

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145993	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/15/2025
NAME OF PROVIDER OR SUPPLIER  Coulterville Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE  13138 State Route 13 Coulterville, IL 62237	

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 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure rooms were kept clean for 4 of 4 (R1-R4) residents reviewed for a safe homelike environment in the sample of 10. Findings Include: 1. R1's admission Record with a print date of 12/12/25 documents R1 was admitted to the facility on [DATE] with diagnoses that include anxiety, irritable bowel syndrome, morbid obesity, and fracture of humerus. R1's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) of 15, indicating R1 is cognitively intact. On 12/12/25 at 10:48 AM, R1 stated the floors in her room were dirty and there were brown and red stains on the pull cord in her bathroom. On 12/12/25 at 10:30 AM, R1's bathroom was observed with brown/black substance where the floor and the wall trim meet and on the wall trim. There were no stains observed on the pull cord in the bathroom. 2. R2's admission Record with a print date of 12/12/25 documents R2 was admitted to the facility on [DATE] with diagnoses that include fracture of sacrum, diabetes, and hypertension. R2's MDS dated [DATE] documents a BIMS score of 15, indicating she is cognitively intact. On 12/12/25 at 10:08 AM, R2 denied concerns with the cleanliness of her room. On this same date at this same time, R2's room and bathroom were observed with some brown/black substance on the floor near the wall trim and on the wall trim. 3. R3's admission Record with a print date of 12/12/25 documents R3 was admitted to the facility on [DATE] with diagnoses that include Parkinson's Disease. R3's MDS dated [DATE] documents a BIMS score of 13, indicating R3 is cognitively intact. On 12/12/25 at 9:54 AM, R3 denied concerns with how the facility cleans her room. On this same day and time, R3's room was observed and the bathroom floor was dirty with brown/black substance on the floor and on the wall trim. 4. R4's admission Record with a print date of 12/15/25 documents R4 was admitted to the facility on [DATE] with diagnoses that include atrial fibrillation, dementia, and cognitive communication deficit. R4's MDS dated [DATE] documents a BIMS score of 14, indicating R4 is cognitively intact. On 12/12/25 at 9:51 AM, R4 denied concerns with the cleanliness of her room. On 12/12/25 at 1:33 PM, V6 (Housekeeping Director) stated she had not had any complaints/concerns brought to her related to the cleanliness of the facility. This surveyor walked with V6 to observe R1-R4's room. Upon entering R4's bathroom there was brown/black substance noted on the floor and wall trim and what appeared to be dried blood on the handrail. V6 took a dry paper towel and confirmed the blood was dried and had probably been there for a while. V6 stated the areas on the floor should have been cleaned. V6 stated the floors, and trim should be cleaned daily and with each deep clean. The facility Procedure for Cleaning Non-Isolation Rooms dated 11/2020 documents .Clean all surfaces and high touch surfaces .High Touch Areas Daily .Other areas if visibly soiled- walls, trash cans, doors</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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