

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/15/2024
NAME OF PROVIDER OR SUPPLIER Marshall Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 410 North Second Street Marshall, IL 62441	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</p> <p>Based on observation, record review and interview the facility failed to provide a clean, homelike environment for two (R5, R7) of seven residents reviewed for the physical environment in a sample list of seven residents.</p> <p>Findings include:</p> <p>The undated Illinois Long-Term Care Residents' Rights for People in Long Term Care Facilities handout documents residents have the right to a facility that is safe, clean, comfortable and homelike.</p> <p>Resident Council Minutes dated November 28, 2023 documents New business: some residents expressed that soiled incontinence briefs are being left in trash cans in their rooms and bathrooms. Action taken: concern form given to (V2) Director of Nurses (DON).</p> <p>Resident Council Minutes dated December 26, 2023 documents Old business: last month (11/28/23) residents expressed soiled incontinence briefs are sometimes being left in trash cans in residents rooms. Action taken: concern form given to (V2) Director of Nurses (DO). (V2) response: staff will be inserviced about leaving soiled incontinence briefs in trash cans. Resident response: same residents expressed they are still finding soiled incontinence briefs in their trash cans. Action taken: concern from given to (V2) DON and (V4) Assistant Director of Nursing (ADON).</p> <p>Resident Council Minutes dated 1/30/2024 documents Old business: Last month (12/26/23) some residents expressed soiled incontinence briefs were being left in the trash cans. Action taken: concern form given to (V2) Director of Nurses (DON). (V2) DON response: new trash cans and dispensers for trash bag accessibility were ordered. New equipment came in and put into place last week. Resident response: residents expressed they understand new equipment has just been put out and into use and will readdress concern at next month's meeting.</p> <p>1.) R5's undated Face sheet documents medical diagnoses of Osteoarthritis, chronic Pain Syndrome, Age Related Physical Disability, Acute and Chronic Respiratory Failure with Hypoxia, and Chronic Kidney Disease Stage 4.</p> <p>R5's Minimum Data Set (MDS) dated [DATE] documents R5 as cognitively intact. This same MDS documents R5 as requiring supervision with toileting, transfers and personal hygiene.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/13/24 at 12:45 PM R5 was sitting in wheelchair in R5's room. R5's recliner chair was positioned so that R5's bathroom door would not fully open. R5 stated 'that chair makes it hard for me to get in and out of the bathroom. You can see what my wheelchair has done to the walls because there just isn't enough room.' Approximately 18 inches of the lower portion of the inside of R5's bathroom door was scuffed in multiple areas with brown areas showing through the white paint on door. All four walls in R5's bathroom had hundreds of small brown splattered areas. There was a half dollar sized area of brown dried feces on the floor next to R5's toilet. There were several small areas of thicker smudged feces on wall above toilet paper and grab bar. R5 stated Just look at that bathroom. It is awful. Who wants to sit in there? The housekeeper came in earlier and cleaned but didn't do a very good job. It looks like somebody threw p***(slang for feces) all over the walls. That is p***(slang for feces). It is just awful.</p> <p>On 2/13/24 at 12:00 PM V8 Certified Nurse Aide (CNA) stated the facility rooms stink because some of the other CNA's leave dirty incontinence briefs in the garbage cans. V8 CNA stated V8 removes garbage that contains soiled incontinence briefs from resident rooms 'several times per day'.</p> <p>On 2/13/24 at 1:30 PM V2 Director of Nurses (DON) stated R5's bathroom was not clean. V2 DON stated This is a mess. We (facility) need to get this bathroom clean right away. V2 DON confirmed that R5's bathroom walls were splattered with feces.</p> <p>On 2/14/24 at 11:20 AM R5's bathroom had not changed in appearance. R5 stated I thought they (facility) would get it cleaned up yesterday (2/13/24) but I guess I just am stuck with this filth.</p> <p>On 2/14/24 at 11:22 AM V2 Director of Nurses stated I just can't believe (R5's) bathroom hasn't been cleaned up yet. This was reported to the team yesterday and I was told it would be cleaned right away. (R5) should not have to use a bathroom that looks this bad.</p> <p>2.) R7's undated Face Sheet documents medical diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Need for Assistance with Personal Care, Osteoarthritis and Depression.</p> <p>R7's Minimum Data Sheet (MDS) dated [DATE] documents R7 as cognitively intact. This same MDS documents R7 as requiring maximum assistance with dressing, bathing, toileting, set up assistance with oral hygiene and supervision with personal hygiene.</p> <p>On 2/13/4 at 1:20 PM R7's bathroom in R7's room had several white damp bath blankets piled loosely in the corner. The bath blankets had multiple black spots on them. R7's bathroom had a very strong musty/moldy odor. R7's wall hanging bathroom soap dispenser was laying on the floor. R7's bathroom door had a sign posted that read 'Do not use toilet'.</p> <p>On 2/13/24 at 1:15 PM R7 stated R7 was unable to use her toilet in her bathroom due to it was out of order. R7 stated R7 uses her bathroom to wash her hands and look in the mirror but does not use the toilet. R7 stated I use the toilet in the shower room down the hall. They (facility) are fixing my toilet today. It overflowed so I can't use it for awhile until they get it fixed. I am not worried about that. I just don't like the way my bathroom is kept. It is so dirty and smells awful.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</p> <p>Based on interview and record review the facility failed to report an injury of unknown origin to the State Agency for one (R2) resident out of three residents reviewed for skin alterations in a sample list of seven residents.</p> <p>Findings include:</p> <p>R2's undated Medical Diagnosis List documents medical diagnoses of Alzheimer's Disease, Muscle Weakness, Need for Assistance with Personal Care, Cognitive Communication Deficit, Dysphagia and history of Focal Traumatic Brain Injury without Loss of Consciousness.</p> <p>R2's Minimum Data Set (MDS) dated [DATE] documents R2 as severely cognitively impaired. This same MDS documents R2 as requiring maximum assistance with personal hygiene, bed mobility, toileting dressing, toileting and uses a wheelchair.</p> <p>R2's Weekly Skin assessment dated [DATE] does not document any abnormalities/bruises to R2's skin.</p> <p>R2's Risk Management dated 1/8/24 documents R2 has a bruise on Right mid back measuring 14.0 centimeters (cm) long x 12.0 cm wide and a bruise on Right Lower Back measuring 3.5 cm long x 3.0 cm wide. This same report documents R2's bruises were assessed and R2 was questioned about bruising. This same report documents (R2) not sure how bruises occurred.</p> <p>R2's Medical Record does not document staff being a witness to R2's Mid Right Back and Right Lower Back bruises. This same medical record documents R2's last fall prior to bruises being initially observed on 1/8/24 was 12/22/23.</p> <p>R2's Nurse Progress Note dated 1/8/24 at 3:11 PM documents Called to shower room due to bruise on (R2) back. Upon arrival noted bruise measuring 14.0 centimeter (cm) long x 12.0 cm wide to Right mid back and a bruise to Right Lower Back measuring 3.5 cm long x 3.0 cm wide.</p> <p>On 2/14/24 at 1:40 PM V14 Registered Nurse (RN) stated V14 was called to the shower room on 1/8/24 to look at R2's bruises on his back. V14 stated I measured both of them. Both of (R2's) bruises were dark purple. Some areas were lighter purple and other areas were darker purple but they were all purple. This appeared fresh within a couple of days. (R2) did not complain of any pain when I assessed the bruises. I do not know where (R2) would have gotten them. I just know that they were reported to me and I let (V2) Director of Nurses (DON) know about them. Both of (R2's) bruises were kind of square shaped.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/13/24 at 12:58 PM V2 Director of Nurses (DON) stated R2's bruise on Right mid back was not reported to the State Agency. V2 stated V1 Administrator and V2 discussed bruise and felt that R2 could have fallen into the side of the bathroom doorway. V2 stated We (facility) really aren't sure how (R2) got those bruises but that was a possibility. We (facility) can't rule out abuse if we don't know how (R2) got those bruises. (R2's) bruises appeared to be fresh. Probably happening within the two days prior to our staff noticing them. I don't think (R2) was abused but I can't determine an exact cause of the bruises and it was not reported and should have been.</p> <p>On 2/15/24 at 11:00 AM V1 Administrator stated the facility was unable to determine the origin of R2's Right Mid Back and Right Lower Back bruises. V1 confirmed R2's bruises were in an unusual location and should have been reported to the State Agency. V1 stated I didn't think we had to report bruises that didn't get treated outside the facility so it didn't get reported. I will look at things differently now going forward.</p> <p>The facility policy titled "The Elder Justice Act and Reporting Suspected Crimes Against Residents Policy and Procedure dated 2022 documents an injury of an unknown source must be reported as a crime under State and Federal Law. It is the facility policy to empower and enable any and all owners, operators, employees, managers, agents or contractors of the facility to make reports to the relevant authorities pursuant to the provision for the Elder Justice Act and Centers for Medicare and Medicaid Services (CMS) regulations. Alleged violation is defined as a situation or occurrence that is observed or reported by staff, residents, relative, visitor, another health care provider, or others but has not yet been investigation and if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse including injuries of unknown source , and misappropriation of resident property. Injury of unknown source is defined as an injury when all of the following criteria are met: The source of the injury was not observed by any person; and the source of the injury could not be explained by the resident; and the injury is suspicious because of the extent of the injury or the location of the injury (e.g. the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.</p>		