

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145719	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Lincoln Village Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2202 North Kickapoo Street Lincoln, IL 62656	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33975</p> <p>Based on record review and interview the Facility failed to provide weekly showers for seven of eight Residents (R1, R2, R3, R4, R5, R7 and R8) reviewed for showers in a sample of nine.</p> <p>Findings include:</p> <p>The Facility Shower/Tub Bath Policy, revised 8/2002, documents: the purpose of this procedure are to promote cleanliness, provide comfort to the Resident and to observe the condition of the Resident's skin; the following information should be recorded in the Resident's Activity of Daily Living/ADSL record and/or in the Resident's medical record (date/time of shower/tub bath, name/title of individual who assisted, assessment data, how Resident tolerated, if Resident refused and signature/title of person recording the data); report other information in accordance with Facility policy and professional standards of practice.</p> <p>The Facility Certified Nursing Assistant/CNA Position Title, undated, documents: assist nursing personnel in providing nonprofessional nursing care and simple technique nursing services; receives assignments; gives general care to Patients/Residents; bathes and dresses Residents; gives grooming care; encourages showers; ensure all Residents are appropriately dressed and well groomed; and responsible for Resident bath sheets.</p> <p>The Facility Assessment Tool reviewed 1/3/25, documents the Facility will provide bath/showers at least weekly for each Resident and the Facility will provide more frequently by request as needed.</p> <p>The Facility Shower Schedule, undated, documents scheduled bi-weekly (two times a week showers) for R1, R2, R3, R4, R5, R7 and R8.</p> <p>1. R1's current Continuity of Care Document/CCD documents that R1 admitted to the facility on [DATE]. R1's Census History (1/1/25 through 3/26/25) documents R1's hospital leave dates (1/25/25 through 1/20/25 and 2/4/25 through 2/8/25). R1's Skin Monitoring/Comprehensive Shower Review document R1 was showered on 2/1/25, 3/18/25 and 3/21/25. The Facility could not provide weekly Shower Review documents for R1 for the entirety of the dates requested 1/1/25 through 3/26/25.</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
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. R2's current Continuity of Care Document/CCD documents that R2 admitted to the facility on [DATE]. R2's Census History (1/1/25 through 3/26/25) does not document any leaves of absence/discharges from the Facility. R2's Skin Monitoring/Comprehensive Shower Review document R2 was showered on 1/23/25, 1/27/25, 2/24/25, 2/27/25, 3/3/25 and 3/24/25. The Facility could not provide weekly Shower Review documents for R2 for the entirety of the dates requested 1/1/25 through 3/26/25.</p> <p>3. R3's current Continuity of Care Document/CCD documents that R3 admitted to the facility on [DATE]. R3's Census History (1/1/25 through 3/26/25) does not documents any leaves of absence/discharges from the Facility. R3's Skin Monitoring/Comprehensive Shower Review document R3 was showered on 1/23/25, 1/27/25, 2/24/25, 2/27/25, 3/3/25 and 3/24/25. The Facility could not provide weekly Shower Review documents for R3 for the entirety of the dates requested 1/1/25 through 3/26/25.</p> <p>4. R4's current Continuity of Care Document/CCD documents that R4 admitted to the facility on [DATE]. R4's Census History (1/1/25 through 3/26/25) does not document any leaves of absence/discharges from the Facility. R4's Skin Monitoring/Comprehensive Shower Review document R4 was showered on 1/9/25, 1/13/25, 1/20/25, 1/28/25, 1/31/25, 2/11/25, 2/14/25, 3/4/25, 3/7/25 and 3/14/25. The Facility could not provide weekly Shower Review documents for R4 for the entirety of the dates requested 1/1/25 through 3/26/25.</p> <p>5. R5's current Continuity of Care Document/CCD documents that R5 admitted to the facility on [DATE]. R5's Skin Monitoring/Comprehensive Shower Review document R5 was showered on 1/21/25, 1/24/25, 1/28/25, 2/7/25, 2/18/25, 2/25/25, 3/1/25 and 3/21/25. The Facility could not provide weekly Shower Review documents for R5 for the entirety of the dates requested 1/1/25 through 3/26/25.</p> <p>6. R7's current Continuity of Care Document/CCD documents that R7 admitted to the facility on [DATE]. R7's Census History (1/1/25 through 3/26/25) does not document any leaves of absence/discharges from the Facility. R7's Skin Monitoring/Comprehensive Shower Review document R7 was showered on 1/2/25, 1/4/25, 1/6/25, 1/16/25, 1/20/25, 1/21/25, 1/30/25, 2/14/25, 2/20/25, 2/22/25, 2/25/25, 2/27/25, 3/3/25, 3/6/25, 3/10/25, 3/17/25 and 3/24/25. The Facility could not provide weekly Shower Review documents for R4 for the entirety of the dates requested 1/1/25 through 3/26/25.</p> <p>7. R8's current Continuity of Care Document/CCD documents that R8 admitted to the facility on [DATE]. R8's Census History (1/1/25 through 3/26/25) documents a hospital leave on 1/1/25 through 1/6/25. R8's Skin Monitoring/Comprehensive Shower Review document R8 was showered on 1/1/25, 1/13/25, 1/27/25, 2/24/25, 2/27/25, 3/3/25, 3/10/25, 3/17/25, 3/20/25 and 3/24/25. The Facility could not provide weekly Shower Review documents for R4 for the entirety of the dates requested 1/1/25 through 3/26/25.</p> <p>On 3/25/25 at 12:05 pm, R2 (Resident Council President) stated, I am not getting my showers on my scheduled shower days which are Monday and Friday. They tell me that they do not have time, or that they will come back to get me for one, but they never come back. When I first came here and needed more assistance, they would say that I refused my showers, when I really did not.</p> <p>On 3/26/25 at 9:15 am, R3 stated, I am on hospice care, and I do not like the way the hospice people give me a shower because they squirt me in the head with the water head and no one here checks on my showers or gives me one, so I just wash myself up in my room most times. I really need my hair washed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/26/25 at 9:08 am, R4 stated, I do not always get my showers when I should.</p> <p>On 3/26/25 at 9:32 am, R5 stated, Sometimes, I get showers and sometimes I do not, it just depends.</p> <p>On 3/26/25 at 9:41 am, R8 stated, I do not always get a shower.</p> <p>On 3/27/25 at 9:32 am, V2 (Director of Nursing) stated, I have not been here that long. We are slowly working on getting better with the shower schedules, they have had some problems. I cannot provide anymore documentation for the Residents showers.</p>

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>33975</p> <p>Based on observation, interview, and record review the Facility failed to follow their Dietary Menu and provide condiments for six of nine Residents (R1, R2, R4, R5, R6, R7) reviewed for dietary preferences in a sample of nine.</p> <p>Findings include:</p> <p>The Facility Week at a Glance Dietary Menu documents condiments be served with the Breakfast, Lunch, and Super meals.</p> <p>The Facility Dietary Purchase Orders, dated 3/3/25, 3/6/25, 3/10/25, 3/13/25, 3/17/25, 3/20/25 and 3/24/25, document one box of sugar substitute/sweetener was received on 3/10/25. No other substitute sugar/sweetener was purchased.</p> <p>R1's, R2's, R4's, R5's, R6's and R7's Continuity of Care Documents/CCD, document a diagnoses of Diabetes Mellitus.</p> <p>On 3/25/25 at 12:09 pm, 3/26/25 at 8:35 am, 3/26/25 at 12:20 pm and 3/27/25 at 8:25 am, no substitute sugar/sweetener was available/stocked on the dining room tables, individual serving trays or in the Main Dining Room condiment cart/bar. On 3/26/25 at 8:35 am and 12:20 pm, no substitute sugar/sweetener packets were observed on the room tray carts.</p> <p>On 3/27/25 at 9:48 am, no sugar substitute sugar/sweetener packets were in the dry storage room storage container. The Facility's dietary supply shipment had just been received and was stacked in the Facility kitchen unpacked. One box of sugar substitute/sweetener was in the shipment.</p> <p>On 3/25/25 at 12:05 pm, R2 (Resident Council President) stated, There is usually sweetener on the condiment bar in the dining room, but sometimes they run out.</p> <p>On 3/26/25 at 9:08 am, R4 stated, I use a lot of sweetener and we usually buy extra to keep in my room.</p> <p>On 3/26/25 at 9:32 am, R5 stated, I buy my own sweetener because they run out.</p> <p>On 3/27/25 at 9:48 am, V8 (Dietary Manager) stated, I have to order a box of sweetener every week, because we use so much and the Residents hoard the sweetener packets in their rooms. If I run out of product, they will allow me to go to a local store and purchase it, but I did not realize that we were out of the sweetener. V8 verified that no sugar packets were in the storage bin in the dry storage room and that no substitute sugar/sweetener had been received since 3/10/25.</p>		