

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

Printed: 08/27/2026
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 01/07/2026
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Deficiencies at this level require more than one Deficient Practice Statement.A. Based on interview and record review the facility failed to implement a Legionella surveillance program. This failure has the potential to affect all residents who reside in the facility. B. Based on interview and record review the facility failed to appropriately sanitize a glucometer following use for one resident (R48) of one resident screened for blood glucose monitoring in a sample list of 38 residents.A. The facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS-671) dated 01/05/2026 documents that 64 residents reside in the facility.The facility policy titled Infection Prevention & Control: Legionnaires' Disease (undated) states:Policy:The facility has formed a Water Management Program Committee to review Centers for Disease Control and Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS) guidelines regarding Legionnaires' disease. The purpose of the water management program is to help identify areas or devices in the facility where Legionella may grow or spread, minimize exposure to individuals, increase awareness, assess Legionella exposure risk, and implement Legionella control measures so that risks of exposure may be minimized.Legionnaires' disease is a serious type of pneumonia caused by Legionella, a bacterium that exists in all water systems and can be potentially fatal. According to ASHRAE Standard [PHONE NUMBER], there are no parameters in place defining what constitutes a high level of Legionella in a water system. The committee is responsible for assessing the facility to identify risks for possible Legionella growth. Based on the results of the questionnaire provided by the CDC, it was determined that this facility should have a water management program in place. According to CDC parameters, this facility is a healthcare facility where patients stay overnight and where individuals with chronic and acute medical problems or weakened immune systems are housed and treated. The committee has developed and maintains an active water management program, with modifications implemented as needed.Legionella:Occurs naturally in freshwater environments such as lakes and streams; however, low levels in fresh water generally do not lead to diseaseExists in all water systemsUsually spreads through water droplets small enough to be inhaledTo pose a health risk, Legionella must first grow in number and then be aerosolized so that contaminated water droplets can be inhaledIs less commonly spread by aspiration of drinking water or iceOnly one possible case of person-to-person transmission has been reportedAccording to CMS, a very low percentage (19%) of outbreaks from 2000-2014 were associated with long-term care facilities42 CFR S483.80 states: The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.On 01/07/2026 at 11:00 AM, V6, Maintenance Director, when asked to provide documentation of the facility's water management (Legionella) plan and surveillance, stated, I (V6) check the water at the faucets every month and look for rust. V6 stated he was not aware of any testing or of high-risk areas for Legionella growth, was not aware of the CDC Legionella Questionnaire, and denied that any testing for Legionella was being conducted.On 01/07/2026 at 1:00 PM, V23, Corporate Maintenance Director, stated, (V6) has been given a test kit. We do have a policy and a checklist that (V6) should be completing. V6 provided a copy of the (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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Legionella policy and the checklist. V23 verified that the policy was not being followed.B. On 01/07/2026 at 11:45 AM, V25, Licensed Practical Nurse (LPN), removed a glucometer from the medication cart, went to R48's room, and performed a blood glucose check. V25 then returned the contaminated glucometer to the medication cart.The package of bleach wipes on the medication cart documents that the required contact time with a surface to be sanitized is three minutes.V25 wiped the surface of the glucometer but did not maintain contact with the surface for the required time, instead wiping it for only a few seconds. V25 then replaced the glucometer in the medication cart drawer for use on other residents.When asked what the required contact time should have been for the wipe to remain in contact with the glucometer, V25 stated, I thought I just have to wipe it off.		

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to protect the resident's right to be free from physical abuse by another resident. This failure affects two (R6,R45) of four residents reviewed for abuse in the sample list of 38. Findings: The facility's Abuse Policy dated 07/01/2023, with a revision in 12/2025, documents that the purpose of the policy is to provide guidance and procedures to the facility and its staff to ensure residents remain free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff, and mistreatment. The policy defines abuse as physical or mental injury or sexual assault inflicted upon a resident by means other than accidental. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment that results in physical harm, pain, or mental anguish to a resident. This definition also includes the deprivation, by an individual-including a caretaker-of goods or services that are necessary to attain and/or maintain physical, mental, and psychosocial well-being. The policy assumes that all instances of abuse of residents, including those in a coma, cause physical harm, pain, or mental anguish. The term willful, as used in the definition of abuse, means that the individual acted deliberately, not that the individual intended to inflict injury or harm. The policy defines physical abuse as the infliction of injury on a resident that occurs by means other than accidental and requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. An investigation report dated 12/29/2025 at 7:00 PM documents that R6 and R45 were involved in a resident-to-resident altercation. The report documents that R45 reported R6 pulled her hair. The report further documents that R6 and R45 were immediately separated and that an investigation was initiated. R6's Minimum Data Set (MDS) dated [DATE] documents that R6 has severe cognitive impairment. R6's care plan dated 12/26/2025 documents that R6 has the potential to be physically aggressive (grabbing, hitting, kicking, and punching) related to Alzheimer's disease or other related dementias, cognitive impairment, depression, and mental illness. On 01/07/2026 at 12:14 PM, R45 was observed sitting in her recliner in her room. During the observation, R45 stated she remembered the day R6 pulled her hair, while gesturing to the right side of her head. R45 added that she was not having a good day and did not want to discuss the incident further. R45's electronic medical record (EMR) contains a progress note dated 12/29/2025 at 7:00 PM documenting that R45 came to her door yelling that her roommate (R6) had pulled her hair so hard that she believed some of her hair was missing. On 01/07/2026 at 11:51 AM, V24, Licensed Practical Nurse (LPN), stated she was standing at the nurses' desk on 12/29/2025 when R45 was at her door yelling, She pulled my hair-my hair-I think she pulled out a plug. V24 stated she asked R6 about the incident, and R6 admitted to pulling R45's hair. V24 further stated that R6 had been fussing, speaking loudly, and was in a fussy mood throughout the evening. V24 reported learning that R45 was sitting in her recliner and that R6 was at the nightstand messing with things when R6 reached over and pulled R45's hair. On 01/05/2026 at 3:02 PM, V17 (R6's daughter) stated that R6 had exhibited some behaviors recently and that the facility moved R6 to another room because R6 pulled her roommate's hair. On 01/07/2026 at 1:29 PM, V21, Registered Nurse (RN), stated that R6 can be challenging to care for and requires a specific approach to avoid triggering or escalating behavioral issues. On 01/07/2026 at 2:21 PM, V2, Director of Nursing (DON), stated she was aware of the incident in which R6 pulled R45's hair and agreed that residents residing in the facility have the right to be free from abuse.		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report to the state an allegation of resident-to-resident abuse for two (R61, R66) out of four residents reviewed for abuse, on a sample list of 38. Findings: The facility's Abuse Policy dated 07/01/2023, with a revision on December 2025, documents that the purpose of the policy is to provide guidance and procedures to the facility and its staff to ensure residents remain free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff, and mistreatment. The facility policy states that the Administrator and/or their designee serves as the Facility Abuse Coordinator and is responsible for ensuring compliance with abuse prevention and reporting requirements. All facility staff share responsibility for maintaining an environment in which residents remain free from abuse, including injuries of unknown origin, neglect, exploitation, misappropriation of property, deprivation of goods and services, and mistreatment. Staff are required to immediately report any allegation of abuse or any witnessed abuse to the Administrator, who acts as the Abuse Coordinator. Immediate reporting is essential to protect residents and ensure timely investigation and intervention. The policy further documents that, when alleged abuse is reported, the facility will complete accurate investigative reports. The facility will immediately report all allegations of abuse to the Administrator and timely report them to the appropriate authorities, including the Illinois Department of Public Health (IDPH), the Ombudsman, the local police department, the resident's Power of Attorney, and the medical doctor. The facility will immediately and thoroughly investigate all allegations of abuse, including but not limited to interviews with residents, staff, visitors, and vendors. The facility will timely submit all required abuse allegation reports (initial and final) to IDPH in accordance with state and federal regulations. R66's Minimum Data Set (MDS) dated [DATE] documents that R66 has moderate cognitive impairment. The MDS also documents that R66 has clear, intelligible speech; is able to make herself understood; and clearly comprehends others. On 01/05/2026 at 10:54 AM, Resident R66 stated that approximately three weeks earlier, while eating a meal in the dining room, another resident kicked her right leg under the table. R66 was unable to identify the other resident involved but reported that she immediately informed staff of the incident. No documentation related to this alleged incident was found in R66's electronic medical record (EMR). On 01/07/2026 at 11:05 AM, V4, Registered Nurse (RN), stated she was aware of the incident involving R66, in which another resident (R61) kicked R66 under the table. V4 reported that R61 has since passed away and described R61 as grouchy and disliking people around her. V4 stated that R66 was immediately moved to another table following the incident. V4 further stated she informed the former Administrator of the incident but was unsure what action, if any, was taken. On 01/07/2026 at 2:21 PM, V2, Director of Nursing (DON), stated she was not aware of the resident-to-resident abuse allegation until V1, Administrator, informed her during the morning meeting that day. V2 agreed that V4 should have documented the incident and that an investigation should have been initiated at the time the incident was reported.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide nail care to a resident who was dependent on staff for assistance with (Activities of Daily Living (ADLs) for one resident (R54) of two reviewed for ADLs on a sample list of 38. Findings include: The facility's ADL Support Policy dated 07/01/2023 documents that the purpose of the policy is to provide staff with guidance on providing support with Activities of Daily Living (ADLs) to residents. The policy documents that residents will be provided with care, treatment, and services, as appropriate, to maintain or improve their ability to carry out ADLs. Residents who are unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. The policy outlines how care and services will be provided to residents who cannot perform ADLs independently, with the resident's consent and in accordance with the care plan. This includes appropriate support and assistance with hygiene, such as bathing, dressing, grooming, and oral care. A resident's ability to perform ADLs will be measured using clinical tools, including the Minimum Data Set (MDS). Functional decline or improvement will be evaluated with reference to the Assessment Reference Date. Interventions to improve or maintain a resident's functional abilities will be implemented in accordance with the resident's assessed needs, preferences, stated goals, and recognized standards of practice. The resident's response to interventions will be documented, monitored, evaluated, and revised as appropriate. R54's Minimum Data Set (MDS) dated [DATE] documents that R54 has severe cognitive impairment. R54's MDS dated [DATE] documents that R54 requires partial to moderate assistance with self-care to maintain personal hygiene, including combing hair, shaving, applying makeup, and washing and drying the face and hands. R54's care plan dated 03/11/2024 documents that R54 has a self-care deficit related to Alzheimer's disease, chronic obstructive pulmonary disease (COPD), asthma, and osteoarthritis. The care plan documents that R54 requires one-person physical assistance from staff to complete ADLs, including personal hygiene tasks. On 01/05/2026 at 3:12 PM, V18, R54's daughter and Power of Attorney, stated that R54's fingernails are often overgrown and dirty. V18 further stated that the facility has been made aware of this concern numerous times. On 01/07/2026 at 9:32 AM, R54 was observed in the activity room with dark brown debris under all fingernails. R54 was unable to recall when nail care was last performed. On 01/07/2026 at 9:38 AM, V15, Activity Director (AD), stated that nail care is typically performed weekly on Wednesdays in the Activity Department and that certified nursing assistants (CNAs) and nursing staff are responsible for daily nail care needs. V15 agreed that R54's nails required cleaning. On 01/07/2026 at 2:21 PM, V2, Director of Nursing (DON), stated that staff should observe residents during morning care and check nails daily. V2 agreed that nail care should be addressed when dirt is observed under a resident's fingernails.		

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to coordinate hospice care with hospice provider for one resident (R70) of two residents reviewed for hospice in a sample list of 38. Findings Include: R75's care plan, updated on 12/27/2025, includes the following diagnoses: chronic atrial fibrillation, obsessive-compulsive disorder, anxiety disorder, lumbar osteomyelitis, and chronic pain syndrome. R75's Minimum Data Set (MDS) dated [DATE] documents that R75 is cognitively intact. R75's physician orders include an order dated 12/27/2025 for hospice care. R75's progress notes document that R75 has been receiving hospice care since 12/27/2025; however, R75's care plan was not updated until 01/06/2026 to include coordination of care with hospice. On 01/05/2026 at 12:00 PM, V2, Director of Nursing (DON), verified that R75 has been receiving hospice care since 12/27/2025 but stated that a care plan addressing coordination of hospice care with the provider was not in place. V2 further verified that it is the facility's expectation that when a resident is placed on hospice care, a care plan including resident-centered interventions is implemented.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, Interview, and Record Review the facility failed to accurately assess one resident (R75) of one resident reviewed for smoking and failed to implement interventions to ensure (R75) is safe from hazards associated with smoking without staff knowledge or supervision in a sample list of 38 residents. Findings Include: R75's care plan, updated on 12/27/2025, includes the following diagnoses: chronic atrial fibrillation, obsessive-compulsive disorder, anxiety disorder, lumbar osteomyelitis, and chronic pain syndrome. R75's Minimum Data Set (MDS) dated [DATE] documents that R75 is cognitively intact. R75's progress note dated 11/16/2025 at 1:14 PM documents: CNA approached writer at this time reporting smoke coming from the resident's room. CNA reported the smoke smelled like cigarettes. Writer entered the room and observed the resident and a visitor. Writer could smell smoke but did not observe anyone actively smoking. Writer asked the resident about the smell of smoke and ashes on the bed. The resident stated he smoked a cigarette that the visitor brought him. The resident and visitor were educated on the dangers of smoking related to oxygen use in the facility and wound healing. The resident verbalized understanding, and the visitor exited the room. The on-call nurse manager was notified. R75's progress note dated 11/17/2025 at 8:01 AM, authored by Social Services, documents: Writer was informed over the weekend, on Sunday 11/16/25, that the resident had a visitor who brought him cigarettes. Families complained of smoke, and when nursing arrived at the resident's room, the visitor was flushing the cigarettes down the toilet. Writer spoke with the resident this morning and educated him on the risks of smoking in his room and that Mt. [NAME] Health and Rehab is a non-smoking facility. Writer provided the resident with the smoking policy and had the resident date and sign it. Writer also provided the resident with a smoking contract, which the resident initialed and signed. R75's progress note dated 01/01/2026 at 12:49 PM documents: Girlfriend present and stated that R75 wanted to go outside to have a cigarette. Writer explained that he could go outside with her, but this is a non-smoking facility. She stated, 'Okay.' Writer went outside for break and observed the two sitting outside smoking, with oxygen on and in his nose. Education was provided. They continued smoking. Upon returning inside, the girlfriend stated that R75 wanted to go home with his niece. She stated that she and the niece had discussed caring for him. Writer will speak with SSD on Monday. On 01/05/2026 at 9:30 AM, R75 was observed seated in his room. R75 stated, 'I will smoke if I feel like it. My woman will bring me cigarettes, and I will smoke them. I really don't care what any of them say.' On 01/07/2026 at 1:00 PM, V1, Administrator, verified that the facility is a smoke-free facility and that smoking is not permitted in the building or on the grounds. V1 further verified that R75's care plan should have been updated to include specific interventions to protect R75 and other residents from hazards related to R75's smoking without the knowledge or observation of staff. R75's Safe Smoking assessment dated [DATE] documents that R75 does not smoke, has never smoked, and did not sign a smoking contract. The facility's Smoking Policy, revised 03/10/2025, states: PURPOSE: To provide guidance to staff and residents regarding safe smoking on facility property. POLICY: To provide a safe and healthy living environment with respect for the health, well-being and personal choice of each resident, staff member and visitor. The objective of this policy to communicate to each resident that they are responsible for following each rule and ongoing compliance with this smoking policy. POLICY INTERPRETATION AND IMPLEMENTATION: Smoking is only allowed in designated areas established by management. Residents who smoke will be evaluated to determine their ability to comply with safety rules and their ability to carry smoking materials. The facility shall complete Smoking Safety Assessments upon Admission, a quarterly basis, and as needed. (As applicable) Types of smoking include traditional cigarettes, self-rolled tobacco products, pipes, e-cigarettes, and vaping devices. Individuals who are noncompliant, exercise poor judgment, or show a lack of concern for the welfare of others shall be educated accordingly. Smoking privileges (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	may be adjusted/suspended as listed under ?Consequences of Noncompliance at the end of this policy. The facility reserves the right to revoke smoking privileges at any time if there is a concern that hazardous behavior may occur.It is against facility policy for one resident to give away, sell, share, trade smoking materials, or light another resident's cigarette.Residents may not store their own smoking materials. Smoking materials for residents will be stored in a designated location within the facility. Primary contact of residents with supervised smoking sessions will be educated on the facility smoking policy and basic smoking/fire safety.All persons interested in retaining smoking privileges must follow the guidelines set forth in this policy.Smokers may be checked for smoking contraband if violation of smoking policy is suspected of not being followed.Smokers may be checked for smoking contraband upon exiting designated smoking areas and any contraband found will be confiscated.Smokers may be checked by nursing staff for smoking contraband upon admission and when returning from out on pass.		

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to administer enteral feeding as ordered for one (R9) reviewed of one resident reviewed for tube feedings in a sample list of 38. Findings Include: R9's undated care plan documents that R9 was admitted to the facility on [DATE] with the following diagnoses: chronic atrial fibrillation; essential hypertension; gout; dysphagia, oropharyngeal phase; nondisplaced Type II dens fracture, subsequent encounter for fracture with routine healing; maxillary fracture, unspecified side, subsequent encounter for fracture with routine healing; gastroesophageal reflux disease without esophagitis; multiple fractures of the ribs, left side, subsequent encounter for fracture with routine healing; unspecified displaced fracture of the fourth cervical vertebra, subsequent encounter for fracture with routine healing; dysphagia, oral phase; hypothyroidism; pleural plaque with presence of asbestos; pulmonary fibrosis, unspecified; and encounter for attention to gastrostomy. R9's physician orders dated 11/12/2025 document an order to infuse Jevity 1.5 via enteral pump at 70 mL per hour for 20 hours, for a total of 1,400 mL, providing 2,100 total calories, 900 mL of free fluid, and an unspecified total grams of protein per day via G-tube. The order further documents to disconnect the pump at 8:00 AM and restart at 12:00 PM. R9's Medication Administration Record (MAR) for the month of December documents twice-daily nursing entries with various recorded amounts that do not total 2,300 mL of fluid per day. On 01/05/2026 at 11:30 AM, R9 was observed in the room attached to a tube feeding pump. The pump displayed 1,546 mL of feed infused, with 775 mL of flush infused. R9 stated that the pump was supposed to be shut off at 8:00 AM and that it had been beeping for some time. R9 further stated that when staff came to the room, they indicated the beeping was due to no water being placed in the flush bag; water was added, but the pump was left on and continued infusing. On 01/05/2026 at 11:39 AM, V2, Director of Nursing (DON), stated she spoke with the staff nurse, who was going to enter a note explaining why the pump was still infusing. V2 stated the pump should be shut off after 1,400 mL of tube feeding had infused. On 01/06/2026 at 12:45 PM, V2 acknowledged errors and stated there was no excuse. V2 further stated that a new order for bolus feedings was entered that day. The facility policy dated 07/03/2023, titled Enteral Feedings, documents that the nurse is responsible for confirming that enteral nutrition is completed as ordered and accurately documented.		