

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145772	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Odd Fellow-Rebekah Home		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Lafayette Avenue East Mattoon, IL 61938	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</p> <p>Based on observation, interview and record review the facility failed to ensure for the dignity of residents during incontinence care. This failure affects two (R1, R7) out of five residents reviewed for Activities of Daily Living (ADL) in a sample list of eight residents.</p> <p>Findings include:</p> <p>The facility policy titled Resident Dignity reviewed 9/2011 documents all residents have the right to have their privacy maintained irrespective of their functional and cognitive status. Staff will respect this right in the following ways: knock on room door prior to entry and request permission to enter, screen all care provided at the bedside, and close drapes, privacy curtains and room doors as necessary to maintain privacy.</p> <p>1.) R7's Minimum Data Set (MDS) dated [DATE] documents R7 as severely cognitively impaired. This same MDS documents R7 as dependent on staff for assistance with dressing, bed mobility, bathing, toileting, maximum assistance needed for personal hygiene and requires the assistance of staff using a mechanical lift for transfers.</p> <p>On 8/17/24 at 2:45 PM, V12, V15 and V17 Certified Nurse Aides (CNA) provided incontinence care for R7. R7 was positioned in mechanical lift with R7's pants around his ankles and his shirt pulled up under his armpits. R7's soiled incontinence brief had been removed leaving R7's torso, front and rear perineal area fully exposed. R8 (R7's roommate) was sitting on the side of R8's bed staring directly at R7's fully exposed front and rear perineal areas. The privacy curtain between R7 and R8's bed was partially removed from its track. This same privacy curtain was not pulled for R7's privacy.</p> <p>On 8/17/24 at 2:50 PM, R8 stated I sure didn't want to see that. I was just sitting here on my bed and they (staff) brought my roommate (R7) in and pulled his pants down right in front of me. I don't know why they (staff) didn't take him to the shower room or something to change him. I know it's (R7's) room too but I didn't want to see that at all. I feel bad for the guy (R7).</p> <p>On 8/17/24 at 2:51 PM, V12 Certified Nurse Aide (CNA) stated We (V12, V15, V17) should have pulled the curtain when providing incontinence care for (R7). I didn't even think of that but I know we (staff) are supposed to provide privacy and we did not. (R8) had a full view.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145772	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Odd Fellow-Rebekah Home		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Lafayette Avenue East Mattoon, IL 61938	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/17/24 at 3:00 PM, V2 Director of Nurses (DON) stated staff should always provide privacy when assisting residents with incontinence care. V2 DON stated residents have rights which include the right to privacy. V2 DON stated I will reeducate the staff on providing privacy. Our staff should have provided privacy or find a private area to provide (R7's) incontinence cares.</p> <p>2.) R1's Minimum Data Set (MDS) dated [DATE] documents R1 as moderately cognitively intact. This same MDS documents R1 as dependent on staff for toileting, bathing, eating, dressing and transfers with the assistance of two staff and a total body mechanical lift.</p> <p>On 8/18/24 at 9:18 AM, V20 Certified Nurse Aide (CNA) and V23 CNA provided incontinence care for R1 in R1's room. V25 Infection Preventionist/Registered Nurse (RN) and V16 Housekeeper entered R1's room at separate times while V20 and V23 CNA's were providing incontinence care. Both instances R1's perineal area was full exposed and privacy curtain was not pulled for privacy.</p> <p>On 8/18/24 at 10:30 AM, V16 Housekeeper stated V16 should have knocked prior to entering R1's room. V16 stated I didn't know (R1) was in there getting incontinence care otherwise I never would have entered. No one answered so I thought the room was empty. I was just delivering a trash can.</p> <p>On 8/18/24 at 10:40 AM, V25 Infection Preventionist/Registered Nurse (RN) stated V25 did knock on R1's door prior to entering but did not wait for staff to respond prior to entering R1's room during incontinence care. V25 IP/RN stated I know the staff were in there with (R1) providing incontinence care. I was just bringing the staff garbage bags. I should have waited for them to respond before walking into (R1's) room.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145772	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Odd Fellow-Rebekah Home		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Lafayette Avenue East Mattoon, IL 61938	
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 - Few</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** 41970</p> <p>Based on observation, interview and record review the facility failed to provide Activities of Daily Living (ADL) for two (R1, R7) residents out of five residents reviewed for ADL's in a sample list of eight residents.</p> <p>Findings include:</p> <p>1.) R1's undated Face Sheet documents medical diagnoses as Hypertension, Difficulty in Walking, Diabetes Mellitus Type II, Gastroesophageal Reflux Disease (GERD), Muscle Weakness, Muscle Wasting and Atrophy, Chronic Kidney Disease, Repeated Falls, Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms, Spinal Stenosis, Trans Ischemic Attack (TIA), Cerebral Infarction, Protein Calorie Malnutrition and Urinary Tract Infection. R1's Minimum Data Set (MDS) dated [DATE] documents R1 as moderately cognitively intact. This same MDS documents R1 as dependent on staff for toileting, bathing, eating, dressing and transfers with the assistance of two staff and a total body mechanical lift.</p> <p>On 8/17/24 at 12:15 PM, R1 sitting in highback reclining wheelchair at dining room table. R1's facial hair was overgrown, ungroomed, showing food debris from lunch meal.</p> <p>On 8/17/24 at 2:30 PM, R1 sitting in highback recliner chair next to nurses station with same food debris scattered in R1's overgrown, ungroomed facial hair.</p> <p>On 8/17/24 at 3:30 PM, R1 sitting in highback recliner chair next to nurses station with same food debris scattered in R1's overgrown, ungroomed facial hair.</p> <p>On 8/17/24 at 3:31 PM, R1 stated I used to wear a mustache with no beard. I guess you have to have a beard to live here whether you like it or not. I would like to be clean shaven.</p> <p>2.) R7's undated Face Sheet documents medical diagnoses of Alzheimer's Disease, Dementia, Unsteady on Feet, Muscle Weakness, Abnormalities of Gait and Mobility and Anxiety. R7's Minimum Data Set (MDS) dated [DATE] documents R7 as severely cognitively impaired. This same MDS documents R7 as dependent on staff for assistance with dressing, bed mobility, bathing, toileting, maximum assistance needed for personal hygiene and requires the assistance of staff using a mechanical lift for transfers.</p> <p>On 8/17/24 at 12:40 PM, R7 was sitting in his wheelchair eating his lunch at the dining room table. R7 was using his hands to feed himself. Lunch consisted of cooked spinach, tuna casserole, bread/butter, ice cream and drinks. R7 had food debris on his mouth, nose, chin, throughout his overgrown facial hair and scattered down the front of his clothing. Staff in dining area were not assisting R7 with personal hygiene during lunch service.</p> <p>On 8/17/24 at 2:15 PM, R7's facial hair showed food debris. No change from earlier. R7 was sitting in wheelchair in front of see through exit door with his head down and eyes closed.</p> <p>On 8/17/24 at 3:19 PM, R7 was sitting in his wheelchair in another resident's room at the end of another hallway where R7 does not reside. R7 had a large amount of clear phlegm all over the front of R7's shirt and scattered over the front of R7's pants.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145772	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Odd Fellow-Rebekah Home		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Lafayette Avenue East Mattoon, IL 61938	

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 - Few</p>	<p>On 8/18/24 at 9:30 AM, V2 Director of Nurses (DON) stated R1's family has expressed concern about R1 not being shaved. V2 DON stated the staff should have assisted R1 with grooming his mustache and beard. V2 DON stated If (R1) wants to be clean shaven, then the staff should be doing that for him. (R1) is not able to shave himself. (R1's) family came in to the facility last night (8/17/24) and requested that we (facility) shave (R7) prior to him going to the hospital. Both (R1, R7) needed shaved. We (facility) are going to have to be more mindful of what the resident wants to look like and try to make that happen. V2 DON stated the facility does not have an ADL policy but the staff are expected to provide ADL's for dependent residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145772	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Odd Fellow-Rebekah Home		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Lafayette Avenue East Mattoon, IL 61938	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</p> <p>Based on observation, interview and record review the facility failed to provide timely incontinence care for one (R1) resident out of five residents reviewed for incontinence cares in a sample list of eight residents.</p> <p>Findings include:</p> <p>R1's undated Face Sheet documents medical diagnoses as Hypertension, Difficulty in Walking, Diabetes Mellitus Type II, Gastroesophageal Reflux Disease (GERD), Muscle Weakness, Muscle Wasting and Atrophy, Chronic Kidney Disease, Repeated Falls, Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms, Spinal Stenosis, Trans Ischemic Attack (TIA), Cerebral Infarction, Protein Calorie Malnutrition and Urinary Tract Infection.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents R1 as moderately cognitively intact. This same MDS documents R1 as dependent on staff for toileting, bathing, eating, dressing and transfers with the assistance of two staff and a total body mechanical lift.</p> <p>On 8/18/24 at 8:30 AM, R1 was reclined back in his wheelchair sitting at the dining room table.</p> <p>On 8/18/24 at 8:40 AM, V23 Certified Nurse Aide (CNA) assisted R1 from the main dining area to the nurses station. V23 CNA did not offer/provide incontinence care.</p> <p>On 8/18/24 continual observations were made of R1 from 8:30 AM-9:18 AM with no staff offering to provide incontinence cares or turning/positioning for R1.</p> <p>On 8/18/24 at 9:18 AM, V20 Certified Nurse Aide (CNA) and V23 Certified Nurse Aide (CNA) provided incontinence care for R1 in R1's room. R1 was incontinent of bladder and bowel. R1 had a small red open area on R1's Scrotal area. R1's bilateral buttocks were beefy red. R1 yelling out Ouch! several times as V20 CNA was attempting to cleanse R1's front and rear perineal areas.</p> <p>On 8/18/24 at 10:05 AM, V25 Infection Preventionist stated (R1's) Scrotal open area is a new area that had not previously been documented. This area is reddened, open with at least the first layer of skin gone which would make it a Stage II Pressure Ulcer and has no real drainage. V25 IP/RN stated pressure ulcers can be caused by residents sitting in soiled incontinence briefs for long periods of time.</p> <p>On 8/18/24 at 10:15 AM, V20 Certified Nurse Aide (CNA) stated No one has provided cares to (R1) since I got here (facility) at 6:00 AM. When I got here at 6, the night shift already had (R1) up and sitting in his wheelchair at the nurses station. Breakfast is at 7:00 AM so we (staff) have to get everybody ready before that. We (staff) should check (R1) to be sure he isn't incontinent at least every two hours and we didn't. (R1) could get bedsores from sitting in a wet or soiled incontinence brief for that long.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145772	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2024
NAME OF PROVIDER OR SUPPLIER Odd Fellow-Rebekah Home		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Lafayette Avenue East Mattoon, IL 61938	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/18/24 at 12:00 PM, V2 Director of Nurses (DON) stated R1 is incontinent of his bladder and bowel. V2 DON stated staff should provide incontinence care at least every two hours. V2 DON stated V2 will be re-educating staff on timeliness of providing incontinence cares for dependent residents to promote dignity and help reduce the incidence of facility acquired pressure ulcers. V2 DON stated the facility's Perineal Care Policy does not include timeframes on how often staff should provide incontinence care. V2 DON stated The expectation is for staff to provide incontinence care at least every two hours.</p>		