

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 03/20/2026
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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on interview and record review the facility failed to prepare food at an appetizing temperature. This failure affects 2 of 2 (R1 and R3) residents reviewed for dietary services. Findings include: Facility's Resident Council Minutes dated 1/20/26 at 2:00 PM documents Concerns with food being cold at mealtimes. Facility's Resident Council Minutes dated 2/17/26 at 2:00 PM documents Concerns with food being cold at mealtimes. Facility's Resident Council Minutes dated 3/16/26 at 2:05 PM documents Food is not hot enough during mealtimes. Facility's Grievance dated 1/22/26 documents Concerns with food being cold at mealtimes. Addressed during resident council, dietary manager aware will in-service staff. Facility's Grievance dated 2/18/26 documents Food is not hot enough at mealtimes. FSD (Food Safety Director) continues to monitor temperatures in dining room and hall trays. All temperatures were about 150 degrees for hot food and under 40 for cold food. FSD has and will continue to monitor temperatures on all floors. Tracking of temperatures will continue. Facility's Grievance dated 3/16/26 documents Concerns with food being cold at mealtimes. Checked random plates during service on different floors. All food was within proper range. Will continue to monitor. Checked and verified all temperatures were within range. On 3/18/26 at 10:49 AM, R1 stated that the food is sometimes cold, especially vegetables. On 3/18/26 at 10:56 AM, R3 stated that the food is cold. Facility's Food Palatability dated 9/1/21 documents Food will be prepared by methods that conserve nutritive value, flavor, and appearance. Food will be palatable, attractive and served at safe and appetizing temperature. Food and liquids are prepared and served in a manner, form, and texture to meet resident's needs. CMS form 671 dated 3/19/26 documents a censure of 143 residents.</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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