

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145546	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2026
NAME OF PROVIDER OR SUPPLIER MT Zion Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 Woodland Drive Mount Zion, IL 62549	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to properly store medications in a locked medication cart that was accessible to the residents and visitors in the facility. This failure has the potential to affect all 68 residents residing in the facility on 7/31/2026. Findings Include: On 7/31/2026 at 10:36am, V1 Administrator provided a resident census documenting 68 residents residing in the facility on 7/31/2026. On 7/31/2026 at 10:07am, an unlocked medication cart was observed located in the facility library. The medication cart contained numerous loose unlabeled medications in the drawers. On 7/31/2026 at 12:39pm, R4 and V4 (R4's) Family Member were observed sitting in the facility library with the unlocked medication cart. On 7/31/2026 at 10:56am, V5 (R1's) Family Member, stated V5 visits every other day, and the unlocked medication cart has been located in the facility library for about three weeks. V5 stated V5 looked in the unlocked medication cart out of curiosity once and noted it to contain several unlabeled/loose medications. On 7/31/2026 at 11:07am, V1 Administrator stated staff, visitors, and residents all have access to the library where the printer and medication cart are stored at all times. On 7/31/2026 at 11:45am, R1 stated R1's family comes to visit R1 and the residents/visitors have access to the whole building, including the library. R1 stated there is a nursing medication cart in the library. On 7/31/2026 at 12:00pm, R2 stated R2 is the president of the resident council and that all residents always have access to the facility library. R2 stated R2 is unsure how long the unlocked medication cart has been located in the library. On 7/31/2026 at 12:29pm, R3 stated all residents have access to the facility including the library. On 7/31/2026 at 12:39pm, R4 stated R4 and R4's spouse sit in the library frequently and the unlocked medication cart has been in the library for an unknown amount of time. R4 stated all residents have access to the library at all times of the day and night. On 7/31/2026 at 12:45pm, V4 (R4's) spouse stated the medication cart has been in the library and that anyone can access the cart. V4 stated V4 and R4 often sit in the library and could have access to the medication cart. On 7/31/2026 at 12:53pm, V2 Director of Nursing confirmed there are numerous loose unknown medications in the drawers of the unlocked medication cart located in the facility library. V2 confirmed that the cart has been located in the library for at least two weeks plus, it has a broken lock that will not lock and staff/residents/visitors had access to the unknown medications. V2 stated that pharmacy was supposed to pick up the medication cart, and the medication cart should have been cleaned out, removing the loose medications prior to placing the cart in the facility library awaiting pick up. On 7/31/2026 at 1:00pm, V3 Activities Director stated all staff/residents/visitors have access to the library and that the door remains unlocked. V3 is unsure how long the medication cart has been in the library. R1's Electronic Health Record (EHR) documented that R1 was admitted to the facility on (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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145546	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2026
NAME OF PROVIDER OR SUPPLIER MT Zion Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 Woodland Drive Mount Zion, IL 62549	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	[DATE] and continues to reside at the facility. According to R1's EHR R1 has several diagnoses including: Anxiety Disorder, Presence of Cardiac Pacemaker, Personal History of Transient Ischemic Attack (TIA), and Cerebral Infarction Without Residual Deficits, Hyperlipidemia, Hypothyroidism, Vitamin D Deficiency, Vitamin B12 Deficiency Anemia, and Depression.R1's Minimum Data Set (MDS) dated [DATE] documented that R1 is moderately cognitively impaired.R2's Electronic Health Record (EHR) documented that R2 was admitted to the facility on [DATE] and continues to reside at the facility. According to R2's EHR R2 has several diagnoses including: Type 2 Diabetes Mellitus, Insomnia, Sick Sinus Syndrome, Diverticulitis of Intestine, Chronic Obstructive Pulmonary Disease, Peripheral Vascular Disease, Essential (Primary) Hypertension, Dependence on Renal Dialysis, Presence of Cardiac Pacemaker, Mild Intermittent Asthma, and Hyperlipidemia.R2's Minimum Data Set (MDS) dated [DATE] documented that R2 is cognitively intact.R3's Electronic Health Record (EHR) documented that R3 was admitted to the facility on [DATE] and continues to reside at the facility. According to R3's EHR R3 has several diagnoses including: Chronic Kidney Disease, Atherosclerotic Heart Disease of Native Coronary Artery, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Hyperlipidemia, Major Depressive Disorder, and Primary Osteoarthritis.R3's Minimum Data Set (MDS) dated [DATE] documents that R3 is cognitively intact.R4's Electronic Health Record (EHR) documents that R4 was admitted to the facility on [DATE] and continues to reside at the facility. According to R4's EHR R4 has several diagnoses including: Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus with Diabetic Retinopathy, Chronic Kidney Disease, Anxiety Disorder, Insomnia, and Obesity.R4's Minimum Data Set (MDS) dated [DATE] documents that R4 is cognitively intact.The Medication Storage Policy dated 07 /01/23 documents PURPOSE: To provide guidance to facility nursing staff on the proper storage of medication.POLICY: The facility stores all drugs and biologicals in a safe, secure, and orderly manner and in accordance with state and federal regulations.POLICY INTERPRETATION AND IMPLEMENTATION: 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only people authorized to prepare and administer medications may have access to locked medications.		