

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/05/2024
NAME OF PROVIDER OR SUPPLIER Mount Sterling Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 435 Camden Rd Mount Sterling, IL 62353	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>31682</p> <p>Based on observation, interview, and record review the facility failed to ensure trash cans were emptied daily and resident rooms, floors, and bathrooms were clean and free of stains and debris for four of four residents (R1-R4) reviewed for housekeeping services in the sample of four.</p> <p>Findings include:</p> <p>The facility's Housekeeping Vendor's Deep Cleaning Procedures policy (undated) documents, Clean restroom by moving in a clockwise rotation from the restroom door. h. Toilet-Scrub and disinfect toilet bowl. Remove all stains and build-up. n. Remove all build-up from floor around bowl, door frame, corners, and edges. Dust mop and damp mop entire room.</p> <p>The facility's Resident Council Minutes dated 8-1-24, 9-5-24, and 10-3-24 document, Concerns that the rooms are not being cleaned well. Concerns about having to take out their own trash.</p> <p>On 10-4-24 at 9:10 AM, R1 and R3's floor in-between R1 and R3's beds had two golf-ball sized areas of dried feces. R1 and R3 had clothes and a four-by-four gauze with dried brown drainage lying on their closet floor. R1 and R3's corner of the closet had unpainted drywall that was missing two foot of cove base. R1 and R3's bathroom floor had scattered used paper towels and brown debris.</p> <p>On 10-4-24 at 9:20 AM, V5 (CNA/Certified Nursing Assistant) verified R1 and R3's room had dried feces, a dirty gauze, clothes, debris, and paper towels on the floor.</p> <p>On 10-4-24 10:15 AM, R2 and R4's toilet riser had splattered dried feces around the rim and on the seat. The toilet had a dried brown ring around the rim and on the bottom. The caulking around the floor of the toilet had a black stain.</p> <p>On 10-4-24 at 10:30 AM, R2 stated, Housekeeping needs to improve here. My trash does not get taken out daily. I have to take my own trash out at times. The toilet riser is always dirty with dried BM (Bowel Movement). The toilet and floors are dirty too.</p> <p>On 10-4-24 at 10:35 AM, V5 (CNA/Certified Nursing Assistant) confirmed R2 and R4's toilet riser, toilet, and caulking around the floor of the toilet were dirty and stained.</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: 145820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/05/2024
NAME OF PROVIDER OR SUPPLIER Mount Sterling Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 435 Camden Rd Mount Sterling, IL 62353	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10-4-24 at 12:15 PM, V1 (Administrator) stated, I agree. The housekeeping services need to improve here. We (the facility) use an outside vendor for housekeeping services and use their policies. The trash should be taken out at least daily.</p>