property. The facility will educate all employees upon hire and at least annually of the definitions of the Abuse Prevention and Prohibition Policy including definitions pertaining to abuse and neglect. The facility employee or agent, who becomes aware of abuse or neglect, including injuries of unknown origin or alleged misappropriation of resident property, shall immediately report the matter to the facility Administrator or his/her designated representative in the Administrators absence. The Prevention of Misappropriation of Resident Property section documents Social Service will educate the resident or family of the need to report any items of significance being brought in or removed so that this can be noted on the inventory in the clinical record. Social Service will educate the resident on how to report suspected occurrences, explaining the need to report, how to report, the investigation process and the facility's response to the allegation. The Social Service Designee, overseen by the Administrator, will investigate all reports or complaints of missing resident property following the policy and procedure. If an item that has been reported as missing cannot be located within a period not to exceed 24 hours the Social Service Designee will notify the Administrator of an allegation of possible misappropriation. The Administrator will make the appropriate notifications and initiate an investigation of the allegation of misappropriation of resident property. Should a specific employee be suspected of or have allegations made of misappropriation, the facility will follow the investigation protocol set forth in this policy. Resolution will be completed and reported to the resident/family. The facility will educate staff on the policy and procedure for prevention of misappropriation of resident property and of investigation reporting and staff responsibility.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42108</p> <p>Based on interview and record review, the Facility failed to initiate an investigation of alleged theft for 2 of 5 (R4, R6) residents, reviewed for misappropriation of resident property, in the sample of 7.</p> <p>Findings Include:</p> <p>1. R4's Admission Record, not dated, documents Major Depressive Disorder, and Essential (Primary) Hypertension.</p> <p>On 1/15/2025 V1, Administrator, provided a daily census that identified R4 as interview able.</p> <p>R4's Minimum Data Set, dated [DATE], documents that R4 has moderate cognitive impairment.</p> <p>On 1/15/2025 at 9:38 AM R4 stated that she had money missing \$100. R4 stated that she was in her room counting her money. R4 stated that V14, Certified Nursing Assistant (CNA), was in the room with her and helped her put the money in her drawer. R4 stated that she left the room and when she returned the money was gone. R4 stated that the only person that knew where the money was, was V14. R4 stated that she notified V1 about it.</p> <p>On 1/15/2025 at 12:12 PM V1, Administrator, stated that she has not had any abuse investigations since taking over as Administrator. V1 stated that if the staff are aware or have heard anything it would be an allegation and have to be investigated and reported. V1 stated staff is expected to report any allegations, including gossip regarding theft or abuse to her or the nurse in charge, which then the nurse in charge would contact her. V1 stated if she was contacted with an allegation of theft she would start an investigation and then contact the police and IDPH. V1 stated even if there was gossip of theft involving a resident, she would start an investigation.</p> <p>On 1/15/2025 at 1:50 PM V3, Licensed Practical Nurse, stated that R4 is alert and answers questions appropriately.</p> <p>On 1/15/2025 at 1:55 PM V16, CNA, stated that R4 is alert and oriented and able to make needs known. V16 stated that R4 is not known to make false allegations.</p> <p>On 1/15/2025 at 3:15 PM V1 stated that R4's incident occurred prior to her being the administrator. V1 stated that although she worked at the facility, she was not in the position to investigate the allegation. V1 stated that she has looked for an investigation related to this and was not able to locate one. V1 stated that now that she is aware she will follow up.</p> <p>2. R6's Admission Record, not dated, documents Acute Respiratory failure, Chronic Venous Hypertension, Major Depressive Disorder.</p> <p>R2's MDS, dated [DATE], documents that R6 is cognitively intact.</p> <p>On 1/15/2025 V1, Administrator, provided a daily census that identified R4 as interview able.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/15/2025 at 2:45 PM R6 stated that she had a gift card with \$150 on it. R6 stated that she put it in her purse and left it in her room. R6 stated that at a later date she went in her purse and it was gone. R6 stated that she told V13, Previous DON, when it happened and have not heard anything about it. R6 stated that she feels violated.</p> <p>On 1/15/2025 at 3:15 PM V1 stated that R6's incident occurred prior to her being the administrator. V1 stated that although she worked at the facility, she was not in the position to investigate the allegation. V1 stated that she has looked for an investigation related to this and was not able to locate one. V1 stated that now that she is aware she will follow up.</p> <p>On 1/16/25 at 7:50 AM, V1, Administrator, stated she was not aware of R6's allegation of theft until 1/15/25. R6 stated there was a \$150 gift card inside her purse that was missing. She stated the Facility would be replacing the gift card, but the allegation has not been reported or investigated at this time.</p> <p>On 1/16/2025 at 1:35 PM V18, Social Service Director stated she did not file a grievance regarding the missing gift card because V1 stated she was doing an investigation. V18 stated she was unsure of who the gift card belonged to and who reported the theft. V18 stated she had heard there was around a total of \$300 missing from 2 residents, however she is unsure who the residents are. V18 stated one resident was missing maybe \$100-\$200 in cash and the other resident was missing a \$100-\$150 gift card. V18 stated the Administrator told her this was all being investigated, and an in-service was done.</p> <p>The facility's Abuse, Prevention, and Prohibition Policy revised 10/2022 documents the facility prohibits mistreatment, neglect or abuse or residents. The facility also prohibits misappropriation of resident property. The facility will educate all employees upon hire and at least annually of the definitions of the Abuse Prevention and Prohibition Policy including definitions pertaining to abuse and neglect. The facility employee or agent, who becomes aware of abuse or neglect, including injuries of unknown origin or alleged misappropriation of resident property, shall immediately report the matter to the facility Administrator or his/her designated representative in the Administrators absence. The Prevention of Misappropriation of Resident Property section documents Social Service will educate the resident or family of the need to report any items of significance being brought in or removed so that this can be noted on the inventory in the clinical record. Social Service will educate the resident on how to report suspected occurrences, explaining the need to report, how to report, the investigation process and the facility's response to the allegation. The Social Service Designee, overseen by the Administrator, will investigate all reports or complaints of missing resident property following the policy and procedure. If an item that has been reported as missing cannot be located within a period not to exceed 24 hours the Social Service Designee will notify the Administrator of an allegation of possible misappropriation. The Administrator will make the appropriate notifications and initiate an investigation of the allegation of misappropriation of resident property. Should a specific employee be suspected of or have allegations made of misappropriation, the facility will follow the investigation protocol set forth in this policy. Resolution will be completed and reported to the resident/family. The facility will educate staff on the policy and procedure for prevention of misappropriation of resident property and of investigation reporting and staff responsibility.</p>		

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<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>42108</p> <p>Based on record review and interview, the facility failed to provide a full-time working Director of Nursing (DON) for 18 of 18 days reviewed. This has the ability to affect all 38 residents in the facility.</p> <p>Findings include:</p> <p>On 1/15/2025 at 12:12 PM V1, Administrator, stated that the previous DON resigned and left before date provided. V1 stated that V2, Acting DON, was a floor nurse and accepted the DON position. V1 stated that V2 is not here this morning because she works evenings for the RN coverage. V1 stated that she is in the process of hiring a DON and should start next week.</p> <p>On 1/15/2025 at 3:10 PM V2, Acting DON, stated that she started the position January 1st of 2025. V2 stated that she only works evenings as scheduled. V2 stated that the DON duties that she performs is whatever V1 ask her to. V2 stated that she does not perform any other duties.</p> <p>The Facility provided V2's time report and documented V2 did not work on the following days for December 2024 and January 2025: 12/1, 12/2, 12/6, 12/9, 12/10, 12/14, 12/15, 12/16, 12/20, 12/21, 12/23, 12/24, 12/28, 12/29, 1/1, 1/5, 1/12, 1/14.</p> <p>On 1/15/2024 at 9:00 AM V1 stated that the facility census was 38 in facility.</p> <p>On 1/15/2025 at 3:39 PM V1 stated that they did not have a policy for staffing and DON.</p>

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>42108</p> <p>Based on interview and record review the facility failed to provide a licensed Administrator to oversee their Administrator in training, this has the potential to affect all 32 residents living in the facility.</p> <p>Findings Include:</p> <p>On 1/15/2024 at 9:00 AM V1, Administrator, stated that the facility's census was 38.</p> <p>On 1/15/2025 at 12:12 PM V1 stated that she has been at the facility for years. V1 stated that she did Minimum Data Set (MDS) for 3 years and then stepped in as administrator in the last 3 weeks. V1 stated that she started on 12/23 or 12/24. V2 stated that V11, Previous Administrator, had been the administrator for the last year. V2 stated that V11 resigned and left prior to the date of her resignation. V1 stated at that time V12, Infection Control and wound nurse stepped in for 5 days and then quit. V1 stated that she has worked for the last 3 weeks in the administrator position and that last Wednesday she filed for her temporary license. V1 stated that the state of Illinois have all of her stuff and she is waiting on processing.</p> <p>On 1/15/2024 at 3:28 PM V1 stated that she does not work under anyone's license.</p> <p>On 1/15/2025 at 3:39 PM V1 stated that they did not have a policy for Administrator and qualifications.</p> <p>As of 1/16/2025 at 11:00 AM the facility had not provided any documentation of a licensed administrator.</p>		