

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/12/2026
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)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review the facility failed to provide and maintain a safe, functional, sanitary and comfortable environment. This failure has the potential to affect all 53 residents residing in the facility. Findings Include: The Environmental Services Homelike Environment policy dated 12/27/23 documents the facility supports the residents to live in a homelike environment. Housekeeping and maintenance services are necessary to maintain a sanitary, orderly, and comfortable interior. The Resident Rights Policy and Procedure dated 2026 documents each resident has the right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living safely. On 6/12/26 at 12:05 PM, R9 stated the shower rooms are pretty bad most of the time and need cleaned and repaired. On 6/12/26 at 12:20 PM, Shower Room C/D had a black substance all over the shower tile, a rusty register, a shower head that was constantly dripping, hair clogging the shower drain, and a broken vanity cabinet with trash all under sink. Shower Room A/B had an orange substance all over the shower tile, a rusty register, a thick layer of dust covering the vanity lights, a broken toilet with plastic wrap covering toilet, and peeling black paint covering the entire shower room floor. On 6/12/26 at 1:10 PM, V13 Maintenance Man confirmed the facility has two shower rooms for the entire resident population. V13 confirmed the Shower Room on C/D had a leaking shower head. V13 also confirmed the radiators are very old and rusty. V13 confirmed there is orange and black substance appearing to be mildew on the tiles in both shower stalls. V13 confirmed the toilet in Shower Room A/B does not work and needs fixed. V13 confirmed the vanity is broken and needs replaced in Shower Room C/D. V13 stated a lot of maintenance and upgrades need to take place but the facility needs the funds to do it. On 6/12/26 at 1:16 PM, V9 Housekeeping Supervisor stated housekeeping staff are supposed to clean shower rooms daily however the facility has been short staffed, so she has had to work the floor a lot, and things are not getting done like they should. The facility's Midnight Census Reported dated 6/12/26 documents a facility census of 53 residents.		

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: Facility ID: 146046	If continuation sheet Page 1 of 1