

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 01/30/2025
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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>33975</p> <p>Based on record review and interview the facility failed to document in the resident's medical records or provide written notification to residents and/or resident representatives for hospital transfer/discharges. This failure has the potential to affect all 73 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility Long Term Care Facility Application for Medicare and Medicaid, dated 1/28/25, documents 73 residents reside in the facility.</p> <p>The facility Transfer and Discharge Policy, dated 1/2024, documents: To assure transfers and discharges will be conducted in accordance with the resident's rights, physician orders, and in such a manner as to maintain continuity of care for the resident; discharges from a skilled nursing facility to a hospital; when the facility transfers or discharges a resident under any circumstance, the resident/authorized legal representative must be notified verbally and in writing in an emergent situation; the facility must include in the written notice to the resident/authorized legal representative the following (reason for transfer, effective date of transfer/discharge, location of discharge/transfer, statement that resident has right to appeal, name/address/telephone number of state Ombudsman; and document the provision of such notice in the resident's clinical record.</p> <p>On 1/29/25 at 1:26 PM, V7 (Regional Director of Operations) stated, I cannot find any written notifications because we are not doing them for any resident when they discharge to the hospital. We got tagged for that a couple of years ago and were doing good with doing them, but we have had turnover in that position and now it seems they have not been getting done again.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>30722</p> <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview, and record review, the facility failed to ensure respiratory equipment was dated, bagged, and kept off the floor per facility policy and professional standards for four (R20, R28, R39, and R125) of six residents reviewed for respiratory therapy in a sample of 26.</p> <p>Findings include:</p> <p>A facility procedure titled Respiratory Therapy, dated 11/2017, documents The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff. Steps in the procedure include, 2. Use distilled water for humidification per facility protocol. 3. [NAME] bottle with date and initials upon opening and discard after twenty four (24) hours. It also documents, e. Change the reservoir every forty-eight (48) hours and disinfect with 2%/percent alkaline glutaraldehyde or sterilize. Additionally, this procedure documents, 7. Change the oxygen cannula and tubing every seven (7) days, or as needed. 8. Keep the oxygen cannula and tubing used prn (as needed) in a plastic bag when not in use.</p> <p>1. R125's Physician Order Report has an order dated 12/28/24 documenting, Oxygen: change tubing and mask weekly and PRN (as needed). Label. Once a day on (Sunday).</p> <p>On 01/28/25 at 1:13 PM, R125 was sitting in a recliner in her room with oxygen being administered per nasal cannula from a concentrator with bubble humidity. R125's nasal cannula tubing had no date. R125's reservoir for humidity was dated 12/29/24.</p> <p>On 01/28/25 at 2:28 PM, V4/Licensed Practical Nurse (LPN)/Infection Preventionist (IP) confirmed R125's oxygen tubing was not dated and R125's humidification reservoir was dated 12/29/24.</p> <p>On 01/29/25 at 9:23 AM, R125's humidification reservoir was dated 01/28/25 which was written in black marker with the previous 12/29/24 date visible underneath.</p> <p>On 01/29/25 at 9:53 AM, V4 confirmed the 01/28/25 date was written over the previously marked date of 12/29/24 and stated, I'm so sorry. I will make sure this is changed.</p> <p>2. On 01/28/25 at 1:19 PM, R39 was sitting in his room with humidified oxygen from a concentrator being delivered per nasal cannula. R39's oxygen tubing or humidification reservoir were not dated. R39's nebulizer mask was tucked into a wheelchair seat in R39's room.</p> <p>On 01/28/25 at 2:28 PM, V4 LPN/IP confirmed R39's oxygen tubing and humidification reservoir were not dated, and R39 had an order for oxygen.</p> <p>On 01/29/25 at 9:29 AM, R39's oxygen tubing and humidification reservoir had no dates. R39's nebulizer mask was hanging over a handle of a wheelchair and dangling approximately six inches from the ground, uncovered.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/29/25 at 9:53 AM, V4 confirmed R39's oxygen tubing or humidification had no dates and discarded R39's nebulizer mask. V4 stated any oxygen equipment not being used should be stored in a plastic bag.</p> <p>3. On 01/28/25 at 1:26 PM, R28 was sitting in a wheelchair in his room with humidified oxygen from a concentrator being delivered per nasal cannula. R28's nasal cannula or humidification reservoir were not dated.</p> <p>On 01/28/25 at 2:32 PM, V4 LPN/IP confirmed R28's nasal cannula and humidification reservoir had no dates, and R28 had an order for oxygen.</p> <p>4. On 01/28/2025 at 1:32 PM, R20 was in bed with a CPAP (Continuous Positive Airway Pressure) mask on. R20's concentrator tubing, CPAP tubing, and nebulizer tubing were not dated. There was a gallon of distilled water sitting on the floor in R20's room which was approximately 1/4 full with no date.</p> <p>On 01/28/25 at 2:28 PM, V4 LPN/IP confirmed R20's tubing's did not have dates, and R20 had an order for the CPAP and nebulizer.</p> <p>On 01/29/25 at 9:33 AM, R20's distilled water was slightly lower in volume than observations on 01/28/25 and was again sitting on the floor. This gallon of distilled water is now dated 01/27/25 at 1800 (6PM).</p> <p>On 01/29/25 at 9:53 AM, V4 confirmed R20's distilled water jug should not be sitting on the floor. V4 also stated a nurse added the date yesterday (1/28/25) but she wasn't sure why she dated it 1/27/25.</p>