STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145964	A. Building B. Wing	06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McLeansboro Rehab & Hlth C Ctr	405 West Carpenter McLeansboro, IL 62859

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 39744 Based on interview and record review, the facility failed to have a Registered Nurse working 8 consecutive hours a day, 7 days a week. This failure has the potential to affect all 35 residents residing in the facility. The Findings Include: Nursing schedules reviewed for June 7, 2024 through June 24, 2024 revealed the facility did not have Registered Nurse (RN) coverage on Saturday, 6/15/24 and Sunday, 6/16/24. On 6/24/2024 at 1:45pm, V5 (Corporate Administrator) said the facility does not have the required 8 hours of continuous RN coverage per day. V5 said the lack of RN coverage occurs on the weekends. On 6/24/24 at 2:00pm, V1 (Administrator) said there are weekends that the facility does not have the required RN coverage of 8 hours a day minimum. V1 said she was just happy to have nurses to work over the weekends even if they are not RNs. V1 verified no Registered Nurse worked 6/15/24 and 6/16/24. The facility's Resident Matrix dated 6/24/2024 documents 35 residents reside at this facility.

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