

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 10/28/2025
NAME OF PROVIDER OR SUPPLIER Mascoutah Rehab and Nursing		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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure quality/safe transportation for 1 (R2) of 4 residents reviewed for unsafe transportation in the sample of 7. This failure resulted in R2's fractured right leg coming off R2's foot pedals and R2 dragging fractured right leg on ground. Findings include:R2's face sheet documents an admission date of 9/11/2025. Diagnosis include Encounter for other Orthopedic Aftercare, Infection Following a Procedure, Superficial Incisional Surgical Site, Fracture of Lower End of Right Femur, Dementia, Morbid Obesity. R2's Minimum Data Set, MDS, dated [DATE] documents R2 is moderately cognitively impaired. R2 is dependent for transfers and mobility. R2's care plan updated currently has an alteration in her mobility and needs assistance due to limited range of motion due to non-weight bearing to right lower to right lower extremity status post-surgery. R2 requires mechanical lift for transfers. Interventions include: Cueing, reorientation as needed. Monitor/document ability to perform ADLs. Encourage/provide gentle range of motion as tolerated with daily care. Report any decline in abilities to Physician. Weight bearing restriction to right lower extremity. R2 uses a wheelchair and requires total dependence of 1 staff for locomotion. Physical/Occupational therapy evaluation and treatment per orders.On 10/23/2025 at 3:30PM V15 stated, On 10/21/2025 the staff got (R2) up right before we were to leave for her appointment. She (R2) was in a lot of pain in the transport van. She was screaming and I couldn't do anything to help her. The van driver and I tried to pull her up, but we couldn't do much. No staff member came with us. When we got to the Doctor's office her leg, the one with the immobilizer on, was dragging the ground because she had slid down that far in the wheelchair. Therapy had put a small mat to connect her foot pedals since the boot she is wearing is so big. The mat had started to come off and that caused her right foot to drag. Her right foot was dragging while I was pushing her. The staff at the Doctor's office pulled her up and then she was better. She had been crying so much the Doctor wanted an Xray. The Doctor's office called an ambulance to take R2 over to the hospital to get an Xray. Then the ambulance took us back over to the Doctor's office and then transferred R2 back to her wheelchair and the transport van took us back to the facility. On 10/23/2025 at 3:30PM R2 stated I was in such pain. I was screaming. I had been looking so forward to getting out of here too. I was afraid to move because I thought I would fall. My leg was dragging and that hurt.On 10/23/2025 at 9:00AM V21, Complainant, stated (V15) was pushing (R2) to the appointment and her broken leg was dragging the ground, and she was crying in pain. It took 5 of us to pull her up. They are very dissatisfied with the facility.On 10/24/2025 at 2:00PM V2 stated, (V15) would have assumed responsibility if he was going to the appointment with (R2). The mat on the foot pedal was probably coming off because (V15) had backed her wheelchair up. He probably needs more education. On 10/23/2025 at 3:30PM V1 stated, The Doctor's office wanted to get (R2) an Xray at the local hospital and we offered to do the Xray here. I knew (R2) would be a difficult transfer so I thought it would be easier to do here. We outsource our transportation right now. We do not have our own van.Facility policy states, It is the policy of this facility to safely transport residents to/from necessary appointments when needed. If the interdisciplinary team (IDT) determines a resident requires assistance, then arrangements must be made to send an appropriate escort to meet that particular need. Examples of residents requiring assistance are residents who need assistance with AOL's, have impaired decision making, are elopement risk or otherwise deemed unsafe to be out alone.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to monitor and document pressure ulcer development for 1 (R2) of 3 residents reviewed for pressure ulcers in the sample of 7. Findings include: R2's face sheet documents an admission date of 9/11/2025. Diagnosis include Encounter for other Orthopedic Aftercare, Infection Following a Procedure, Superficial Incisional Surgical Site, Fracture of Lower End of Right Femur, Dementia, Morbid Obesity. R2's Minimum Data Set, MDS, dated [DATE] documents R2 is moderately cognitively impaired. R2 is dependent for transfers and mobility. R2's care plan dated 10/23/2025 documents R2 currently has an alteration to R2's Integumentary System due to Surgical Incision Right Leg. Non-Blanchable area to right/left buttocks and coccyx. Blister to Left Buttock. On 9/25/25: R2 has a stage 1 to her buttocks/coccyx. Educate R2, Power of Attorney, POA or caregiver as to causes of skin break down, skin tear, or pressure ulcer: transfer/positioning or during ambulating. Encourage resident to do what she /he can do for self. Place non-slip pad in her wheelchair to prevent R2 from sliding down in her wheelchair. On 10/23/2025 at 9:55AM V4, Licensed Practical Nurse, LPN, V5, LPN and V6, Certified Nursing Assistant, CNA, assisted R2 back to bed via mechanical lift. Coccyx/lower buttocks area dressing changed. Coccyx/lower buttocks area has 2 open wounds. One on right side quarter size and one on left side dime size. V4 changed dressing according to orders. R2's Electronic Health Record had no documentation of wound measurements or wound monitoring. R2's Skilled Nursing assessment dated [DATE], Section G Skin/Wound, documents no new changes in skin integrity. Type of wound present - surgical. Other skin issues - none. R2's Skilled Nursing assessment dated [DATE] Section G Skin/Wound type of wound present - surgical. Other skin issues - skin shear on buttocks. Notable changes to wound present - skin shear on buttocks. R2's Braden Scale for Predicting Pressure Sore Risk dated 9/13/2025 documents R2 is at risk for pressure sore development. R2's order sheet dated 9/25/2025 documents Cleanse open area to left upper buttocks with normal saline. Apply foam bordered dressing. Change daily and as needed every evening shift for skin management. R2's order sheet dated 10/23/2025 at 4:56PM Cleanse open area to buttocks with NS. apply skin prep. Apply barrier protectant cream. Apply foam bordered dressing. Change daily & PRN. R2's order sheet dated 10/23/2025 at 4:23PM Cleanse open area to left upper buttocks with NS. Apply barrier protectant cream. Apply foam bordered dressing. Change daily and as needed. R2's shower sheets dated 9/29/2025 documents 2 spots with arrow pointing to lower buttocks. and blister burst when peri care was given. R2's Skilled Nursing assessment dated [DATE] Section G Skin/Wound type of wound present - surgical. Other skin issues - none documented. R2's shower sheets dated 10/2/2025 documents shear and red 8.3, 8.0, blister 0.1 x 0.4, R 4.0 x 3.0. R2's Skilled Nursing assessment dated [DATE] Section G Skin/Wound type of wound present - surgical. Other skin issues - none documented. R2's shower sheets dated 10/2/2025 documents red with arrow pointing to coccyx area. R2's Skilled Nursing assessment dated [DATE] Section G Skin/Wound type of wound present - surgical. Other skin issues - none documented. On 10/23/2025 at 10:20AM V11, Physician, stated, When I visit, I usually see most of the residents out of their bed and in the dining room area. I saw (R2) about two weeks ago and she had a Stage-1 sore on her coccyx that was just red at the time. (R2) always wanted to stay in bed most of the day, so I put in orders, after seeing her wound, for her to get out of bed to wheelchair for all meals and then out of bed for two hours between meals. I was off last week, and I have not seen her wound since then. If her wound has gotten worse than a stage-1 wound, then no one notified me about it. On 10/23/2025 at 3:16PM and 3:30PM Surveyor asked V1 for wound notes and measurements for R2's wounds. Surveyor asked V1 on 10/24/2025 at 8:20AM for R2's wound notes and measurements. V1 stated, The areas on R2's bottom are shearing from her sliding down. We have new orders now and I will send the measurements. On 10/24/2025 at 10:00AM V4, LPN, stated R2 has 2 areas but they aren't really pressure they are kind of connected and are from friction. I measured the area yesterday, but I don't think we had been measuring. On 10/24/2025 at 11:55AM V2, Director of Nursing, DON, stated I saw R2's wounds yesterday. The area that is quarter size did not appear open. It could be called a stage 2. I would expect a wound to be measured, and the resident referred to the wound company that comes in. From what I understand of R2's wound situation is that R2 was referred to the wound company when admitted. The wound company found R2 did not need services at that time. The facility did treatments here. Going forward our nurse manager V18 is going to do measurements and treatments. Facility policy updated 5/2/2022 states. To identify factors that place the residents at risk for</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure effective pain management for 1(R2) of 2 residents reviewed for pain management in the sample of 7. This failure resulted in R2 screaming and crying in pain. Findings include:R2's face sheet documents an admission date of 9/11/2025. Diagnosis include Encounter for other Orthopedic Aftercare, Infection Following a Procedure, Superficial Incisional Surgical Site, Fracture of Lower End of Right Femur, Dementia, Morbid Obesity. R2's Minimum Data Set, MDS, dated [DATE] documents R2 is moderately cognitively impaired. R2 is dependent for transfers and mobility. R2's care plan dated 9/11/2025 documents R2 currently has pain related to postoperative right femur fracture discomfort. Interventions include use of non-pharmacological pain relief methods such as relaxation exercises, breathing exercises, repositioning, warm blanket. Administer medication and treatments ordered by physician and monitor for side effects. On 10/24/2025 at 10:15AM V16 stated, The Doctor appointment that (R2) had on 10/21/2025 was not supposed to be as long as it was. (R2) does not have a long tolerance for the wheelchair. We are working with her on her tolerance and strengthening her core.On 10/23/2025 at 3:30PM V15 stated, On 10/21/2025 the staff got (R2) up right before we were to leave for her appointment. She was in a lot of pain in the transport van. She was screaming and I couldn't do anything to help her. The van driver and I tried to pull her up, but we couldn't do much. No staff member came with us. When we got to the Doctor's office her leg, the one with the immobilizer on, was dragging the ground because she had slid down that far in the wheelchair. Therapy had put a small mat to connect her foot pedals since the boot she is wearing is so big. The mat had started to come off and that caused her right foot to drag. Her right foot was dragging while I was pushing her. The staff at the Doctor's office pulled her up and then she was better. She had been crying so much the Doctor wanted an Xray. The Doctor's office called an ambulance to take R2 over to the hospital to get an Xray. Then the ambulance took us back over to the Doctor's office and then transferred R2 back to her wheelchair and the transport van took us back to the facility. On 10/23/2025 at 3:30PM R2 stated, I was in such pain. I was screaming. I had been looking so forward to getting out of here too. I was afraid to move because I thought I would fall. My leg was dragging and that hurt.On 10/23/2025 at 9:00AM V21, Complainant, stated V15 was pushing R2 to the appointment and R2'sr broken leg was dragging the ground and she was crying in pain. V21 stated, It took 5 of us to pull her up. They are very dissatisfied with the facility.Facility policy with a revision date of 11/22/2021 states Policy Statement: To provide a broad spectrum of treatments for pain management as they apply specifically to older people and with specific recommendations to aid in decision making about pain management. To develop clinical practice guidelines for the management of acute or chronic pain.</p>		