

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145584	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2025
NAME OF PROVIDER OR SUPPLIER Palm Garden of Mattoon		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Palm Mattoon, IL 61938	
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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to use the services of a Registered Nurse (RN) for at least eight consecutive hours a per day. This failure has the potential to affect all 98 residents in the facility. Findings Include: Facility Nursing Staff Daily Assignment Sheets reviewed from 11/1/25 through 11/28/25 documented seven days (11/1, 11/2, 11/8, 11/9, 11/15, 11/22, 11/23) that the facility failed to use the services of a Registered Nurse for at least eight consecutive hours. On 11/28/25 at 2:34 PM V2 (Director of Nurses) confirmed the facility did not have eight hours of Registered Nurse coverage every day, especially on the weekends when administration staff aren't at the facility to cover. V2 also confirmed the facility's current census was 98 residents. The facility's Facility assessment dated [DATE] documents a Registered Nurse is needed every day in order to provide competent support and care for the facility's resident population.		

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to ensure the nursing staff consistently completed and signed controlled substance count sheets at the end of each shift. This failure has the potential to affect two of four residents (R1, R2) reviewed for controlled substance count sheets in the sample of four. Findings include: R1's Physician Order Sheet dated November 2025 documents an order for Hydrocodone- Acetaminophen (Opioid combination-controlled substance) 10-325 milligrams every four hours as needed for pain. R2's Physician Order Sheet dated November 2025 documents an order for Hydrocodone- Acetaminophen (Opioid combination-controlled substance) 5-325 milligrams for arthritis pain. Review of the facility's Shift Verification of Controlled Substances Count sheets dated August 2025, September 2025, October 2025, and November 2025, document numerous blanks where nurses did not sign off as performing the count for multiple shifts during these four months. On 11/28/25 at 10:00 AM, V4 (Licensed Practical Nurse/LPN) stated the count is done after every shift but V4 forgot to do it today. On 11/28/25 at 2:12 PM, V2 (Director of Nursing/DON) stated the controlled substance count should be completed at the beginning and end of each shift. The facility's Controlled Substances Policy dated November 2022, documents nursing staff count controlled medication inventory at the end of each shift, using these records to reconcile the inventory count. This policy also documents the nurse coming on duty and the nurse going off duty make the count together.		

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview and record review the facility failed to provide food that accommodates resident preferences and failed to provide appealing options to residents who choose not to eat food that is initially served. These failures have the potential to affect all 98 residents residing in the facility. Findings Include: R2's Medical Diagnoses List dated November 2025 documents R2 is diagnosed with Chronic Obstructive Pulmonary Disease, Lymphedema, Cellulitis, Congestive Heart Failure, Chronic Ulcers of the Feet, Bipolar Disorder, and Depression. R2's Minimum Diagnoses Sheet dated 10/6/25 documents R2 is cognitively intact. R2's Physician Order Sheet documents R2 is prescribed a no added salt, regular diet. R2's undated Dietary Card documents R2 dislikes fish, chicken, beets, or squash. The facility's Monthly Menus dated 11/23/25 documents chicken or fish will be served 13 times throughout the month. On 11/30/25 at 1:20 PM R2 stated he is tired of not having any food choices. R2 stated the facility provides no appealing alternatives for residents that do not choose to eat what is on the menu. R2 stated you either must eat what is on the menu, or you get peanut butter and jelly. R2 stated there is never a substitute for the side dishes and no one ever offers him alternate food options. R2 stated he sees people go without eating because they don't like what's on the menu and there aren't other choices available. R2 stated his tray card states he does not like chicken or fish however the staff still serve him chicken or fish if it is on the menu because there is no other option. On 11/28/25 at 1:52 PM V11 (Cook) confirmed the facility has one meal on the menu and no alternative. V11 stated the cook on duty usually checks the fridge to see if there are any leftovers or makes peanut butter and jelly sandwiches for the residents that don't choose to eat what is on the menu. V11 stated the kitchen does not have alternatives for the vegetables or fruit on the menu. V11 confirmed residents don't have much of a choice when it comes to meals. Either they eat what is served, or they have to eat a peanut butter jelly sandwich or the random leftover. V11 stated it would be nice to have an always available menu or more options for the residents to choose from. On 11/28/25 at 2:34 PM V2 (Director of Nurses) stated she believes the facility should be honoring resident preferences and providing them a choice of food options if they don't choose to eat what is on the menu that meal. V2 confirmed the current daily census is 98 residents.		