STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145624	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Axiom Gardens of Flora	701 Shadwell Avenue Flora, IL 62839

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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement infection tracking, contact tracing and environmental infection control precautions per its policy for one resident (R2) with a presumptive diagnosis of Scabies out of 7 residents reviewed for infection control in the sample of 7. Findings include:R2's admission Record documented an admission date of 8/8/26 and included diagnoses of Paranoid Schizophrenia and Unspecified Convulsions. R2's Minimum Data Set assessment dated [DATE] documented R2 has moderate deficits in cognition. R2's Care Plan dated 12/24/25 documented a problem area of I have a rash of the stomach, left hand, bilateral sides, and back related to allergies, Eczema, Psoriasis. Date Initiated: 12/24/2025. R2's Hospital Discharge summary dated [DATE] documented, Admitting Diagnoses: 1. Hypercapnia. 2. Dehydration. During the admission, she also required management for a diffuse pruritic rash resembling scabies, for which permethrin cream was applied and subsequently washed off (on 3/11/26). She was placed in isolation due to the history of MRSA (Methicillin- Resistant Staphylococcus Aureus) and current rash. R2's Hospital Transfer Orders for Receiving Facility document dated 3/13/26 documented, Patient isolation status: Contact. Possible Scabies. Nursing Progress Notes dated 3/13/26, authored by V5 (Registered Nurse/RN) documented the following: 1:35pm: Generalized rash on body, denies itching. 1:54pm: readmitted to (the facility), van by staff, skin pink, warm and dry, lung sounds diminished, respirations equal, abdomen soft and non-tender, bowel sounds active. Alert and able to make needs known. Propels self in wheelchair. Denies pain. A Resident Infection Control and Antimicrobial Log dated March 2026 contained no documentation that R2 had a rash and was treated with permethrin cream on 3/11/26. On 3/17/26 at 10:40AM, V17 (Housekeeping/Laundry) stated residents who have scabies are to be on contact isolation, their room is to be deep cleaned with all curtains removed and laundered, their clothing must be washed and dried on the hottest settings, and non-washable belongings should be bagged up. V17 stated she was not aware of any residents having scabies within the past 60 days nor has her department been notified of any resident's room or laundry requiring isolation processing. On 3/17/26 at 11:00AM, V16 (Advanced Practice Nurse/APN) stated she had not been informed that R2 had been treated at the hospital for scabies until she came to the facility today. V16 stated if the hospital diagnosed R2 with scabies, a skin audit should be done for any resident having contact with the affected resident, and treatment must include, in addition to topical medication, environmental cleaning and isolation laundry precautions as well as contact isolation for any residents found to be infected. V16 stated it is pointless to treat scabies without implementing infection control precautions. V16 stated several residents at the facility, including R2, have had ongoing issues with skin rashes. On 3/17/26 at 1:50PM, V3 (Assistant Director of Nurses/Infection Control Nurse) stated she did not add R2's scabies diagnosis and treatment to the facility's March 2026 Infection Control Log since the hospital had made the diagnosis and provided the treatment, not the facility. V3 confirmed there had been no follow up skin checks or contact tracing to see if other residents had been affected. On 3/18/26 at 8:45AM, V5 (Registered Nurse/RN) confirmed she had readmitted R2 to the facility on 3/13/26 following R2's hospitalization. V5 stated R2 went back into the same room with her roommate (R7). V5 stated she did not review R2's hospital (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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 - Few	discharge or transfer paperwork and did not get verbal report from the hospital. Therefore, V5 was unaware R2 had been diagnosed with and treated for scabies, so no infection control protocols such as contact tracing, environmental cleaning, or contact isolation had been implemented. V5 stated she did fax R2's discharge paperwork to V16's (APN) office, although she had not called V16 to report R2 had a rash upon readmission. A Scabies Control Policy dated 11/28/12 documented Purpose: To eliminate and treat irritated skin areas and prevent the spread of infection. 6. Inspect all residents who have had contact with the resident who has been diagnosed. 8. DON and Infection Control Nurse will assess situation to determine extent of preventative measures. Procedure: 5. Bag linen and clothing and send to laundry. Wash, using detergent and dry in a dryer which is at least 160 degrees Fahrenheit. 6. Thoroughly vacuum carpet, upholstery and unprotected mattresses. Unprotected pillows shall be washed, disinfected, and dried. 7. Disinfect all resident furniture, equipment, and personal care items at the conclusion of the resident's treatment, (and) some articles may need to be dry cleaned. 8. Treat all affected individuals at the same time, if possible. A Facility Matrix dated 3/17/26 documented a total of 62 residents living at the facility.