

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146059	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER Grove Health & Rehab Ctr, The		STREET ADDRESS, CITY, STATE, ZIP CODE 873 Grove Street Jacksonville, IL 62650	
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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. (continued on next page)		

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to answer call lights in a timely manner in 2 of 3 residents (R109, R131) when reviewed for accommodation of needs in the sample of 32. Findings Include: On 08/26/2025 at 10:50 AM, R109 was observed in her room, in the wheelchair, clean, dry, without odors, and call light within reach. R109 stated sometimes she will have to press her call light 2-4 times to get someone to come in. R109 stated it has taken over 2 hours for the staff to provide care. R109 stated she has a bed sore on her bottom from not being cleaned up timely. R109 stated she goes to dialysis 3 days per week and has to sit up for the 3 hours she is there, so when she gets back to the facility, she's ready to lay down and it takes a long time. R109's Face Sheet, undated, documents R109 has the following diagnoses: Osteomyelitis of the Vertebrae, Type 2 Diabetes, End Stage Renal Disease, Dependence on Renal Dialysis, Urinary Retention, Back Pain, and Disc Degeneration. R109's MDS (Minimum Data Set), dated 7/22/25, documents R109 has modified independence with daily decision making, is dependent with toileting, is frequently incontinent of bowel & bladder, and has a stage 2 pressure ulcer that was present upon admission. R109's Care Plan, dated 5/14/25, documents R109 requires assistance with ADLs (Activities of Daily Living). On 08/26/2025 at 11:10 AM, R131 was observed in her room in recliner, clean, dry, without odors, walker beside recliner, and call light within reach. R131 stated it takes 1-2 hours sometimes to get her call light answered. R131 stated she fell recently and hurt her tailbone and hip because she was waiting so long for the staff to take her to the bathroom, so she got up by herself and tripped over her oxygen tubing causing her to fall. R131 stated she is mostly continent but when she has an accident it will take 1-2 hours for someone to help her because they don't answer the call light. R131's Face Sheet, undated, documents R131 has a diagnosis of Hemiplegia/Hemiparesis following a Cerebral Infarction affecting the Left Side. R131's MDS, dated [DATE], documents R131 has a BIMS (Brief Interview of Mental Status) score of 12, indicating R131 has moderate cognitive impairment, utilizes a walker and wheelchair, requires substantial/maximal assist with toileting, requires partial/moderate assist with transfers, and is occasionally incontinent of urine. R131's Care Plan: dated 10/25/24, documents R131 has a Self-Care Deficit related to weakness, terminal condition, is under hospice care, and has a history of stroke with left sided hemiparesis. R131's Progress Note, dated 8/16/2025 at 5:45 AM, documents the following: Resident found sitting on floor on her buttocks between her butt and bed. Resident assisted to w/c (wheelchair), neuros initiated, ROM (Range of Motion) and VS (Vital Signs) are all WNL (Within Normal Limits) for this resident. Management, family and on call aware of fall with no injury. Resident denies pain. R131's Progress Note, dated 8/18/2025 at 4:09 PM IDT (Interdisciplinary Team) met to discuss recent fall. RCA (Root Cause Analysis): Resident noted to have been attempting to transfer self, and lost balance. Intervention: call don't fall sign hung, and resident educated. The Resident Council Minutes, dated 6/17/24, document under nursing concerns: call lights are not being answered in a timely manner. Call lights being turned off and not returning to assist resident. The Resident Council Minutes, dated 7/15/25, document under nursing concerns: call light wait time is too long. The Resident Council Minutes, dated 8/19/25, document under nursing concerns: call light wait time is too long. Concerns with people walking by when call lights are on. On 8/29/25 at 11:47AM, V1, Administrator, stated she has not had anyone specifically complain to her about the call light response time, but there have been complaints made in resident council. V1 stated when that happens, V2, DON (Director of Nurses), will do call light audits and will educate management, ancillary staff, and the nursing staff, not to walk by a call light, anyone can answer the light. The Call Light Guidance Policy, dated 7/1/23, document resident call lights shall be responded to within a reasonable amount of time.</p>		