STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146014	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mercy Harvard Hospital Care Center	901 South Grant Harvard, IL 60033

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to transfer a resident (R1) with a gait belt. This applies to 1 of 3 residents reviewed for safety and supervision in the sample of 14. The findings include:R1's electronic face sheet printed on 2/18/26 showed R1 has diagnoses including but not limited to chronic hypoxic respiratory failure, chronic bronchitis, atrial fibrillation, hypotension, pleural effusion, ostomy, left hemicolectomy, and Alzheimer's dementia without behaviors R1's fall risk assessment dated [DATE] showed R1 is a high fall risk. R1's care plan dated 6/7/25 showed, (R1) is at risk for falling due to unsteady gait, impaired balance, poor activity tolerance with continuous oxygen, previous CVA (cerebrovascular accident), and weakness. On 2/17/2026 at 12:55PM, V5 (Certified Nursing Assistant) assisted R1 with transferring to the toilet. R1 stated, Please help me get up, I'm very weak today and can't breathe well. V5 then assisted R1 to stand up by lifting underneath R1's arms and assisted R1 to pivot to sit down on the toilet with no gait belt applied. V5 stated R1 is a 1 assist for transfers and R1 can't breathe very well so she's weak sometimes & we have to help hold her steady. V5 stated R1 isn't really a fall risk and doesn't need a gait belt when transferring because she can stand on her own. She just needed a little help today. I guess I can see where one would help if she started to fall so we could catch her and hold her steady. On 2/18/2026 at 1:02PM, V6 (Registered Nurse) stated, (R1) is a fall risk, She will try to transfer herself to the toilet and has been more incontinent. The aides should transfer all residents with a gait belt whenever they require assistance so they ca keep them steady and hopefully prevent any falls. The facility's policy titled, Gait Belts dated 03/25 showed, Nursing staff will use a gait belt to assist residents to transfer and ambulate. A gait belt allows a secure hold on the resident .

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146014	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mercy Harvard Hospital Care Center	901 South Grant Harvard, IL 60033

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to check expiration dates of insulin prior to administering expired insulin to a resident (R3). This applies to 1 of 1 resident reviewed for medications in the sample of 14. The findings include:R3's Physician Orders showed an order for fast-acting ranging from 0-12 units to be given at mealtimes. On [DATE] at 1:07 PM, V4 Registered Nurse (RN) began preparing R3's insulin pen. R3's insulin pen showed a handwritten date of [DATE] denoting the date it was placed into service. Below was a handwritten expiration date, Exp 1/29. V4 prepared this fast acting insulin pen and injected 4 units of insulin into R3's right lower abdomen. V4 stated the date of [DATE] was the date the pen was opened and first used. On [DATE] at 10:27 AM, V3 Director of Nursing (DON) stated when nursing staff open a new insulin pen they should write on the pen the date it was opened, and per manufacturers instructions, write the expiration date. V3 stated the expiration date for insulin pens is typically one month. V3 stated night nurses should be verifying the insulin pen dates and disposing of expired pens. V3 also stated nursing staff should be verifying insulin pen expiration dates prior to use. V3 stated V4 should have noted the insulin pen was over 2 weeks expired, disposed of the pen, and obtained a new pen. V3 stated the manufacturer of the insulin has a reason for the expiration date; however, he was not certain of the reason. On [DATE] at 11:40 AM, V3 stated the reason for the one month expiration date is due to the insulin losing efficacy over time. (Insulin is less effective as time progresses.) The facility's Vial and Irrigation Solution Expiration Dating policy showed, Once a multiple-dose vial is punctured, it should be assigned a beyond-use expiration date.The beyond-use date for a needle-punctured multiple-dose container is 28 days unless otherwise specified by the manufacturer. The manufacturer's instructions for the fast-acting insulin pen showed, Storing your pen.Throw away the [fast-acting insulin pen] you are using after 28 days, even if it still has insulin left in it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146014	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mercy Harvard Hospital Care Center	901 South Grant Harvard, IL 60033

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to perform hand hygiene and glove changes while providing incontinence care and colostomy care to a resident (R1). This applies to 1 of 2 residents reviewed for incontinence care in the sample of 14.The findings include:R1's electronic face sheet printed on 2/18/26 showed R1 has diagnoses including but not limited to chronic hypoxic respiratory failure, chronic bronchitis, atrial fibrillation, hypotension, pleural effusion, ostomy, left hemicolectomy, and Alzheimer's dementia without behaviors. R1's care plan dated 6/4/25 showed, (R1) is occasionally incontinent of urine. Provide incontinence care after each incontinent episode . On 2/17/2026 at 12:55 PM, V5 (Certified Nursing Assistant) provided urinary incontinent care and colostomy care to R1. V5 applied clean gloves, emptied R1's colostomy bag and cleaned around R1's colostomy, removed R1's soiled incontinence brief and pants, applied clean pants and a clean incontinence brief to R1, removed R1's surgical mask from her face, applied a clean shirt, provided perineal care, and assisted R1 to her wheelchair without performing any glove changes or hand hygiene. V5 stated, I should be changing my gloves when going from a dirty to clean task. I guess I didn't realize I didn't change them I must have been nervous or something. On 2/18/2026 at 1:02PM, V6 (Registered Nurse) stated, When we are providing cares to a resident, we should be changing our gloves and performing hand hygiene when going from a dirty to clean task or whenever our gloves are visibly soiled. I would have done the perineal care first and then changed my gloves and then performed colostomy care so there is no cross contamination. The facility was unable to provide a policy regarding glove usage during incontinence care or colostomy care.