

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Villa Health Care East		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Marian Parkway Sherman, IL 62684	
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based on observation, interview, and record review, the facility failed to prepare and provide food according to physician orders for 1 of 3 residents (R3) reviewed for diet consistency in the sample of 9. Findings Include:R3's admission Record document, print date of 1/22/26, documented R3 has diagnoses including Alzheimer's disease, atrial fibrillation, gastro-esophageal reflux disease, hypertension, spinal stenosis, aphasia following cerebral infarction, and glaucoma.R3's MDS (Minimum Data Set), dated 12/4/25, documented R3 is moderately cognitively impaired and requires setup assistance with meals. R3's Physician Order Summary Report, print date of 1/22/26, documented R3's physician order for a pureed texture diet with moderately thick (honey) consistency liquids. On 1/22/26 at 12:39 PM R3 was observed during the lunch meal. R3 was served pureed meat, peas, and carrots in a 3-compartment divided plate. R3 was also served pears with whipped topping in a small plastic bowl. The pears appeared to be diced rather than pureed. On 1/22/26 at 1:00 PM V9 CNA (Certified Nurse Assistant) was observed sitting next to R3 and was cutting R3's pears up with a butter knife. Surveyor asked V9 if the pears were pureed and V9 stated yes. Surveyor then requested V9 to get a scoop of the pears onto a spoon. Chunks of pear pieces were observed on the spoon which V9 continued to leave for R3. On 1/22/26 at 1:05 PM R3 was observed reaching into her mouth and then R3 placed a piece of pear on her plate. On 1/22/26 at 1:47 PM V8 Food Services Supervisor stated a pureed diet is to be the consistency of baby food and there should not have been any chunks in R3's pears. On 1/28/26 at 1:51 PM V1 Administrator stated she expects the residents to be served food according to each resident's physician's orders. The facility's Menu and Meal Service policy, dated 11/22, documented guest tickets should be printed for each resident at every meal to ensure diet accuracy. A system needs to be established to ensure each resident receives their food at every meal.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145721
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