

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145903	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Vandalia Healthcare & Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 West St Louis Avenue Vandalia, IL 62471	

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** 48356</p> <p>Based on interview and record review, the facility failed to ensure residents who require assistance receive a shower for 3 (R2, R3, and R5) of 5 dependent residents reviewed for Activities of Daily Living assistance in the sample of 21.</p> <p>1. R2's Admission Record documented an admitted [DATE], and included diagnoses of unspecified intellectual disabilities and muscle weakness.</p> <p>R2's Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 00, indicating R2 has severe cognitive impairment. The MDS Section for Functional Abilities and Goals documented R2 as dependent for shower/bathing self.</p> <p>R2's Care Plan documented a Focus Area of: ADL's (Activities of Daily Living): Self care deficit-needs assist to complete quality care initiated on 12/28/24. Corresponding interventions include R2 will receive (showers) 2 times per week. Provide bathing, hygiene, dressing, and grooming per resident's preference as able.</p> <p>R2's Shower/Abnormal Skin reports (paper documentation) from January 2025 through 3/19/25 document R2 did not receive a shower on 03/13/25 due to being at the hospital. R2 received showers on 03/04/25, 02/17/25, 02/13/25, 01/29/25, 01/23/25, 01/18/25, 01/15/25, 01/08/25, 01/01/25 (bed bath noted). The Shower/Abnormal Skin Report for 01/30/25 has a staff signature, but does not indicate a shower or bed bath was given. R2's Electronic Health Record (EHR) documented no extra showers were provided to R2 other than the paper documentation previously listed. There were also no shower sheets with documented refusals provided for this time period.</p> <p>The undated facility shower schedule documents R2's showers are scheduled weekly on Monday in AM and Thursday in AM.</p> <p>2. R3's Admission Record documented an admitted [DATE], and included diagnoses of hemiplegia and hemiparesis following cerebral infraction affecting left non-dominant side, Alzheimer's, and type 2 diabetes mellitus.</p> <p>R3's MDS, dated [DATE], documented a BIMS score of 06, indicating R3 has severe cognitive impairment. The MDS Section for Functional Abilities and Goals documented R3 as dependent for shower/bathing self.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3's Care Plan documented a Focus Area of: ADL Function: Self care deficit-needs supervision and/or assist to complete quality care and/or poorly motivated to complete ADLs initiated on 12/1/23. Corresponding interventions include in part: Will receive shower 2 times per week. Provide bathing, hygiene, dressing, and grooming per resident's preference as able.</p> <p>R3's Shower/Abnormal Skin reports (paper documentation) from January 2025 through 3/19/25 document R3 received bed baths on 03/13/25 and 03/04/25. R3 received showers on 02/17/25, 02/13/25, 01/30/25, 01/29/25, 01/27/25, and 01/23/25. A bed bath was given on 01/20/25, and R3 received showers on 01/16/25, 01/13/25, and 01/09/25. R3's Electronic Health Record (EHR) documented no extra showers were provided to R3 other than the paper documentation previously listed. There were also no shower sheets with documented refusals provided for this time period.</p> <p>The facility shower schedule undated documents R3's showers are scheduled on Monday in AM and Thursday in the AM.</p> <p>3. R5's Admission Record documented an admitted [DATE], and included diagnoses of unspecified dementia, type 2 diabetes mellitus, overactive bladder, and muscle wasting.</p> <p>R5's MDS, dated [DATE], documented a BIMS score of 15, indicating R5 is cognitively intact. The MDS Section for Functional Abilities and Goals documented R5 as requiring partial/moderate assistance for shower/bathing self.</p> <p>R5's Care Plan documented a Focus Area of: ADL function/rehab: (R5) is usually able to perform ADL's with (specify assist level) hands on assist or weight bearing assist r/t (related to) . with a revision date of 10/20/24. Interventions include in part: Provide supportive care, assistance with mobility as needed. R5's Care Plan did not include information regarding the specific level of assistance needed or the rationale for the need for assistance. R5's Care Plan also did not document the frequency of showers scheduled per week.</p> <p>R5's Shower/Abnormal skin reports (paper documentation) from January 2025 through 3/19/25 document R5 received showers on 03/14/25, 02/28/25, 02/07/25, 01/30/25, 01/27/25, 01/23/25, 01/21/25, 01/18/25, 01/15/25, 01/08/25, and 01/01/25. R5's EHR regarding bathing self-performance was reviewed for the past 30 days from 03/18/25 and indicated additional showers were provided on 02/25/25 and on 03/04/25. There were no shower sheets with documented refusals provided for this time period.</p> <p>The undated facility document titled Shower Schedule documents R5's showers are scheduled on Tuesday in AM and Friday in AM.</p> <p>On 03/17/25 at 10:35AM, R5 stated she thinks she maybe gets one shower a week right now. R5 said she used to get 2 showers a week, and then the facility changed it. R5 said she doesn't know why they changed it, and she would like to go back to two showers a week. R5 said she doesn't really feel dirty because she is able to wash up and keep herself clean, but said she felt a lot cleaner when she was getting two showers a week.</p> <p>On 03/18/25 at 9:15AM, V7 (Certified Nurse Assistant/CNA) said all residents are supposed to get two showers weekly. V7 said when she is working, she tries to make sure her residents get their showers on their shower days. V7 said if she can't get it done, then she will pass it on to the next shift, or try to get it done that next day.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/18/25 at 10:06AM, V9 (CNA) stated all residents are to receive a shower two times a week. V9 said there have been times when she wasn't able to get all the resident showers done because they were running behind or don't have as much staff. V9 said she will try to get the shower done later in the week if she isn't able to get one done. V9 said they are to fill out a shower sheet every time they give a shower or when someone refuses.</p> <p>On 03/18/25 at 10:10AM, V10 (CNA) stated they do the best they can to get all the resident showers done that are on the shower schedule for the day. V10 said there have been days when they weren't able to get all the showers done in the day. V10 said they try to get the showers that weren't done completed on a different day in the week, but that doesn't always happen.</p> <p>On 03/18/25 at 11:30AM, V1 (Administrator) stated they didn't have any more shower sheets for R2, R3, and R5. V1 said without those shower sheets that document the shower was completed, it is possible the showers weren't done for those residents on those days.</p> <p>On 03/18/25 at 11:35AM, V2 (Regional Nurse) stated the facility does not have any more shower sheets on R2, R3, and R5. V2 said the shower sheets document when the showers were completed. V2 said without those shower sheets, it is possible that R2, R3, and R5's showers were not completed on the days that are missing.</p> <p>The facility policy titled Bath/Shower, with a revised date of 03/20/23, documents, To ensure adequate hygiene needs are met. A bath/shower is scheduled for all residents in the facility at least weekly.</p>		