

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145981	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Swansea Rehab Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1405 North Second Street Swansea, IL 62226	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35156</p> <p>Based on interview and record review the Facility failed to ensure roof damage was being repaired and fixed to prevent future leaking of water in the facility. This has the potential to affect all 34 residents living in the facility.</p> <p>Findings include:</p> <p>On 8/6/2024 at 11:42 AM, V1, Administrator stated, We have a flat roof and when it rains there are some rooms that leak. We put buckets out and we do not have any residents living in those rooms. We do need a new roof. I have not been asked to get any bids for the repair of the roof. It was especially bad this last storm that we had. We have four rooms currently, they are not occupied because the rooms leak when it is raining. We are in the process of selling the facility and may have a potential buyer. I am hoping for a new roof soon.</p> <p>On 8/6/2024 at 11:43 AM, There were eleven tiles in the ceiling in the dining room with round brown rings/discolored from water damage.</p> <p>On 8/6/2024 at 11:49 AM, room [ROOM NUMBER] was empty with no residents. The ceiling had one tile missing from the ceiling and one large tile bulging that was brown in color. There was a total of 5 large tiles with large brown round rings in circular form.</p> <p>On 8/6/2024 at 11:59 AM, in room [ROOM NUMBER] the room was unoccupied and there was a total of 16 tiles with round circular brown stains on the ceiling.</p> <p>On 8/6/2024 at 12:04 PM, in room [ROOM NUMBER] the wall towards the door on the left-hand side facing the window had five long streaks running from the top of the wall all the way to the bottom of the wall that were a light brown in color.</p> <p>On 8/6/2024 at 12:14 PM, on the 200 hall the hallway ceiling has a tile with brown round rings the size of a soft ball.</p> <p>On 8/6/2024 at 12:08 PM, V14 Housekeeping stated, I have been working here for about a month now. I know when we had those big heavy rains last month and afterwards, I had to clean up some rooms because the roof was leaking in the rooms.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 8/6/2024 at 3:00 PM, V16 was observed inspecting rooms and the facility building and taking notes.</p> <p>On 8/6/2024 at 3:10 PM, V16, stated he was a third-party contractor and was assessing the facility and was doing an inspection of the building.</p> <p>On 8/6/2024 at 11:43 AM, V14, Maintenance Director stated I use to be the floor technician and for the past three weeks have been the maintenance director. I know the last time it rained there were some damages. There was a small leak which I already repaired in the dining room. It was a screw and I already repaired it. We have four rooms that are vacant now and will leak when it rains. I am in the process of remodeling those rooms and repairing the floors, sinks and hopefully soon we will get a whole new roof. We are hoping the new owners will give us a new roof that we badly need.</p> <p>On 8/6/2024 at 10:02 AM, V1 provided a list of rooms that were leaking when raining and the following rooms were documented: room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER] were documented as having roof damage and were leaking when it was raining.</p> <p>On 8/6/2024 at 4:50 PM, V16 stated the facility was going to need a whole new roof and there was standing water and the building was going to need a new roof, among other things.</p> <p>The Resident Right Policy with a revision date of 11/2018 documents, Your facility must be safe, clean, comfortable and homelike.</p> <p>The Long-Term Care Facility Application for Medicare and Medicaid Form dated 8/6/2024 documents the facility had 34 residents.</p>