

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145769	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/07/2025
NAME OF PROVIDER OR SUPPLIER  Hallmark Hc of Carlinville		STREET ADDRESS, CITY, STATE, ZIP CODE  826 North High Carlinville, IL 62626	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33112</p> <p>Based on interview, observation, and record review, the facility failed to maintain an effective pest control program. This has the potential to affect all 38 residents living in the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 4/7/25 at 11:45 AM, the medication room was observed; mouse droppings were found around the baseboards.</li> <li>On 4/7/25 at 11:50 AM, the laundry room was observed; mouse droppings were found around the baseboards in the dirty room.</li> <li>R2's Face Sheet, print date of 4/7/25, documents R2 was admitted on [DATE] and has a diagnosis of Diabetes.</li> </ol> <p>R2's Minimum Data Set (MDS), dated [DATE], documents R2 is cognitively intact.</p> <p>On 4/7/25 at 8:46 AM, R2 stated, I did see mice last week. They caught two in the room and 1 in the bathroom.</p> <p>On 4/7/25 at 8:50 AM, under R2's window, mouse droppings are observed.</p> <ol style="list-style-type: none"> <li>R3's Face sheet, print date of 4/7/25, documents R3 was admitted on [DATE] and has diagnoses of a History of Heart Attack and Dependence on Renal Dialysis.</li> </ol> <p>R3's General Note, dated 4/2/2025, documents, Resident arrived by hospital transport in w/c (wheelchair) accompanied by wife and daughter, pleasant. Alert and oriented.</p> <p>On 4/7/25 at 8:35 AM, R3 stated, I saw 2 (mice) on the floor and one jumped up and ran across my chest while I was sleeping. I did let someone know. I don't remember their name. They put a mouse trap in here.</p> <p>On 4/7/25 at 8:38 AM, R3's room was observed; mouse droppings were in the closet and in the bathroom.</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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5. R4's Face Sheet, print date of 4/7/25, documents R4 was admitted on [DATE] and has a diagnosis of Bipolar Disorder.</p> <p>R4's MDS, dated [DATE], documents R4 is cognitively intact.</p> <p>On 4/7/25 at 8:50 AM, mouse droppings were observed in R4's closet. R4's room and bathroom had no mouse traps in it.</p> <p>On 4/7/25 at 9:05 AM, R4 stated, I did have mice in the room, but they came in and put traps down.</p> <p>6. R5's Face Sheet, print date of 4/7/25, documents R5 was admitted on [DATE], and has a diagnosis of Dementia.</p> <p>R5's MDS, dated [DATE], documents R5 is severely cognitively impaired.</p> <p>On 4/7/25 at 8:59 AM, R5 stated she does see mice on the floor of her room.</p> <p>On 4/7/25 at 9:00 AM, R5's closet has mouse droppings in it. In the closet, there is a laundry basket with 3 items of clothing. The clothing has mouse droppings on them.</p> <p>On 4/7/25 at 8:20 AM, V1, Administrator, stated, Today is my first day. I am unsure about a mouse problem. The Maintenance Director recently quit.</p> <p>On 4/7/25 at 8:53 AM, V3, Housekeeping stated,About a week ago, I saw a mouse in the laundry room. We put glue traps out.</p> <p>On 4/7/25 at 8:56 AM, V4, Housekeeping, stated, I have noticed mice. We keep putting traps down.</p> <p>On 4/7/25, V6, Certified Nurse Aide, stated, Mice have been around or a couple of months. We were putting out traps and we caught quite a few, but then we stopped catching them, so we switched to glue traps.</p> <p>On 4/7/25 at 9:22 AM, V9, Exterminator, stated he visits the facility 2 times a month. One visit is for the outside and the other is for the inside. When I do the inside, I do the kitchen, common areas, and the offices. I don't go into residents' rooms because usually they are asleep. I was aware of a mouse problem and I put out 4 new bait boxes outside and looked for holes to seal up. I do not remember if the facility let me know they had an active problem or not. I will walk around with (V1) today when I come. At 1:04 PM, V9 stated he is adding 5 more bait boxes to the outside, and will come back next week to check on the progress and effectiveness of the new bait boxes.</p> <p>The policy Pest Control, dated 7/1/24, documents, It is the policy of this faciilty to maintain an effective pest control program so that it remains free of pests and rodents.</p> <p>The Long Term Care Facility Application for Medicare and Medicaid, dated 4/7/25, documents the facility has 38 residents residing in the facility.</p>		