STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145890	A. Building B. Wing	11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eldorado Rehab & Healthcare	1001 A Jefferson Street Eldorado, IL 62930

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review, the facility failed to provide nutritional supplements as ordered for 2 of 3 residents (R1 and R13) reviewed for nutrition in the sample of 17.Findings include:1. R1's admission record dated 11/25/25 documents an admission date of 10/18/21. The same admission record documents diagnosis including but not limited to muscle weakness, vitamin deficiency, vitamin D deficiency, constipation, thrombocytosis, hyperlipidemia, osteoporosis, reduced mobility, and unsteadiness on feet.R1's physician order sheet dated 11/25/25 documents the following current orders including but not limited to health shake to be administered one time per day at lunch with a start date of 12/11/24, power pudding at lunch and supper, and ice cream at lunch both with a start date of 7/31/25.R1's current care plan documents a focus area indicating R1 is at risk for weight loss dated 10/18/21. Interventions for that focus area include but are not limited to antidepression medication as ordered for appetite dated 7/29/25, and diet as ordered dated 10/18/21. Another focus area on the same care plan documents R1 is at risk for alteration in skin integrity dated 10/18/21. Interventions for this focus area include but aren't limited to provide supplements as ordered dated 10/18/21.R1's Minimum Data Set (MDS) dated [DATE] documents in section GG that R1 requires at least supervision or touching assistance for eating. R1's dietary notes by V6 on Nutritional Care Form dated 8/29/25 documents R1 should have a nutritional supplement of ice cream with lunch.R1's dietary notes by V6 on the Nutrition Care Report dated 11/19/25 documents R1's health shakes to be increased to three times daily with meals.On 11/24/25 at 1:06 P.M., observed R1's lunch tray not to contain her health shake and ice cream on tray that was ordered. R1's meal ticket lying on tray documents R1 was to have a health shake and ice cream at lunch with her regular meal.On 11/24/25 at 2:00 P.M., V17, Dietary Aide stated he would expect residents' ordered supplements to be on the residents' trays when they leave the kitchen. V17 stated the reason R1's ice cream supplement at lunch time wasn't on her tray was because the facility ran out of ice cream yesterday and haven't gotten any in lately. V17 stated the facility is supposed to get a shipment of ice cream in tomorrow. V17 stated the facility runs out of ice cream frequently due to using ice cream with fruit as a frequent dessert for meals. V17 stated he thought he had put R1's ordered health shake on her lunch tray but possibly could have forgotten. On 11/24/25 at 2:05 P.M., V12, CNA (Certified Nurse Aide) stated she does not remember seeing R1's ordered health shake on her tray at lunch time meal.On 11/25/25 at 1:04 P.M., V5, Dietary Manager stated any ordered nutritional supplements should go out with the meal tray they are ordered to be administered with. V5 stated there is no reason they should not be included on the meal tray. V5 stated the reason the ice cream supplement wasn't included on R1's tray yesterday was because the facility was out of ice cream. V5 stated the supplements reportedly missing from R1's tray was unacceptable. V5 stated all supplements should be on the trays when they leave the kitchen. 2. R13's admission record dated 11/25/25 documents an admission date of 1/15/18. R13's admission record documents diagnosis including but not limited to hypothyroidism, anorexia, gastro-esophageal reflux disease with esophagitis, osteoporosis, and dysphagia.R13's physician's order sheet dated 11/25/25 documents orders including but not limited to regular diet with mechanical soft texture, regular liquid consistency, health shake three times per day (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with meals.R13's most recent care plan documents a focus area for the potential for a nutritional problem dated 11/24/23. Interventions for this focus area include but aren't limited to invite R13 to activities that promote additional intake dated 11/24/23 and provide and serve diet as ordered dated 11/24/23. Another focus area on same care plan documents R13 had potential for impairment to skin integrity dated 11/24/23. Interventions for this focus area include but aren't limited to encourage good nutrition and hydration to promote healthier skin dated 11/24/23. Another focus area for R13 documents R13 has osteoporosis dated 11/24/23. Interventions documented for this focus area include but aren't limited to encourage intake of dairy products, cereals enriched with calcium and vitamin D dated 11/24/23. R13's MDS dated [DATE] documents in section GG R13 is a set up/clean up assistance for eating.R13's dietary notes by V6, Registered Dietician dated 10/31/25 documents R13 had significant weight loss the past 2-3 months. Weight loss has slowed down. Current body mass index is low for age. R13 tolerates liquids better than solids. It is appropriate to add supplement with meals to provide nutrient dense liquid option for better tolerance related to pain with swallowing.On 11/24/25 at 1:00 P.M., observed R13's lunch tray not to contain the health shake on her tray. R13's meal ticket lying on her tray documents R13 was to have a health shake administered with her lunch time meal.On 11/24/25 at 2:00 P.M., V17, Dietary Aide stated he would expect residents' ordered supplements to be on the residents' trays when they leave the kitchen. V17 stated the reason R13's ordered health shake wasn't on her lunch tray was because V17 had simply forgotten to put it on the tray. On 11/24/25 at 3:16 P.M., V9, Registered Nurse stated she would expect any nutritional supplements ordered by the medical doctor to be on the tray when they go out of the kitchen. On 11/25/25 at 1:04 P.M., V5, Dietary Manager stated any ordered nutritional supplements should go out with the meal tray they are ordered to be administered with. V5 stated there is no reason they should not be included on the meal tray. V5 stated the supplements reportedly missing from R13's tray was unacceptable. V5 stated all supplements should be on the trays when they leave the kitchen. On 11/25/25 at 4:05 P.M., V1, Administrator stated she would expect the nutritional supplements to be administered as ordered to all residents. V1 agreed some of the possible adverse outcomes that could stem from residents not receiving their ordered nutritional supplements could include but not be limited to weight loss, loss of muscle mass affecting balance, strength, mobility, and prolonged or decreased ability to heal.On 11/25/25 at 2:32 P.M., V7, Medical Doctor stated she would expect the facility to administer or at least offer the nutritional supplements to R1 and R13 as they are ordered. V7 stated if nutritional supplements are not administered as ordered it could cause a decline in the affected resident's overall health, cause malnourishment if they are already prone to that, can increase the adverse effects of her chronic illnesses, affect her ability to heal, maintain weight and muscle mass.On 11/25/25 at 2:44 P.M., V6, Registered Dietician stated she would expect the facility to administer the ordered nutritional supplements as ordered by the medical doctor and recommended by her. V6 stated if nutritional supplements are not administered as ordered to the residents it could cause decrease in ability to heal, further weight loss, decrease in muscle mass, causing further weakness, and increased risk of falls.