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| 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 12/16/2025 |
| 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) |
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| <p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <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 observation, interview, and record review the facility failed to provide 8 consecutive hours of the services of a Registered Nurse 7 days a week. This failure has the potential to affect all 37 residents residing in the facility. Findings include: The facility's November 2025 Nurse Schedule documented the facility did not provide 8 consecutive hours of the services of a Registered Nurse in the month of November 2025 for the days of: 11/1/25, 11/9/25-11/21/25, 11/23/25-11/30/25. The facility's December 2025 Nurse Schedule documented the facility did not provide 8 consecutive hours of the services of a Registered Nurse in the month of December 2025 for the days of: 12/6/25 and 12/7/25. On 12/12/25 at 2:20 PM, V2 (Registered Nurse/ Assistant Director of Nursing) said the Director of Nursing was off on medical leave due to a surgery since 11/10/25 and V2 was the only full time RN employed in the facility. V2 said she worked Monday through Friday for 8 consecutive hours but there was not always a RN on the weekends. V2 verified the facility did not provide 8 consecutive hours on the above listed dates. On 12/12/25 at 12:04 PM, V9 (Regional Reimbursement Director) said the facility did not have a staffing policy and the facility followed regulation. The facility's 12/11/25 Midnight Census Report Documented 37 residents residing in the facility.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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