

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Taylorville Skld Nur & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 800 McAdam Dr Taylorville, IL 62568	

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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40701</p> <p>Based on observation, interview and record review, the Facility failed to ensure the Illinois Department of Public Health deficiencies findings were readily available for review, as well as post signage indicating where the report was located. This failure has the potential to affect all 81 residents residing in the Facility.</p> <p>Findings include:</p> <p>On 1/14/2025 at 10:15 AM, R7, R8, R12 and V23 stated they were unaware where to locate the survey results binder or what the results of the last survey were.</p> <p>R7's Minimum Data Set (MDS) dated [DATE] documents R7 is cognitively intact.</p> <p>R8's MDS dated [DATE] documents R8 is mildly cognitively impaired.</p> <p>On 1/15/2025 at approximately 11:00 AM, V19, MDS coordinator stated R8's cognition has improved since her last MDS assessment.</p> <p>R12's MDS dated [DATE] documents R12 is cognitively intact.</p> <p>R23's MDS dated [DATE] documents R23 is cognitively intact.</p> <p>On 1/14/2025 at approximately 11:00 AM V22, Medical Records, was asked where the survey results binder was located. V22 opened a cabinet in the front lobby and provided a binder. Upon review, the last survey results included in the binder were from 2020.</p> <p>On 1/14/2025 at 3:45 PM, V1, Administrator, stated the posting with the location of the survey binder should be posted on the bulletin board by the employee break room. At this time, the posting was not observed to be posted on the bulletin board.</p> <p>On 1/15/2025 V1 confirmed there was no signage or posting to notify residents or visitors where the survey results binder was located. V1 continued to state that the Facility does not have a policy on posting/survey results, but she would expect the regulation to be followed.</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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The Facility's CMS (Central Management Services) Form 671 dated 1/13/2025 documents there are 81 residents residing in the Facility.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>32874</p> <p>Based on observation, interview and record review the facility failed to provide assistance/cueing for 1 of 3 residents (R11) reviewed for meal assistance in the sample of 36.</p> <p>Finding include:</p> <p>1. On 1/13/2025 at 12:24PM R11 observed sitting at table in dining room asleep. R11's green beans are in bowl, with a roll in it. R11's spaghetti is in a bowl with a built up handled fork in spaghetti. On 1/13/2025 at 12:32 PM V21, Licensed Practical Nurse (LPN) asked R11 who was sleeping if R11 was getting enough to eat. R11 had not touched his food. V21 LPN did not cue R11 to eat. On 1/13/2025 at 12:37PM V21, LPN did place R11's drink in front of R11. At 12:40PM R11 observed drinking hot chocolate from cup and pouring it down his shirt. 12:42PM R11 got bowl of spaghetti and holds in left hand while scooping spaghetti with fork and spilling it on clothes. R11 then starts eating spaghetti out of bowl with his hands. At no time does staff provide cueing or assistance to R11. At 1:11 PM V21, LPN asks R11 if wants dinner roll and places in R11's hand. R11 eats 100% of dinner roll. R11 is never provided assistance with green beans or eats green beans. On 1/13/2025 at 1:20 PM V21, LPN sits at table with R11, working on meal tickets, but never cues R11 to eat.</p> <p>R11's Face Sheet dated 1/14/2025 documents in part a diagnosis of qualified visual loss both eyes.</p> <p>R11's Care Plan dated, revised 11/2023 documents R11 has a self care deficit as evidenced needs assistance wit ADSI's related to blindness. R11 Care plan documents the following interventions; eating set up only /cueing required 5/6/2021.</p> <p>The facility policy Meal Assistance dated, revised 2/17/20 documents residents shall received assistance with meals in a manner that meets the individual need of each resident.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>40701</p> <p>Based on observation, interview, and record review, the Facility failed to properly store medications and ensure timely disposal of a multi dose vial. This failure has the potential to affect all 81 residents residing in the Facility.</p> <p>Findings include:</p> <p>1. On 1/13/2025 at 1:34 PM, the North Hall medication storage room was inspected with V20, Licensed Practical Nurse (LPN). There was a medication refrigerator that contained an open vial of Apilisol (A solution used to administer TB skin tests) that had an open date of 11/20/2024. The sticker on the vial documented, Discard in use vials after 30 days.</p> <p>On 1/16/2024 at approximately 9:45 AM, V2, Director of Nursing stated V3, Assistant Director of Nursing (ADON) administers the TB skin tests.</p> <p>On 1/16/2025 at 10:19 AM, V3 verified the Apilisol vial observed in the medication storage room refrigerator was the only vial at the Facility on 1/13/2025 but they had since discarded it and ordered 2 more vials, one for each medication room.</p> <p>The document provided by V2, titled Aplisol- Tuberculin Purified Protein Derivative, Diluted [Stabilized Solution] documents, Storage- Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency.</p> <p>The Facility's CMS (Central Management Services) Form 671 dated 1/13/2025 documents there are 81 residents residing in the Facility.</p> <p>32874</p> <p>2. On 01/13/25 at 09:45 AM South hall medication cart checked with V4, Licensed Practical Nurse (LPN) Two separate medication cups inside top drawer of cart with opened medication s in each cup. One medication cup had R286's last name written on outside of cup with 8 medications in the cup. The second medication cup contained 7 medication with R68's last name written on cup. V4 initially stated both residents were in therapy and then later stated R68 at dialysis.</p> <p>On 1/15/2025 at 2:30PM V2, Director of Nursing (DON) stated medications are to not be stored in medication cups.</p> <p>The Facility Policy Medication Storage dated, revised 8/23/2022 documents the facility stores all drugs and biological's in a safe, secure, and orderly manner and in accordance with state and federal regulations. The policy documents drugs and biological's are stored in the packaging, containers, or dispensing systems in which they are received. The policy documents the nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.</p>		

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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>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** 40701</p> <p>Based on observation, interview and record review, the Facility failed to ensure food was served at an appealing temperature for 7 of 24 residents (R7, R23, R32, R38, R66, R73, and R283) reviewed for dietary services in the sample of 36.</p> <p>Findings include:</p> <p>1. On 1/14/2025 at 10:10 AM, R7 stated she eats her meals in her room and the food is cold 99% of the time. It won't even melt butter. Yesterday I only ate half of my spaghetti. Every bite was gross because it was cold.</p> <p>R7's Minimum Data Set (MDS) dated [DATE] documents R7 is cognitively intact.</p> <p>2. On 1/14/2024 at 10:15 AM, R23 stated, Most of the time it's cold (the meals). I usually get cold eggs but I eat them. I just cover them with mayo.</p> <p>R23's MDS dated [DATE] documents R23 is cognitively intact.</p> <p>The Facility's Resident Council Meeting Minutes dated 10/25/2024 documents residents had dietary concerns of the food temperatures and Some residents' food is still cold- on the hall.</p> <p>50908</p> <p>3. R66 was admitted to the facility on [DATE] with diagnosis of, in part, cirrhosis of the liver, hepatic encephalopathy, and type two diabetes mellitus.</p> <p>R66's Minimum Data Set (MDS) dated [DATE], documented she is cognitively intact.</p> <p>On 1/13/25 at 9:32 AM, R66 stated the food is cold when it gets to her room, and she has told staff she refuses to eat her food cold. R66 stated she often will leave her cold meal uneaten on the bedside table. R66 stated she will purchase food to keep in her room to eat.</p> <p>4. R38 was admitted to the facility on [DATE] with diagnosis of, in part, congestive heart failure (CHF), type two diabetes mellitus, and depression.</p> <p>R38's MDS dated [DATE], documented she is cognitively intact.</p> <p>On 1/13/25 at 11:37 AM R38 stated the food is cold whenever she eats in her room, so she tries to make it to the dining room to eat if she can.</p> <p>5. R73 was admitted to the facility on [DATE] with diagnosis of, in part, osteomyelitis, closed fracture of left tibia and fibula, and type two diabetes mellitus.</p> <p>R73's MDS dated [DATE], documented she is cognitively intact.</p> <p>(continued on next page)</p>		

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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>On 1/13/25 at 9:50 AM, R73 stated she eats in her room because it is really hard to get up and with her hardware in her leg, she prefers not to go to the dining room. R73 stated her food is always cold when it gets to her.</p> <p>6. R283 was admitted to the facility on [DATE] with diagnosis of, in part, chronic respiratory failure, chronic obstructive pulmonary disease (COPD), gastroesophageal reflux disease (GERD) and pneumonia.</p> <p>R283's MDS dated [DATE], documented he is cognitively intact.</p> <p>On 1/13/25 at 10:05 AM, R283 stated the food is usually cold when it gets delivered to his room.</p> <p>7. R32 was admitted to the facility on [DATE] with diagnosis of, in part, nonrheumatic mitral valve disorder, type two diabetes mellitus, and malignant neoplasm of prostate.</p> <p>R32's MDS dated [DATE], documented he is cognitively intact.</p> <p>On 1/13/25 at 10:05 AM, R32 stated the food is always cold when it gets to his room. R32 stated he is a bit of a loner and prefers to eat in his room. R32 stated he sees the tray warmers being brought down the hall without being plugged in to stay warm and thinks the staff don't know how to use it properly.</p> <p>On 1/14/25 at 11:45 PM, lunch was put onto the steam table in the kitchen. At 12:06 PM, while serving the dining room lunch, V14, kitchen staff, heated up chicken noodle soup for a resident in the microwave, then placed it on a tray to be served. V14 stated he did not check the temperature of the soup. This surveyor checked the temperature of the soup, and it was 101.9 degrees Fahrenheit. V15, kitchen staff, continued to serve the soup when this surveyor notified V13, Regional Dietary Manager, of the temperature. V14 told V13 not to serve the soup. V13 asked V14 how he checked to see if the soup was warm enough to serve. V13 stated it felt warm.</p> <p>On 1/14/25 at 12:50 PM, the south food cart left the kitchen to be served to the remaining residents in their rooms. The tray warmer was not plugged in for the last 4 trays being served. The last food tray to be served was at 1:11 PM. The food on the last tray had temperatures as follows: Lo Mein Noodles 113.9 degrees Fahrenheit, and Sweet and Sour Chicken 123.4 degrees Fahrenheit.</p> <p>On 1/15/2025 at 11:25, V1, Administrator, stated the cold meals has been a complaint in the past but there hasn't been as much lately. V1 stated we do need to do better, and that she will work with staff to improve that.</p> <p>The facility's Safe Food Handling Policy dated 9/1/2021, documented the dining services director will be responsible for food preparation techniques which minimize the amount of time that food items are exposed to temperatures greater than 41 degrees Fahrenheit and/or less than 135 degrees Fahrenheit, or per state regulation.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40701</p> <p>Based on interview and record review, the Facility failed to prevent hair contamination for 2 of 24 residents (R7, R23) reviewed for Dietary Services, in the sample of 36.</p> <p>Findings include:</p> <p>1. On 1/14/2025 at 10:10 AM, R7 stated, I found a hair in my mashed potatoes about a month ago. I love mashed potatoes and gravy and I'm trying to gain weight. I didn't finish eating them. I told someone, I don't know who, someone in the kitchen.</p> <p>R7's Minimum Data Set (MDS) dated [DATE] documents R7 is cognitively intact.</p> <p>2. On 1/14/2024 at 10:15 AM R23 stated, I've also had hairs in my food. I felt something in my mouth and there was a hair on my hamburger. It wasn't a short one like mine, it was long. They (Dietary staff) wear hairnets but it still happens occasionally. R23 stated she did not finish eating her hamburger because she lost her appetite.</p> <p>On 1/15/25 at 3:24 PM, V1, Administrator stated she was unaware of complaints of hair in food but she would look into it.</p> <p>The Facility's Safe Food Handling Policy dated 9/1/2021 documents, Dining Services staff will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination.</p>