

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Shawnee Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 13th Street Herrin, IL 62948	

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 - Some</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>Based on observation, interview and record review, the facility failed to ensure a sink located in the kitchenette of the resident's dining room was maintained and in good repair. This has the ability to affect all 98 residents residing in the facility. Findings Include: On 12/2/2025 at 11:22 AM, the sink area of the kitchenette was observed to have a copious amount of black substance to the bottom shelf and to both sides of the sink cabinet wall, with multiple dead gnats on the bottom drawer face. The bottom shelf was also noted to be broken. Black substance was also sporadically noted in areas around the ceiling vent located above the refrigerator in this same area. On 12/2/2025 at 11:23 AM, V8 (Maintenance Director) stated he had been notified by the kitchen staff about 2-3 weeks ago regarding the sink area located in the kitchenette. V8 stated the same black substance was noted to the area at that time, but he had been busy with the remodeling of the facility, and had not had time to remove the sink. V8 stated the sink will need to be removed completely and replaced. V8 acknowledged there did appear to be dead gnats on the bottom drawer of the cabinet as well. On 12/2/2025 at 11:32 AM, V1 (Administrator) stated her expectation were for V8 (Maintenance Director) to reach out to her if he is needing anything he does not have on hand to fix an item, including repairs to the sink in the kitchenette. V1 stated V8 should have taken care of the sink when notified by staff. The facility's Resident Daily Census Report documented 98 residents in house on 12/1/2025. The facility's Environmental Services Policy (undated) documented under Policy To assure that the facility is constructed, equipped and maintained to carry out all service functions protecting the health safety of residents, personnel and the public in compliance with all applicable Federal, state and local regulations. Under Policy Specifications: 21. The Dietary Service Department is designed and equipped for preparation and serving of meals and complies with all required Federal, state and local regulations for the provision and maintenance of food service facilities.</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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