

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145556	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Winning Wheels		STREET ADDRESS, CITY, STATE, ZIP CODE 701 East 3rd Street Prophetstown, IL 61277	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure hot liquids were safely served and failed to ensure a process was in place for hot liquids for 1 of 3 residents (R5) reviewed for safety in the sample of 8. This failure resulted in R5 spilling his coffee on his lap and sustaining two partial thickness burns to his left inner knee causing R5 pain. The findings include: R5's face sheet showed his most recent readmission to the facility on 1/11/25 with diagnoses to include acute and chronic respiratory failure with hypoxia, atherosclerotic heart disease, chronic cough, dysphagia, epilepsy, hemiplegia and hemiparesis, and mononeuropathy of left lower limb. R5's facility assessment dated [DATE] showed he has no cognitive impairment and requires substantial to maximum assist for most cares. R5's 2/3/26 Nurse's Note entered at 9:22 AM showed, Resident spilled hot coffee at 7:45 AM on left knee during breakfast. Area cleaned, TAO (triple antibiotic ointment) applied and covered with dressing. Red area with no open areas at this time measures 5 inches by 3 inches to inside of left knee. Resident complained of level 5 pain to area, prn (as needed) Tylenol given. R5's 2/3/26 Skin Check showed, . New Skin Issue. Location: Front left knee. Issue Type: Burn. Wound acquired in-house. Length (cm) 12.5; Width (cm): 7.5. On 2/5/26 at 12:50 PM, R5 showed this surveyor his coffee cup. It was a short metal, insulated coffee cup with a plastic lid that had a small hole to drink out of. R5 said, I had my coffee cup, and the lid has a little hole to drink out of. I was trying to turn the cup in my hand to get the drink hole where I could drink from it, and I fumbled the cup. It fell on my lap and the coffee poured out of the little hole onto my leg. It hurts, Yeah, it hurts. On 2/5/26 at 12:55 PM, V25 (Nurse) was changing the dressing to R5's knee. R5's knee had a triangular shaped area to the inner aspect of the left knee that extended down to the area just above the crease of the posterior left knee. There was an oval shaped area above the triangular shaped area on the inner left knee. Both areas appeared as open areas where fluid filled blisters had burst. V25 said the treatment had just been changed due to the blisters opening up. R5's 2/3/26 Social Service Note entered at 3:39 PM showed, SW (Social Worker) met with [R5] on this date. [R5] spilled his hot coffee this morning resulting in a burn on his left leg. [R5] stated that he would start drinking iced coffee instead. R5's Care Plan showed, Diet downgraded to pureed and NTL (nectar thick liquid). [R5] also had moderate spillage of food and fluids at times will fall asleep during meals or engage in conversations with peers during meals requiring max verbal cues to complete task of eating meals. [R5] will take off the lids on cups causing liquid to spill out of cups onto self and floor. (added 2/3/26) Add ice to hot beverages; (added 2/4/26) cups with lids and handles due to spillage of liquids as resident allows. (added 7/22/22) Ensure resident has a clothing protector on for all meals due to spillage as resident allows - resident likes to utilize towels at times. R5's Care Plan initiated 1/1/2019 showed, the resident has hemiplegia/hemiparesis related to stroke. R5's Care Plan initiated 4/29/24 showed, the resident has an alteration in chronic left rotator cuff tear with hemiplegia and</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 145556	Facility ID: 145556 If continuation sheet Page 1 of 4

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>masses on the shoulder and scapula. limiting strength and mobility to left side.R5's Care Plan initiated 4/17/2020 and revised 2/5/26 showed, Risk for Impaired Skin Integrity due to CVA (Cerebral Vascular Accident), hemiparesis, impaired mobility, improper repositioning technique by resident in wheelchair, poor safety awareness with left side of body due to left side neglect from stroke. [R5] at times will try to remove his coffee lid himself despite requiring assistance due to hemiplegia.R5's Care Plan initiated 2/3/26 showed, Wound Management, Skin impairment to left front and inner knee due to trying to remove his own coffee lid. Provide wound care per treatment order. [Wound Care Company] to assess wound. Waterproof clothing protector added to improve safety.R5's Care Plan initiated 10/30/23 showed, The resident has a swallowing problem related to loss of food/liquids from mouth while eating.R5's February 2026 eTAR (electronic Treatment Administration Record) showed a new treatment started 2/3/26 to, Cleanse area to left front and inner knee with wound cleanser, pat dry, apply TAO (triple antibiotic ointment) and dry dressing to area.R5's Skin assessment dated [DATE] showed, . Skin Issue: Burn; Location: Front left knee; Length (cm): 12.5; Width (cm): 7.5.On 2/5/26 10:49 A, V2 (Dietary Aide) said, We don't do temperature checks on the coffee.On 2/5/26 at 11:33 AM, V26 CNA (Certified Nursing Assistant) said the coffee comes down on the top of the cart, with a lid on the cup. I've never been asked to check temperatures of coffee before serving it.On 2/5/26 at 3:11 PM, V3 RN (Registered Nurse) said, [R5] spilled his coffee yesterday. He is going to have iced coffee now instead of hot coffee. It was 7:45 AM when he was eating breakfast in the common area. I am the one who first assessed. He doesn't use his left arm. I would say he has about 75% dexterity in his right arm. The initial treatment got changed due to fluid filled blisters forming.On 2/5/26 at 1:15 PM, V23 (Restorative) said a lot of the residents have their own mugs. V23 said the facility is going to ensure all the cups have lids as the residents will allow. V23 said R5 can't turn the lid himself because he only has use of his right arm due to his stroke. V23 said R5 might have put the cup between his knees to try and hold the cup while he was attempting to turn the lid and the coffee spilled that way.On 2/5/26 at 11:26 AM, V7 (Dietary Manager) was in the kitchen pouring coffee into R5's insulated coffee cup. V7 used a digital thermometer to check the temperature of the coffee. The temperature was 164 degrees. V7 then added water to the cup and rechecked the temperature and the temperature came down to 147 degrees. V7 put the lid on the cup and put the cup on top of the meal cart to go down to R5's unit. At 11:37 AM, V7 was sitting on the unit with a thermometer, waiting for R5's coffee to be given to him. V7 said, Typically we would pour the coffee, put it on the cart, and they would serve it. We wouldn't 'temp' the coffee all the time. If we did temp it, we would document the temperature, but I don't know where that documentation would be. The reason we don't want to serve it too hot is because of burn risks. A lot of residents here have neurological impairments that make it so they might not be able to hold their cups. I don't do any assessments for residents to handle hot liquids. I would say we do 'random temperature checks' on the coffee. Maybe we have done 2 in the past 30 days, but I can't tell you where it would be documented at. The facility's policy and procedure titled Hot Liquid Safety showed, Policy: Hot liquids are to be served at proper (safe and appetizing) temperatures using appropriate safety precautions. Definitions: Proper (safe and appetizing) temperature means both appetizing to the resident and minimizing the risk for scalding and burns. Scalding is a burn caused by spills, immersion, splashes, or contact with hot water, food and hot beverages, or steam. Policy Explanation and Compliance Guidelines: 1. Hot liquids can cause scalding and burns. The degree of injury depends on the temperature, the amount of skin exposed, and the duration of exposure. Refer to the table attached to this policy for an illustration of the time required for a burn to occur at various temperatures. 2. The temperatures of hot liquids will be checked in</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Actual harm Residents Affected - Few	the dietary department prior to distribution to the nursing units. 3. Residents with difficulties will receive appropriate supervision and use of assistive devices in order to consume hot liquids. Interventions will be individualized and noted on the resident's plan of care. 6. General safety precautions when serving hot liquids include, but are not limited to: . d. Regulate temperature of hot liquids to which residents have direct access.		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview, and record review the facility failed to implement it's pest control policy. This failure has the protentional to affect all residents residing in the facility. The findings include:The facility census provided on 2/4/26 but dated 2/1/26 showed 74 residents reside in the facility. On 2/5/26 at 11:55 AM, R4 stated there were mouse dropping in her dresser in October of 2025. R4 then presented a photograph on her laptop. The photograph showed her dresser with small mouse droppings and what appeared to be crystalized urine. R4 said, It was disgusting and a real disease problem. Mice carry diseases. On 2/4/26 at 11:40 AM, R8 said, I've never had any issues with seeing mice but there have been mouse droppings on my bed. The last time I saw mouse droppings was last week. On 2/4/26 at 1:35 PM, V10 Environmental Services Director stated the facility employs a third-party pest elimination contractor. V10 stated the contractor generates a report stating trouble areas with the building; areas where bugs and rodents can enter the facility. V10 was shown the 1/13/26 pest elimination contractor report which showed areas of entry and repair recommendations. V10 stated, I have not seen this. If I don't know about these gaps and holes, I can't do anything about it. He is the expert and he is identifying entry points into the building. V10 stated he does not round with the pest control expert. V10 stated the report goes to administration then they notify him if there are areas to be repaired. V10 stated, They (administration) don't forward it to me unless there are any issues that need to be resolved. They have not sent anything to me recently. We have not had any problems in a long time. I haven't seen one (pest control report) since September. On 2/4/26 at 2:15 PM, V11 Senior Pest Elimination Specialist (contracted pest elimination specialist) stated mice can enter the building through a hole the size of dime. V11 stated the facility pays him to make recommendations to prevent pest and rodent intrusions. V11 stated he makes recommendations to minimize rodent intrusions and then provides those recommendations to administration. V11 said, I expect they (administration) are getting it (his recommendations) to maintenance. On 2/5/26 at 10:05 AM, V1 Administrator stated it was her understanding V24 Safety Supervisor was notifying V10 of the pest recommendations. V1 stated V10 would be the person to make any repair recommendations from the pest contractor. V1 stated the purpose of paying for the contractor and repairing the recommendations is to minimize rodent and pest infestations. The 1/13/26 pest elimination report showed the B wing exit door had a greater than 0.25-inch gap and the door sweep needed to be replaced. This issue was also present on the 12/9/25 report, 11/1/25 report, and 10/14/25 report. On 2/5/26 at 12:00 PM, the B hall exit door showed a 1 inch wide by 0.5-inch-tall gap (larger than a dime) open to the outside. This opening was at ground level and at the point where the two exit doors joined. The facilities Pest Control Program policy showed, It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents.3. Facility will maintain a report system of issues that may arise in between scheduled visits with the outside pest service and treat as indicated.</p>		