STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145691	A. Building B. Wing	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hallmark Healthcare of Pekin	2501 Allentown Road Pekin, IL 61554

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. Based on observation, interview, and record review, the facility failed to implement enhanced barrier precautions for one of three residents (R1) reviewed for infection control in a sample of three. Findings Include:R1's current Physician Order Sheet documents, Enhanced Barrier Precautions related to indwelling (urinary) drainage catheter.On 9/16/25 at 1:40pm, R1 was in bed, with a urinary drainage bag hanging on the lower aspect of his bed frame. R1's urinary drainage bag contained approximately 400 milliliters of clear yellow urine. R1's door did not have a sign indicating EBP. On 9/17/25 at 10:00am, V4, Hospice Certified Nursing Assistant, was performing morning personal hygiene for R1. V4 then pushed R1 back to the main dining room. On 9/17/25 at 10:20am, V4 was unable to speak of the facility's Enhanced Barrier Precautions. V4 stated that she only wears gloves while performing personal care, unless the resident is on contact or droplet isolation. V4 verified that she only had gloves and a mask on while performing R1's personal care. On 9/17/25 at 11:00am, V3, Assistant Director of Nursing/Licensed Practical Nurse, stated that signs are to be outside of the resident's room indicating the type of isolation the resident is on. V3 verified that any resident with an indwelling urinary catheter is to be on EBP. V3 also stated that there should be an isolation cart outside of the room. V3 verified that R1 did not have an EBP sign on his door. The facility's Enhanced Barrier Precautions policy, revised 12/10/24, documents that EBP (Enhanced Barrier Precautions) are used in conjunction with standard precautions and expand the use of PPE (personal protective equipment) to donning of gowns and gloves during high contact resident care activities that provide opportunities for transfer of MDROs (multidrug resistant organisms) to staff hands and clothing. EHB are indicated for residents with any of the following has a wound or indwelling medical device and secretions or excretions that are unable to be covered or contained and are not known to be infected or colonized with any MDRO. For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting. Device care or use: central line, urinary catheter, feeding tube or tracheostomy, ventilator. wound care: any skin opening requiring a dressing.

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