

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145978	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER Axiom Healthcare of Harrisburg		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 West Sloan Street Harrisburg, IL 62946	
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	<p>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.</p> <p>Based on interview and record review, the facility failed to provide 8 hours of daily Registered Nurse (RN) coverage for the facility. This failure has the potential to affect all 35 residents living in the facility. Findings Include: The facility's Resident Daily Census Report document dated 8/27/2025, documents 35 residents residing in the facility. Review of the nursing schedules for June and July document that no RN was on shift on 6/8/2025, 7/4/2025, 7/5/2025, 7/6/2025 and 7/11/2025 for 8 consecutive hours. On 8/27/2025 at 2:22 PM, V2 (Director of Nursing) stated she is not aware if there had been any Registered Nurse (RN) coverage on 6/8/2025, 7/4/2025, 7/5/2025, 7/6/2025 and 7/11/2025. V2 stated, there are no RN hours documented on the schedule for those days. On 8/28/2025 at 11:51 AM, V14 (Regional Reimbursement Specialist) stated the facility did not have registered nurse coverage for 8 hours a day, seven days a week on 6/8/2025, 7/4/2025, 7/5/2025, 7/6/2025 and 7/11/2025. On 8/28/2025 at 11:53 AM, V1 (Administrator) stated the facility did not have registered nurse coverage for 8 hours a day, seven days a week on 6/8/2025, 7/4/2025, 7/5/2025, 7/6/2025 and 7/11/2025. V1 stated the facility follows the federal and state staff regulations and does not have a staffing policy.</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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