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| 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 12/19/2025 |
| 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) |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on interview and record review, the facility failed to develop a comprehensive care plan on 2 of 18 residents, (R20 and R26), reviewed for Comprehensive Resident Centered Care Plan in the sample of 25. Findings Include: 1. R20's Face Sheet, undated, documents R20 has a diagnosis, in part, of Severe Calorie Protein Malnutrition.</p> <p>R20's Care Plan, dated 10/30/24, fails to document a care plan related to her nutritional status/needs.</p> <p>2. R26's Face Sheet, undated, documents R26, has a diagnosis, in part, of (ESRD) End Stage Renal Disease.</p> <p>On 12/17/25 at 8:33 AM, R26 stated he receives dialysis.</p> <p>R26's Care Plan, dated 11/11/25, fails to document a care plan related to his diagnosis of ESRD, which requires hemodialysis.</p> <p>On 12/19/25 at 8:15 AM, V1 Administrator, stated care plans should be developed for each resident's specific needs and she is working on them.</p> <p>The Comprehensive Care Plan Policy, with a revision date of 6/25/25, documents the following: An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. The resident's comprehensive care plan is developed within seven (7) days of the completion of the resident's comprehensive assessment (MDS).</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>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>Based on observation, interview, and record review, the facility failed to have a sufficient number of CNAs (Certified Nursing Assistants) to care for their residents when reviewed for Nursing Services. This failure has the potential to affect all 33 residents residing in the facility. Findings Include: On 12/17/25 at 9:06 AM, there were 2 CNAs observed working. On 12/16/25 at 11:10 AM, R33 stated they don't have enough aides, it takes a long time for him to get his call light answered and to get help. On 12/17/25 at 10:55 AM, 10:59 AM, 11:15 AM, and 11:30 AM - R20's call light was on. Staff in hallway were passing by, not answering call light. On 12/17/25 at 11:41AM R20 stated she has had her call light on since 10:30 AM and no one has come into her room to help her. R20 stated, I understand that now they are getting ready for lunch, feeding the residents, but I'm tired of it, tired of waiting, they think oh it's just (R20), she'll understand, but I'm tired of waiting. I want a shower and want to get up for the day. They don't have any aides here today, I haven't even seen any. On 12/17/25 at 11:54 AM - R20's call light remained on. R20 verified no one has come into her room yet. On 12/17/25 12:22 PM R20's call light remained on. R20 verified no one has come into her room to help her. On 12/16/25 at 11:55 AM V5, R31's Family stated this past Sunday 12/14/25, at approximately 1:30 PM, he came into the facility and R31 was still in bed with no brief, she was incontinent of urine. She hadn't been dressed for the day and looked like she hadn't even gotten out of bed. V5 stated they were short staffed on aides and there is a problem with continuity of care with the CNAs. On 12/18/25 at 11:46 AM V19, R14's Family, stated the food is horrible. Over the weekend, they served a cheese sandwich on 2 pieces of dry bread and 1 piece of cheese, with tater tots that were barely warm. V19 stated almost daily he goes out to get R14 food because it's that bad. V19 stated the facility is very short staffed on aides. V19 stated the Administrator and DON (Director of Nurses) come in often to help out but then there isn't anyone to do their jobs. V19 stated they will hire aides and then 2 days later they're gone, they've been fired. V19 stated the ones that are here try but they don't have enough of them. On 12/18/25 at 1:00 PM, during the Resident Council Meeting, R1 and R30 stated they do not have enough CNAs to provide care, they are overworked and tired. 12/17/2025 9:30 AM V7, LPN, stated they have enough CNAs most of the time, there are times they are short, but she helps out on the floor. The Resident Council Minutes, dated 4/1/25, documented concerns with being short staffed and the CNAs working too hard. The Resident Council Minutes, dated 7/31/25, documented concerns that more CNAs were needed. The Nursing Staffing Assignments document the following: 12/14/25, 3 CNAs scheduled for day shift, 3 CNAs scheduled for evening shift, and 2 CNAs scheduled for night shift. 12/17/25, 3 CNAs scheduled for day shift, 3 CNAs scheduled for evening shift, and 2 CNAs scheduled for night shift. 12/18/25, 3 CNAs scheduled for day shift, 3 CNAs scheduled for evening shift, and 2 CNAs scheduled for night shift. The Employee Timecards for the CNAs document the following: On 12/14/25, there was 1 CNA working day shift, 2 CNAs working evening shift, and 2 CNAs working night shift. On 12/17/25, there were 2 CNAs working day shift, 2 CNAs working evening shift, and 3 CNAs working night shift. On 12/18/25, there were 4 CNAs working day shift, 2 CNAs working evening shift, and 3 CNAs working night shift. On 12/16/25 at 10:40 AM, V1, Administrator, stated the CNAs think they need 4 CNAs per shift, but with a census of 33, they only need 3 CNAs on day shift, 3 CNAs on evening shift and 2 CNAs on night shift. V1 stated they have had turnover with the CNA staff recently and are actively hiring and recruiting. The Facility Assessment, dated 11/1/25, documents they require 15 full time employees to provide competent resident support and daily care. The Staffing Policy, with a revision date of 2/20/25, documents the following: The facility will provide sufficient staff with the appropriate competencies and skill sets to provide</p> <p>(continued on next page)</p> | | |

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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>nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment. The Centers for Medicare and Medicaid Services, Form 671, dated 12/16/25, documents there are 33 residents residing in the facility.</p> | | |

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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility to serve palatable food and food cooked at the appropriate temperature when reviewed for Food and Nutrition Services. This failure has the potential to affect all 33 residents residing in the facility. Findings Include:</p> <ol style="list-style-type: none"> On 12/16/25 at 3:00 PM, R20 was observed and appears thin. R20 stated the food needs perked up, she couldn't eat the meals on Saturday (12/13/25), they were horrible. Sunday (12/14/25) they were a little better, so she ate. R20 stated she has lost weight and needs to gain it back but the food tastes so bad she can't eat it. <p>R20's MDS (Minimum Data Set), dated 10/10/25, documents R20 has a BIMS (Brief Interview for Mental Status) score of 14, indicating R20 is cognitively intact.</p> <ol style="list-style-type: none"> On 12/16/25 at 11:20 AM, R27 stated the food tastes horrible. She is hungry but can't eat it. R27 stated they offer substitutes, but they aren't any better. R27 stated she is never offered snacks and doesn't know if they even have any. <p>R27's MDS, dated [DATE], documents R27 has a BIMS of 15, indicating she is cognitively intact.</p> <ol style="list-style-type: none"> On 12/16/25 at 11:10 AM, R33 stated he isn't getting enough to eat, they tell him he is getting double portions at meals, but he isn't. When he asks for more, he is told they don't have any food left. R33 stated when he asks for snacks, he is told they don't have any. <p>R33's MDS, dated [DATE], documents R33 has a BIMS of 14, indicating he is cognitively intact.</p> <ol style="list-style-type: none"> On 12/18/25 at 11:46 AM, V19, R14's Family, stated the food is horrible. Over the weekend, they served a cheese sandwich on 2 pieces of dry bread and 1 piece of cheese with tater tots that were barely warm. V19 stated almost daily he goes out to get R14 food because it's that bad. <p>R14's MDS, dated [DATE], documents R14 has a BIMS of 9, indicating she has moderate cognitive impairment.</p> <ol style="list-style-type: none"> On 12/16/25 at 2:32 PM, R1 stated the food is always cold and there is real a temperature abuse problem going on. R1 stated the food in the facility is not impressive at all. R1 stated the facility doesn't give a crap on what they serve the residents. <p>R1's Undated Face Sheet documents R1 was admitted to the facility on [DATE].</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents R1 is cognitively intact.</p> <p>R1's Physician Order dated 9/30/2025 at 3:07 AM documents R2 is on a Regular Diet.</p> <ol style="list-style-type: none"> On 12/16/25 at 11:39 AM, R16 stated the food in the facility is terrible and cold. <p>R16's Undated Face Sheet documents R16 was admitted to the facility on [DATE].</p> <p>R16's MDS dated [DATE] documents R16 is cognitively intact.</p> <p>(continued on next page)</p> | | |

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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>R16's Physician Order dated 11/30/2025 at 1:57 PM documents R16 is on a Low Concentrated Sweets Diet.</p> <p>7. On 12/16/25 at 11:06 AM, R29 stated the food in the facility is horrible and herself and other residents practically go hungry because the food is awful, cold, and there is not enough at times.</p> <p>R29's Undated Face Sheet documents R29 was admitted to the facility on [DATE].</p> <p>R29's MDS dated [DATE] documents R29 is cognitively intact.</p> <p>R29's Physician Order dated 11/12/2024 at 10:42 AM documents R29 is on a Regular Diet.</p> <p>8. On 12/17/25 at 11:46 AM, V6, Dietary Cook, removed an industrial sized pan of scalloped potatoes out of the oven and placed them on top of the stove underneath the hood vent. On 12/17/25 at 12:20 PM, V6 placed the industrial sized pan of scalloped potatoes on the steam table and served the residents without taking the temperature before serving.</p> <p>9. On 12/17/25 at 12:30 PM, after the last resident had been served, food temperatures were taken with a calibrated thermometer on the steam table, and the following food temperature was not within the safety food code guidelines of 135 degrees Fahrenheit (F) or higher: pork loin 123.0 F.</p> <p>11. On 12/18/25 at 1:00 PM, during the resident council meeting, the following concerns with the food were voiced: R20 stated the food is gross, over the weekend they had some sort of fettucine, the noodles weren't cooked, and it wasn't fit to eat. R20 stated another time she got to the dining room late for lunch because there wasn't enough staff. She asked for a grilled cheese and the cook, told her no they didn't have time. R20 stated she is hungry a lot because the food isn't edible. R1 stated the food [NAME] are small, not even child size portions. R1 stated they started using smaller glasses too. R20 stated he has snacks in his room he can eat but not everyone does. R1 stated it's all due to budget. R30 stated on the weekends they are screwed, the food is bad, they have an alternate menu but it is just as bad. R30 stated he was going to go out and buy some canned sardines and smoked ham so he will have something to eat.</p> <p>On 12/17/2025 at 3:20 PM V17, Dietary Manager, stated all hot food temperatures should be between 170-190 degrees Fahrenheit and temperatures are taken before food is served to prevent food borne illness.</p> <p>On 12/18/25 at 3:00 PM, V1, Administrator, stated they do not have a policy on food palatability/taste.</p> <p>The Facility's Food Temperatures Policy Revised 12/30/2024 documents Food stored hot will be kept at 135 degrees F or above. Food will be cooked to the appropriate internal temperature per regulations.</p> <p>The Facility's Food Storage Areas Policy Revised 12/30/2024 documents Hot foods or potentially hazardous food will leave the kitchen or steam table at 135 degrees F or above.</p> <p>The Centers for Medicare and Medicaid Services, Form 671, dated 12/16/25, documents there are 33 residents residing in the facility.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the Facility failed to store foods in a manner that prevents foodborne illness and potential contamination. This has the potential to affect all 33 residents living in the Facility. Findings Include: On 12/16/2025 at 10:35 AM in the standing refrigerator there was a clear plastic container covered with plastic wrap labeled sloppy joe and a clear plastic container covered with plastic wrap labeled cheesy broccoli rice, neither container was dated. In the dry good storage area, there was an uncovered, clear plastic container with a plastic bag full of a white powdery substance that appears to be flour with label or date. On 12/17/2025 at 12:30 PM a large plastic container of dry cereal was on the bottom of a three-tier metal rolling cart uncovered with no date. On 12/17/2025 at 3:20 PM V17, Dietary Manager, stated all food stored in the refrigerator should be stored in a covered container and labeled with the date it was cooked. V17 stated food is only good for 3 days once cooked and placed in the refrigerator. V17 stated all dry good including cereal should be in a sealed labeled and dated container. V17 stated when flour is opened, it is placed in a plastic bag and then placed in a closed container and labeled with what it is and dated. The Facility's Food Storage Areas Policy Revised 12/30/2024 documents Prepared food stored in the refrigerator until service shall be dated. Such food will tightly sealed with plastic wrap, foil, or a lid. The Facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS 671) dated 12/16/25 documents there are 33 residents living in the Facility.</p> | | |