

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 01/03/2026
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to consistently provide hot meals to residents receiving room trays for five residents (R2, R4, R5, R6, and R7) of five reviewed for dietary services on a sample list of six. Findings include: The facility's Food Temperatures Policy dated 12/30/24 documents that food will be stored in accordance with local, state, and federal guidelines. The Policy Interpretation and Implementation section documents that food stored hot will be kept at 135 degrees Fahrenheit or above; food will be cooked to the appropriate internal temperature per regulations; the temperature of food items will be checked prior to service to the resident and as frequently as necessary when being stored hot for service; and hot foods being reheated will be reheated to 165 degrees Fahrenheit or above for at least 15 seconds. On 12/30/25 at 12:50 PM, a test tray was provided containing a fish fillet (with half of the breading missing on the bottom side), California blend vegetables, bow tie pasta, bread, and peach cobbler. The internal temperature of the fish fillet was measured at 130 degrees Fahrenheit and felt cold to the touch. The facility's Grievance Log dated 9/25/25 to 12/1/25 documents two grievances filed related to cold food during this period. R2's Minimum Data Set (MDS) dated [DATE] documents that R2 is cognitively intact. On 12/30/25 at 10:02 AM, R2 stated that she eats in her room and that the food is cold every time. R2 stated that the facility tries to keep the food warm by putting heaters beneath the food trays delivered to resident rooms, but that the heaters do not work. R4's MDS dated [DATE] documents that R4 is cognitively intact. On 12/30/25 at 12:09 PM, R4 stated that the facility's food is gross and often cold. R4 stated that he recently received just a hamburger, and although there were fries on the tray, they were ice cold. R5's MDS dated [DATE] documents that R5 is cognitively intact. On 12/30/25 at 11:45 AM, R5 stated that the food provided by the facility is so-so and often cold. On 12/30/25 at 12:40 PM, R6 stated that his only complaint was about the food. He stated that he eats his meals in his room and that the food is always cold. On 1/3/26 at 5:14 AM, R7 stated that he is not crazy about the food at the facility and that, more often than not, it is cold and very institutionalized. On 12/30/25 at 11:51 AM, V14 (Certified Nursing Assistant [CNA]) stated that residents who receive room trays often complain that the food is cold. On 12/30/25 at 11:52 AM, V15 (CNA) stated that residents who eat in their rooms complain that the food is cold, most likely because dietary staff are not placing heating pucks under the plates. On 12/30/25 at 11:58 AM, V16 (CNA) stated that residents who receive hall trays often complain that the food is cold. On 12/30/25 at 12:01 PM, V17 (CNA) stated that residents who do not eat in the dining room often complain that it takes a while to receive their food and that it is cold when it arrives. On 12/30/25 at 2:49 PM, V5 (Dietary Manager [DM]) stated that he was made aware of resident concerns about cold food approximately a month ago during a resident council meeting and believed the problem had been corrected. V5 stated that morning shifts were using hot pucks for breakfast and lunch but were not using them for supper. V5 admitted that there is a problem with fries served by the facility, stating that</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 146046	Facility ID: 146046 If continuation sheet Page 1 of 2

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>after cooking and temperature checks, the fries cool rapidly because shoestring fries do not hold heat. V5 agreed that residents deserve to receive their meals hot.</p>