

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 08/25/2025
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide activities to meet all resident's needs.</p> <p>Based on interview and record review the facility failed to provide activities on weekends and evenings. This failure has the potential to affect all 67 residents residing within the facility. Findings include: The Administration Code Section 300.1410 Activity Program (undated) documents a) The facility shall provide an ongoing program of activities to meet the interests and preferences and the physical, mental, and psychosocial well-being of each resident, in accordance with the resident's comprehensive assessment. The activities shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents. g) The facility shall provide a specific, planned program of individual (including self-initiated) and group activities that are aimed at improving, maintaining, or minimizing decline in the resident's functional status, and at promoting well-being. The program shall be designed in accordance with the individual resident's needs, based on past and present lifestyle, cultural/ethnic background, interests, capabilities, and tolerance. Activities shall be daily and shall reflect the schedules, choices, and rights of the residents (e.g., morning, afternoon, evenings, and weekends). The residents shall be given opportunities to contribute to planning, preparing, conducting, concluding, and evaluating the activity program. On 8/21/25 at 5:18 PM, V1/Administrator stated, We work off of an administrative code in place of a policy. The facility's Daily Census form, dated 8/20/25, indicates that 67 residents are currently residing in the facility. The Activity Calendars for June, July, and August 2025 document that there are no activities after 3:30 PM Monday through Friday. They also document there are no scheduled activities on Saturdays or Sundays. On 8/21/25 at 9:55 AM V1/Administrator stated that there are no activities in the evenings and on weekends. There are two activity calendars one for the North Unit and one for the South Unit. The North Unit is the Special Care Unit where the residents have Dementia or Alzheimer's. The South Unit calendar lists independent activities for the weekend. The North calendar lists family visits, music and snacks, and television time. V1 also stated the activities listed for the weekend on the South Unit and North Unit are not structured and V1 cannot say that any activities are being done. On 8/20/25 at 11:30 AM, V7/Activity Director stated that there are no structured activities on evenings or weekends. V7 also stated he would like to do activities in the evenings and on weekends but does not have the staff to do it. On 8/20/25 at 4:04 PM, R6/Resident Council President stated that there are no activities on evenings or weekend. R6 also stated There is nothing to do on evenings and weekends. It would be nice if there were activities. On 8/25/25 at 11:07 AM, R7 stated that she would like activities on the weekends because there is nothing to do. On 8/25/25 at 11:11 AM, R8 stated I enjoy going to activities. Sometimes in the evenings I'm tired so I don't know how much I would go to evening activities, but I would like activities available on the weekends. On 8/25/25 at 11:20 AM R9 stated I go to activities with (R10/R9's Family Member). There are no activities in the evenings or weekends, and it makes it a long weekend. Having activities on weekends would especially help (R10). When (R10) gets bored he starts talking about wanting to go home. Activities would take (R10's) attention off wanting to go home. On 8/25/25 at 11:28 AM R11 stated That he likes to go to activities. I would go on the weekends if they had them.</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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