STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145760	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Robinson Rehab and Nursing	600 East Robinwood Drive Robinson, IL 62454

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 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 that the dish machine and 3 compartment sink were effectively sanitizing the dishes and stationary equipment. This has the potential to affect all 59 residents residing in the facility.The Findings Include: During the initial tour of the kitchen on 11/18/25 at 9:45am, V4 (Cook) measured the sanitizer levels of dish machine with a quaternary sanitizer test strip. The strip measured 0 part per million (ppm). V4 then retrieved chlorine test strips and tested the dish machine again with a 0 ppm reading. A bucket of sanitizer was then tested with the quaternary test strip and a 0 ppm reading was obtained. A dishwasher Temperature Log and Temp/Chemical Sanitizing Machine dated November 2025 was provided and was filled out through the current day 11/18/2025. The log documented that the sanitizer level for the dish machine should be 50 ppm chlorine. This log documented that the sanitizer level was checked for the breakfast shift and V4 (Cook) stated that she was the employee to fill out the log for the breakfast meal this morning. It was marked at being 50 ppm chlorine. V4 stated that the sanitizer level is always ok. When asked if she used a strip and checked the sanitizer level this morning V4 again stated, I don't know, the sanitizer level is always ok. The log further documented for the month of November that all breakfast, lunch and supper meals on the log have a 50 PPM (Parts Per Million) reading listed as the sanitizer level logged for every meal. On 11/18/2025 at 10:00 AM, V5 (Dietary Manger) stated at this time that they have recently switched companies who delivers and maintains their dish machine, and she will have to find their contact information to have them come out and service the dish machine. V5 stated that the sanitizer bucket used to clean stationary equipment is made from a premixing system located at their 3-compartment sink, and that is maintained from the same company. V5 stated that she expects the staff to check the levels of sanitizer before each meals dishes are washed in the dish machine and when the fresh buckets of sanitizer are made. V5 stated that she will switch to disposable products at this time and revert to the emergency plan of using the 3-compartment sink and manually mix the sanitizer in the sink. On 11/19/2025 at 9:30 AM, V6 (Cook) stated that they fixed the dish machine sanitizer and it is at the proper level. The level of sanitizer when checked with a chlorine test strip was at 200 PPM, which is indicating over the recommended level of chlorine sanitizer. V6 stated that she would call maintenance and have them adjust the machine to lower the amount of sanitizer the machine is using. At the same time, the bucket sanitizer was checked with a quaternary test trip, and no sanitizer was present in the bucket. V6 made a fresh bucket of sanitizer and checked the level, and again it was not registering sanitizer. V6 stated that maintenance would check this as well and possibly adjust the hose. A policy and procedure for Dish Machine Use dated 12/30/24 documents: Food Service staff required to operate the dish machine will be trained in all steps of the dish machine use by the supervisor or designee proficient in all aspects of proper use in sanitation .4. Dish machines that use bleach for sanitation are to be tested prior to dishes entering the machine. The correct solution is 50-100 ppm with the chlorine test strips. A policy and procedure for pot and pan washing with a date of 12/30/24 documents, All pots and pans that are hand washed will be done in a three-compartment sink. A wash-rinse-sanitize procedure will be followed 3. the third sink will be filled to a designated water line with warm water (not less than 75 (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145760	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Robinson Rehab and Nursing	600 East Robinwood Drive Robinson, IL 62454

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	degrees) and two pumps (2 ounces) of sanitizer from the dispenser over the sink. A solution of sanitizer at the rate of 200 PPM is necessary.The Long-Term Care Facility Application for Medicare and Medicaid dated and signed on 11/19/25 documents 59 residents reside in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145760	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Robinson Rehab and Nursing	600 East Robinwood Drive Robinson, IL 62454

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 - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review the facility failed to follow policy and procedure for infection control practices for 4 of 16 residents (R13, R54, R57, and R59) reviewed for infection control in the sample of 35. The Findings Include:1. R54's admission Record documented an Initial admission Date of 11/12/2024. R54's admission Record documents the following diagnoses: Hemiplegia and Hemiparesis following cerebral infarction affecting right dominant side, polyosteoarthritis, neuromuscular dysfunction of bladder, pain in right knee, major depressive disorder, hypotension, and acute kidney failure. R54's Order Summary Report dated 11/20/2025 documented an order for suprapubic catheter change monthly on the 7th - urologist to change. The order summary goes on to document an order for infection precautions - enhanced barrier - staff will wear gown and gloves when in direct resident contact.R57's admission Record documented an Initial admission Date of 10/23/2025. R57's admission Record documents the following diagnoses: unspecified fracture of third lumbar vertebra, iron deficiency anemia, acute posthemorrhagic anemia, type 2 diabetes mellitus, essential hypertension, hypertensive heart disease, atrial fibrillation, postlaminectomy syndrome, and discitis. R57's Order Summary Report dated 11/20/2025 documented an order for daptomycin intravenous daily until 11/27/2025. On initial tour of the facility on 11/18/2025 beginning at 9:30 A.M., R54 and R57 had no isolation precaution signs outside their room. R54 and R57 did not have an isolation station for personal protective equipment outside their rooms. On 11/18/2025 a Matrix for Providers (form CMS 802) was provided by the facility. R54 and R57 do not have a check mark in the column for transmission-based precautions.On 11/19/2025 at 2:40 P.M. V8 (Infection Preventionist Nurse) stated she is not sure why R54 and R57 do not have isolation precautions on their doors. V8 stated that both R54 and R57 should have isolation precautions and it will be put in place immediately.On 11/19/2025 at 3:05 P.M. V1 (Administrator) stated the facility is doing an audit to ensure all residents who require isolation precautions are on them.On 11/20/2025 at 9:00 A.M. R54 and R57's rooms were observed with isolation signs on the outside of the doors and personal protective equipment carts outside of their rooms.On 11/21/2025 at 10:52 A.M. V8 stated when a resident is admitted , she tells the nursing staff that the resident needs isolation precautions and what the isolation is for. V8 stated it is perplexing that R54 didn't have signs and personal protective equipment stations because R54 has been in that room for months. V8 stated R54 had isolation trash cans in his room and she is certain that R54 had isolation signs on his door. V8 stated she is not sure how or when it was taken down. V8 stated it is her expectation that the isolation precautions be put up and utilized until she takes them down. V8 stated she does not double check the residents after they are admitted to make sure the isolation precautions are put into place. V8 stated that R57's isolation precautions for having a mid line just must have been missed. V57 stated she is responsible for making sure that residents are placed on precautions per the facility protocol. On 11/21/2025 at 10:58 A.M. V3 (Registered Nurse / Assistant Director of Nursing) stated she realized after starting R57's antibiotic and leaving the room she did not gown up. V3 stated she knew R57 was supposed to be on enhanced barrier precautions because he has a mid-line.On 11/21/2025 at 11:01 A.M. V2 (Director of Nursing) stated it is her expectation that the infection preventionist nurse communicate isolation precautions for all residents. V2 stated it is also her expectation that the infection preventionist nurse follow up to ensure the residents who require isolation are on isolation. V2 stated that in daily morning meetings it is discussed who is on isolation and why. V2 stated there is no reason R54 and R57 were not on isolation precautions.A facility policy titled Enhanced Barrier Precautions with a date of 10/28/2024 documented It is this facilities policy that Enhanced Barrier Precautions (EBP) are used to prevent transmission of infectious organisms spread by direct or indirect contact with the patient or the patient's environment. EBP is used during high-contact care activities for residents with chronic wounds or indwelling medical device. 2. On 11/20/2025 at 11:00 AM, V7 (Registered Nurse) completed a blood glucose check on R59. V7 pulled the test strip out of the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145760	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Robinson Rehab and Nursing	600 East Robinwood Drive Robinson, IL 62454

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 - Some	machine and discarded it then placed the blood glucose monitoring machine in a basket with lancets and alcohol prep pads. V7 then left R59's room and pushed R59 to the dining room and placed the clipboard with the basket containing the blood glucose machine and blood glucose monitoring supplies on the medication cart. At 11:06 A.M. V7 walked to medication cart, sanitized hands, picked up clipboard with the basket containing the blood glucose machine and blood glucose monitoring supplies and went to the dining room to get a blood pressure on R59. At 11:13 A.M. V7 went in R13's room and sat clipboard with blood glucose monitoring supplies on the bed side table. V7 came out of the room and placed a gown and gloves on. V7 then went to R13 and obtained his vital signs. At 11:17 A.M. V7 took blood glucose machine out of basket and obtained glucose reading. V7 then took the test strip out of machine and discarded it. V7 placed glucometer back in basket with supplies and left R13's room. On 11/20/2025 at 11:20 A.M. V7 stated she uses one blood glucose machine and disinfects it after she has gotten all of her resident's blood glucoses. V7 stated she did not clean the machine in between each resident use. On 11/20/2025 at 11:25 A.M. V2 stated there are two blood glucose machines. V2 stated the nurse is supposed to use one and clean it. V2 stated while that one is drying the nurse is supposed to use the other blood glucose machine. V2 stated that the blood glucose machine should be cleaned after each use. V2 stated it is her expectation that all nurses in the facility know the policy and to disinfect the blood glucose machine between uses. A facility policy titled Cleaning and Disinfection of Glucometer with a date of 10/28/2024 documented under section titled Guidelines: . All glucometers that are shared among multiple residents will be thoroughly wiped with the disinfectant and allowed to air dry after every use and between each resident.