

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: 145685	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Mount Vernon Countryside Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 606 East IL Hwy 15 Mount Vernon, IL 62864	
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, interview and record review the facility failed to ensure a medication cart was kept locked when out of staffs visual control. This has the potential to affect all 83 residents living at the facility. The findings include: On 03/25/2026 at 8:16 AM, V6 (Licensed Practical Nurse) prepped medications, left the cart unlocked and went down the hallway to room [ROOM NUMBER] leaving the unlocked cart out of her visual control. On 03/25/2026 at 8:22 A.M. V6 returned to the medication cart which remained unlocked. On 03/25/2026 at 12:02 P.M. V6 was observed at the end of 300 hall by the nurse's station talking with a resident. V6's medication cart for 300 hall was observed to be in the middle of the hallway unlocked. On 03/25/2026 at 12:05 P.M. V1 (Administrator) was observed walking down 300 hall, stopping at the medication cart and locking it. On 03/25/2026 at 12:11 PM, V6 stated she realized she left the cart unlocked after we had walked away and entered the resident's room. V6 stated she knows the policy and the cart is supposed to be locked when she walks away. On 03/26/2025 at 3:08 P.M. V1 (Administrator) stated medication carts should be locked when the nurse is not at the cart. The facility Medication Administration policy with no date documented, 16. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by. The facility census dated 03/24/2026 documented a total of 83 residents living at the facility.		

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to ensure the kitchen was clean and sanitary. This has the potential to affect all 83 residents residing in the facility. The Findings Include: During the lunch meal service on 3/24/26 at 11:30 AM the following observations were made: the cart that holds the clean plates for meal service was full of crumbs/old food debris, open shelves under preparation tables were dusty with food crumbs/dried drink spills, the top of the convection oven was dirty with food debris and grease buildup, the stationary cabinets underneath were littered with dropped dishes/paper trash/dirt, gnats were seen throughout the kitchen, underneath the juice machine was spilled dried juice, the floor appeared to be sticky and appeared to not have been mopped under the carts and stationary tables. On 3/24/26 corn meal was left open to air in the dry storage area from 9:00 AM until 2:00 PM. On 3/24/26 boxes were found in the dry storage area; some were empty stacked up and some were full sitting on the ground at 9:00 AM and still remained at 2:00 PM after the first shift had gone home. On 3/24/2026 at 2:10 PM, V1 (Administrator) walked through kitchen with surveyor due to dietary manager being gone for the day and acknowledged areas needed to be cleaned more thoroughly. V1 stated that she will get the cleaning issues taken care of this evening by calling in an extra employee to do take care of this immediately. The Long Term Care Facility Application for Medicare and Medicaid dated 3/24/26, documents that 83 residents reside in the facility.		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to treat residents with dignity during mealtimes for 1 of 1 resident (R34) reviewed for dignity in a sample of 34. Findings included: R34's admission Record documented an admission date of 2/13/24 with diagnoses including nontraumatic chronic subdural hemorrhage, Alzheimer's disease, major depressive disorder, cognitive communication deficit, and dysphagia, unspecified. R34's Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 01, showing R34 had severe cognitive impairment. R34's Care Plan documented a focus area of sometimes feels lonely or isolated from others with interventions that included to observe for changes in appetite, signs of withdrawal, crying, and tearfulness, decrease in social interaction and encourage resident to keep involvement of choice. R34's Progress Note by V19 (Social Service Director/SSD) dated 2/13/2026 documented quarterly social service assessment completed, R34 alert but unable to answer some questions without confusion. Mood and communication remain the same. States she sometimes feels lonely or isolated from others. Plans are to remain in this facility for long-term care. R34's Progress Note by V19 (SSD) dated 3/6/2026 documented quarterly social service assessment completed, R34 confused and unable to answer most questions. Communication and mood remain the same. States she sometimes feels lonely or isolated from others. Plans are to remain in this facility for long-term care. On 03/24/2026 at 11:41 AM, V12 (Family) stated she hired V18 (Personal Sitter) to come to the facility to sit with R34 on Tuesdays and Thursdays from 830 am-1130am to sit with her and take her to activities. V12 stated, R34 sits at the nurse station for meals because the facility said she is too loud and disrupts other residents. V12 stated, R34 likes socialization and wants attention. On 03/24/2026 at 11:45 PM, R34 was observed sitting by the nurses station in her wheelchair, facing the corner at time R35 had been served her lunch meal which consisted of a mechanical soft diet of baked zitti, broccoli, apple crisp and bread and butter. On 03/25/2026 at 12:05 PM, V13 (Family) stated she is not happy about R34 eating meals by the nurses station. V13 stated, she did notify the facility during a care plan meeting about 3 months ago that the family does not like that she cannot eat in the dining room. V13 stated, during the care plan meeting she had been told that it was because R34 gets overstimulated when she is in the dining room and hollers out. On 3/25/2026 at 12:00 PM, observed R34 sitting in her wheelchair at the table next to the nurses station facing the wall. On 03/25/2026 at 1:05 PM, V19 stated R34 does eat most of her meals by the nurses station related to her behaviors in the dining room. V19 stated, V12 had been willing to try letting R34 sit elsewhere during mealtimes for behaviors as a trial. V19 stated, V13 never told her she had not been happy with R34 sitting at the table by the nurses station. V19 stated, R34 had been sitting at the nurses station to eat for a few months. V19 stated, she does not feel the R34 documentation of feeling isolated dated 2/13/26 and 3/06/2026 had been about her not eating in the dining room. On 03/25/2026 at 2:15 PM, V1 (Administrator) stated it is her expectation that staff treat all residents with dignity and respect. V1 stated, she could see how R34 sitting at the table by the nurses station while facing the wall may not be the best option. V1 stated the facility had attempted multiple interventions, including resident sitting with another resident during lunch time and watching television that the family requested not to continue, however there is no documentation provided. On 03/26/2026 at 8:53 AM, V18 (Personal Sitter) stated she started coming to sit with R34 the last 3 weeks on Tuesdays and Thursdays from 8:30 AM -11:30 AM. V18 stated, she was hired by V12 to come in and socialize with R34 because the family felt R34 was not getting any socialization at the facility. V18 stated, every Tuesday and Thursday that she had come in the facility the last few weeks, R34 was sitting up at the nurses station table facing the wall and no staff was sitting with her while she was eating. V18 stated, today is the first day that R34 had been sitting in the hallway with a staff member since she started sitting (continued on next page)		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with her a few weeks ago. On 03/26/2026 at 2:30 PM, V20 (Activity Aide) stated, R34 had been eating in her room until the facility came and told her that they were going to have R34 sit at the table by the nurses station. V20 stated, R34 had been eating her meals at the table by the nurses station facing the wall. The facility policy Quality of Life-Dignity (revision February 2012) documented under Policy: Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality.		

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain a functional status of mobility for 1 (R34) of 1 residents reviewed for ADL (Activities of Daily Living) in the sample of 34. Findings included: R34's admission Record documented an admission date of 2/13/24 with diagnoses including muscle wasting and atrophy, not elsewhere classified, multiple sites, muscle weakness (generalized), other abnormalities of gait and mobility, nontraumatic chronic subdural hemorrhage, and Alzheimer's disease. R34's Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 01, showing R34 had severe cognitive impairment. This same document under Section GG0115: Functional Limitation in Range of Motion (ROM) documented an impairment to both sides of the lower extremities and Section O0500 Restorative Nursing Programs of 0 days completed for walking. R34's Care Plan documented a focus area of needing verbal cues and substantial to dependent staff assist for activities of daily living and mobility. R34 demonstrates impaired cognition, poor safety awareness, impulsiveness, delayed processing, decreased ROM (range of motion)/mobility, muscle weakness, unsteadiness on feet. I am easily distracted. History of right hip periprosthetic fracture, nonsurgical, history of right humerus fracture. I will transfer with 2 person assist with a goal to maintain present level of functioning through next review. R34's Physical Therapy (PT) Discharge summary dated [DATE] documented under Patient Progress to Treatment: PT recommended RNP (Restorative Nursing Program) and walking program for pt (patient) to prevent functional decline, maintain gains achieved from therapy and maintain strength / flexibility. Overall, R34 demonstrated good progress and had improvements as to sitting and standing balance, activity tolerance, endurance, AROM (Active Range of Motion) and BLE (Bilateral Lower Extremities) strength / flexibility which lead to safer and better level of independence with mobility skills as compared to SOC (Standard of Care). R34 can also walk 100-200ft using follow with wheelchair with minimal /CGA (Contact Guard Assist) and cues using walker and with close wheelchair follow. This same document under Discharge Recommendations documented in part: Restorative Program Established/Trained = Other Restorative Program (Please refer to completed RNP and walking program documentation). On 03/24/2026 at 11:34 AM, V12 (Family) stated the nursing staff is supposed to walk R34 to the dining room, but they have not been doing that. On 03/25/2026 at 12:05 PM, V13 (Family) stated R34 is supposed to be walked to the dining room with her walker for restorative care and does not think that is happening. On 03/25/2026 at 12:23 PM, V3 (Restorative Aide) stated she is the restorative aide for the facility. V3 stated, restorative therapy is completed by all staff, but she does complete restorative care as well that includes walking, activities daily living, showering, repositioning, etc. V3 stated, all restorative care is documented in the resident's electronic health record (EHR). V3 stated, R34 does not get assistance in walking because she is unable to complete the task safely, she has behaviors V3 stated, it is not walking if 3 people must help you. On 03/26/2026 at 8:33 AM, V14 (Certified Nurse Assistant/CNA) stated, R34 cannot walk and is not walked by staff. On 03/26/2026 at 9:05 AM, V1(Administrator) stated R34 had never had a walking program while in the facility. V1 stated, R34 only has the activities of daily living documentation located in the electronic health record. On 03/26/2026 at 10:40 AM, V15 (PT) stated he did actively work with R34 on ambulating distance by himself with assistance by using a wheelchair and walker. V15 stated, R34 had been discharged from PT in 12/2024 with recommendations of the restorative nursing program. V15 stated, R34 should have been referred to therapy for an evaluation if she was not maintaining her mobility function. V15 stated, the nursing staff could have used a second person behind R34 when walking with a wheelchair for safety. On 03/26/2026 at 1:20 PM, V16 (MDS/Minimum Data Set Coordinator) reviewed MDS documentation for 4/6/2025 through 8/2025 for R34. V16 stated, during the look back period for 4/6/2025 and 5/2025 there was documentation R34 had been being walked by nursing staff. V16 (continued on next page)		

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated, the 7/2025 look back period documented no walking related to safety concerns. On 03/26/2026 at 1:28 PM, V17 (Director of Rehab) stated there was no notification that R34 had not been ambulated, so the therapy department had not been aware of any other issues. PT's recommendation was to implement a walking program in 12/2024 and there has been no notification of ambulation decline to their department. V17 stated, If R34 had not been staying at the level of function from her therapy discharge then she should have been referred to therapy for evaluation. On 03/26/2026 at 1:42 PM, V3 (Restorative Aide) stated she does communicate with the therapy team daily in the morning meetings and this is when she would communicate if a resident were having trouble transferring, eating, mobility, etc. V3 stated, R34 had more behaviors related to ambulation. V3 stated, R34 is hard to redirect, and therapy had been aware. On 03/27/2026 at 9:28 AM, V8 (Regional Clinical Reimbursement) stated R34 did not have a walking program in place even though it had been the recommendation from physical therapy. R34's MDS dated [DATE] Section GG0170. Mobility documented under: Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If performance in the last 7 days is coded 07, 09, 10, or 88 ^ Skip to GG0170Q5, Does the resident use a wheelchair and/or scooter? J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns as able to with partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. This same document under Section O documented O0500 Restorative Care: Training and Skill Practice In: F. Walking with 0 days. R34's MDS dated [DATE] Section GG0170. Mobility documented under: Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If performance in the last 7 days is coded 07, 09, 10, or 88 ^ Skip to GG0170Q5, documented 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. This same document under Section O documented O0500 Restorative Care: Training and Skill Practice In: F. Walking with 0 days. R34's Point of Care History report document dated 3/31/2025 - 4/6/2025 documented under Functional Abilities Walk 10 Feet with dates of 4/1/2025 at 11:54 with partial/moderate assistance, 4/2/2025 with partial/moderate assistance, 4/3/2025 with supervision or touching assistance, 4/4/2025 with partial/moderate assistance and 4/5/2025 with partial/moderate assistance. Walk 50 feet with two turns documented dates of 4/4/2025 with partial/moderate assistance and 4/5/2025 with partial/moderate assistance. Walk 150 feet documented dates of 4/4/25 with partial/moderate assistance and 4/5/2025 with partial/moderate assistance. R34's Point of Care History report document dated 7/3/2025 - 7/9/2025 documented under Functional Abilities Walk 10 Feet with dates of 7/4/2025 with partial/moderate assistance, 7/5/2025 with partial/moderate assistance, 7/6/2025 with substantial/maximal assistance. Walk 50 feet with two turns documented not applicable. Walk 150 feet documented not applicable. The facility Resident Mobility and Range of Motion (revised October 20, 2025) documented Policy Statement: 1. Residents will not experience an avoidable reduction in range of motion (ROM). 2. Residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM. 3. Residents with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility unless reduction in mobility is unavoidable. Policy Interpretation and Implementation: 1. As part of the resident's comprehensive assessment, the nurse will identify the resident's: a. Current range of motion of his or her joints; b. Current mobility status (per current MDS assessment tool), including his or her ability to:(1) Move to and from the lying position; (2) Turn and move side-to-side in bed; (3) Change body positions; (4) Transfer to and from bed or chair; and (5) Walk.		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review the facility failed to ensure a resident with limited range of motion received appropriate treatment and services to prevent further decrease in range of motion for 1 (R46) of 18 residents reviewed for position and mobility in the sample of 34. The Findings Include: R46's face sheet documents R46 was recently readmitted to the facility on [DATE]. The diagnoses listed include displaced intertrochanteric fracture of left femur, dementia, conversion disorder with seizures, hypertensive chronic kidney disease, mixed hyperlipidemia, hypothyroidism, chronic obstructive pulmonary disease, and Parkinson's Disease. R46's current orders document on 09/03/2025 an order for restorative active range of motion to be completed 6-7 times a week every shift. R46's MDS (Minimum Data Set) dated 02/06/2026 coded as quarterly documents section C0500 BIMS (Brief Interview for Mental Status) as 03 - severe cognitive impairment. Section GG of the same MDS documents Functional Limitation in Range of Motion impairment on both sides of the lower extremities. Section O of the MDS documents 0 days for passive range of motion and 7 days of active range of motion for the look back period. R46's care plan documents a problem area of ADL's (Activities of Daily Living) Functional Status / Rehabilitation Potential. I require verbal cues and substantial staff assistance for ADL's and mobility. I am dependent on staff for safety, mealtimes, and activities. I am alert to self with confusion to situation, place and time. I am able to answer simple yes / no questions. The goal listed I will be able to maintain present level of functioning through next review as evidenced by. Interventions listed include verbal cues and substantial staff assistance with adl's and mobility, mechanical lift transfers with two assists, and active / passive range of motion with care as tolerance. R46's therapy progress note, dated 09/30/3035 documented physical therapy recommended Restorative nursing program to prevent functional decline and to maintain strength / flexibility. R46's referral to restorative report dated 09/30/2025 documents the recommended restorative nursing programs are passive range of motion, active range of motion, and bed mobility. R46's Point of care history report with a date range of 03/21/2026-03/27/2026 documents R46 receives 15 minutes of active range of motion each shift. On 03/26/2026 at 2:28 P.M. V3 (Restorative Certified Nurse Assistant) stated R46 is active assist range of motion. V3 stated she is not sure why the order in the chart is for active range of motion but stated there is no place to chart it. V3 stated R46 doesn't need passive range of motion because he can participate with the program. On 03/26/2026 at 3:08 P.M. V1 (Administrator) stated when a resident is discharged off therapy, V5 (Registered Nurse) is responsible for writing the program and assigning it in the electronic medical record. On 03/26/2026 at 3:53 P.M. V5 (Registered Nurse / Assistant Director of Nursing) stated all residents on admission get placed on an active range of motion and bed mobility program. V5 stated, I would assume that each program is for all extremities unless a resident is observed to have a contracture. V5 stated if she had seen the referral for restorative on R46, she would have just written the active range of motion not the passive range of motion. On 03/27/2026 at 8:30 A.M. V4 (Family Member) stated that R46 has a hard time following commands and that is why R46 doesn't do exercises. V4 stated R46 does get agitated and is easily distracted. On 03/27/2026 at 10:03 A.M. V3 (Restorative Certified Nurse Assistant) explained to R46 what she was going to do. V3 then washed her hands and sat next to R46's recliner. V3 asked R46 to raise and lower his arm. R46 looked at V3 and smiled. V3 attempted again to get R46 to raise and lower his arm. R46 was unable to follow the commands from V3. V3 then raised and lowered her arms and asked R46 to do the same thing. R46 did not raise or lower his arm. V3 then attempted to assist R46 in raising and lowering his arms, but R46 did not participate. V3 stated she would attempt again later. Facility policy titled Resident Mobility and Range Motion dated October 20,2025 documented residents with limited range of motion will receive treatment and services to increase and or prevent a further decrease in range of motion.		

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to obtain daily weights per physicians orders for a resident with a history of weight loss for 1 of 4 residents (R5) reviewed for weight loss in the sample of 34. Findings include: R5's Face Sheet documented an admission Date of 3/10/23 with diagnoses to include Dementia, Epilepsy, and Chronic Kidney Disease. R5's Minimum Data Set, dated [DATE] documented R5 has moderate deficits in cognition. R5's Care Plan dated 2/12/26 documented a problem area, Resident has had a weight loss of 14% (percent) in 6 months and 2.7% in 1 month. R5's March 2026 Physicians Orders documented an order for daily weights with a start date of 3/19/26. R5's March 3/1/26-3/27/26 Vital Report documented that R5 weighed 156 pounds on 3/2/26 and 169.4 pounds on 3/27/26. These were the only 2 weights charted. On 03/26/2026 at 1:57 PM, V11 (Registered Dietician) stated R5's oral intake has improved within the past month and her weight is picking up and has stabilized. V11 stated the facility should have carried out orders for R5's daily weights. On 03/27/2026 at 10:46 AM, V1 (Administrator) stated the issue with failing to obtain daily weights as ordered for R5 will be discussed in Quality Assurance. The facility's Weight Management Program Policy dated February 2024 documented, It is the policy of (Name of the facility) to manage resident weight through prevention, assessment, and implementation and evaluation of interventions. An Obtaining and Following Physicians Orders Policy dated July 2017 documented, It is the policy of (the facility) that physician orders will be obtained by licensed personnel and followed. If the licensed professional does not in his/her best judgment think that the order is not in the best interest of the resident, he/she has the obligation to further investigate prior to fulfilling the order. If those orders are not followed for any reason, the Physician and Director of Nursing will be promptly notified. If the failure to follow physician orders is more than just one instance, such as not passing medications to the residents assigned to him/her, then a quality monitoring process should be implemented to prevent reoccurrence. For example, medication carts would be audited to determine the extent of the problem. Then the Director of Nursing or designee would monitor medication passed weekly for four weeks, then every other week for four weeks, then monthly thereafter.		

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to weigh a dialysis resident daily per physicians orders and to maintain regular communication with the dialysis center about post dialysis weights for one resident of one resident (R3) reviewed for dialysis in the sample of 34. Findings include: R3's Face Sheet documented an admission Date of 12/6/24 and listed Diagnoses including End Stage Renal Failure, Cirrhosis of the Liver, and Diabetes Type 2. R3's Minimum Data Set, dated [DATE] documented that R3 has no deficits in cognition and receives hemodialysis. R3's Care Plan dated 2/24/26 documented a problem area, I am at risk for complications due to End Stage Renal Disease & Hemodialysis therapy. I go to (company name) Dialysis on Tuesday, Thursday, and Saturday. I have history of right nephrectomy. I frequently refuse Lactulose. I am not receptive to education. R3's March 2026 Physicians Orders documented an order for daily weights with a start date of 12/6/24, and an order to obtain post dialysis weights from the dialysis provider on dialysis days, which are Tuesdays, Thursdays, and Saturdays, with a start date of 2/8/26. R3's Vital Report for 3/1/26-3/27/26 documented that R3 was not weighed on 3/13/26, 3/14/26, 3/15/26, 3/16/26, or 3/19/26 through 3/25/26. The only weights listed were for 3/2/26 and 3/27/26. There was no documentation in R3's chart to indicate that the dialysis center had been in communication with the facility about the resident's post dialysis weights from 2/8/26 through 3/27/26. On 3/26/25 at 9:20am, V2, (Director of Nurses/DON), stated the facility does not have a dialysis communication book, but that the facility talks on the phone at times with dialysis about (R3). On 03/26/2026 at 1:16 PM, V8 (Dialysis Center Registered Nurse) stated R3 gets weighed after every dialysis session and it is documented at their facility. V8 stated she has told the facility numerous times they need to maintain a dialysis communication book to be sent with R3 to dialysis to be completed by dialysis staff, which would include the post dialysis weights. On 03/27/2026 at 10:58 AM, V2 stated she was in contact with V8 on 3/26/26 about getting a dialysis communication book started. A Care of a Resident with End Stage Renal Disease (ESRD) Policy dated November 2017 documented, Residents with ESRD will be cared for according to currently recognized standards of care. Agreements between this facility and the contracted ESRD facility will include all aspects of how the residents care will be managed, including: A. How the care plan will be implemented; B. How information will be exchanged between the facilities; and C. Responsibility for waste handling, sterilization and disinfection of equipment.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145685	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Mount Vernon Countryside Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 606 East IL Hwy 15 Mount Vernon, IL 62864	
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 observation, interview, and record review the facility failed to follow infection control practices for 2 (R10 and R96) of 6 residents reviewed for infection control in the sample of 34. The findings include:1. R96's face sheet documented that R96 was admitted to the facility on [DATE]. Diagnoses listed include metabolic encephalopathy, type 2 diabetes mellitus, acute kidney failure, chronic kidney disease stage 4, non-pressure chronic ulcer of other part of left foot, atherosclerotic heart disease, depression, essential hypertension, and hyperlipidemia. R96's Physicians order for blood glucose dated 01/22/2026, documents an order for blood glucose to be taken prior to giving sliding scale insulin before meals. On 03/25/2026 at 7:46 AM, V10 (Licensed Practical Nurse) opened the medication cart and removed the blood glucose monitor device placing it on top of the medication cart. V10 then put gloves on, walked over to R96. V10 then cleaned R96's left first finger with an alcohol prep pad. V10 then used the lancet and stuck R96's finger. V10 obtained a blood sample in the blood glucose machine. V10 recorded the result and placed the strip in the trash. V10 then placed the blood glucose machine on the medication cart and prepared the insulin for R96. It was noted that V10 did not clean the glucose monitor with any type of cleaning pad or wipe. Several minutes later V10 opened the medication cart and placed the blood glucose machine inside. On 03/25/2026 at 8:38 A.M. V10 stated she cleaned the blood glucose machine with an alcohol prep pad. On 03/26/2026 at 3:08 P.M. V1 (Administrator) stated she expects the staff to follow the policy on cleaning glucometers. V1 stated an alcohol prep pad is not what the nurse should have used to clean the machine. Facility policy titled Obtaining a Fingerstick Blood Glucose Level dated March 2023 documented 18. Clean and disinfect reusable equipment between uses according to the manufacturer's instructions and current infection control standards of practice. The EvenCare Proview meter cleaning and disinfecting procedure documents the meter must be disinfected between patient uses by wiping with a CaviWipe towelette or EPA registered disinfecting wipe in between tests and be cleaned prior to disinfecting. 2. R10's admission Record documented an admission date of 4/12/25 with diagnoses including type 2 diabetes mellitus without complications, moderate protein-calorie, malnutrition, vascular dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety. R10's Minimum Data Set (MDS) Brief Interview dated 3/25/26 documented a Mental Status (BIMS) score of 10, showing R10 had moderate cognitive impairment. This same document under Section M Skin Conditions: M0150. Risk of Pressure Ulcers/Injuries, Is this resident at risk of developing pressure ulcers/injuries with yes. R10's Physician Order Sheet (POS) documented on 2/11/2026 an order apply Silver Silvadene cream 1% amount: 1 treatment: topical. Special Instructions: Apply silvadene/collagen powder to wound bed in intergluteal cleft, cover with calcium alginate and bordered gauze dressing daily and PRN. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145685	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Mount Vernon Countryside Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 606 East IL Hwy 15 Mount Vernon, IL 62864	
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	03/26/2026 2:01 PM Observed R10's dressing change to right intergluteal cleft completed by V6 (Licensed Practical Nurse/LPN). R10 observed standing with assist by V7 (Certified Nurse Assistant/CNA). V6 removed old dressing, duffed gloves and used hand sanitizer prior to donning clean gloves. Observed V6 (LPN) picking up spray bottle of wound cleanser, sprayed twice with using her right index finger, and wiped the wound off with one piece of gauze. V6 did not [NAME] gloves after cleaning the wound and continued with the same dirty gloves applying Silvadene cream with her right index finger and applied collagen powder to wound bed. V6 continue with the same gloves to apply the calcium alginate and bordered gauze. V6 duffed her gloves, picked up a marker to write date and initials on dressing then used hand sanitizer. 03/26/2026 2:20PM V6 (LPN) stated, she should have duffed her gloves and completed hand hygiene after cleaning the wound bed with the wound cleaner because she did pick up the wound cleaner bottle. V6 stated, however, if she changed her gloves every time she touched something she would have to change her gloves 7 times. V6 stated, she is not sure what the facility policy stated, but she thinks it would document donning and duffing gloves after cleaning the wound. 03/26/2026 3:11 PM V1 (Administrator) stated, it is her expectations that staff follow the policy and procedure for dressing changes including infection control practices. The facility Infection Prevention and Control Program Policies and Procedures (revised August 2018) documented under Policy: The organization has made a commitment to prudent infection prevention and control measures by promoting the concept of compassionate, common-sense resident and patient care, with an emphasis on cleanliness and infection prevention strategies. This organization has an established infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. We strive to implement evidenced based approaches to infection prevention.		