

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER Sunny Acres Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 19130 Sunny Acres Road Petersburg, IL 62675	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on Observation, Interview and Record Review, the facility failed to ensure a resident was provided with an appropriately sized wheelchair, preferred toileting equipment and showers for one of three residents (R2) reviewed for accommodations in the sample of 16. Findings include: The facility's Resident Rights policy, dated 11/2018, documents As an individual living in long term care facility, you retain the same rights as every citizen of Illinois and of the United States. The following regulations provide clarity on specific rights granted to residents living in long-term care facilities: You have the right to make your own choices. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide services to keep your physical and mental health, at their highest practical levels. R2's current Care Plan, dated 8/26/25, documents R2 has the following diagnoses but not limited to, Congestive Heart Failure, Morbid Obesity, Chronic Kidney Disease, Lymphedema, Irritable Bowel Syndrome and Pain. This care plan documents (R2) is at risk for constipation related to opioid medication use, decreased mobility. She has IBS (irritable bowel syndrome) which could contribute to constipation or cause diarrhea. Encourage resident to sit on toilet to evacuate bowels if possible. (R2) stated that she prefers to do her own favorite activities in her room. Such as television, (social media) and word search. (R2) is active in our Resident Council, and we meet on the first Thursday of each month at 2:00 PM, and she likes to be there. (R2) is at risk for an ADL (Activities of Daily Living) Self Care Performance Deficit related to weakness, need for therapy services to improve mobility and function. Toilet use: Needs one assist for toileting for bowel movement or urination using a bed pan. Transfer: 7/30/25, (mechanical lift) with two (person) assistance for transfers from bed to wheelchair and then can stand and use walker to transfer for toileting needs and into or out of recliner. Will sit in wheelchair and be transferred using (mechanical lift) back into bed from wheelchair as well. 8/26/25, Staff to use bariatric (mechanical lift) only. R2's Minimum Data Set assessment, dated 5/21/25, documents R2 has intact cognition. On 8/27/25 at 10:15 AM, R2 was lying in her room in a bariatric bed. R2 stated she has spent a lot of time in bed lately. R2 stated For several weeks I didn't get out of bed. They (staff) said it wasn't safe for me to be transferred until they had all the proper equipment. I don't have a wheelchair that fits, I have outgrown it. It is miserable for me to sit in the wheelchair that I have, because it is too small. I would like to get up to a wheelchair to get out of the room or go to doctors' appointments and things of that type. I think my current two chairs are around 24 inches and I need larger than that. I am squeezed in there and it's very uncomfortable. Before this week, it has been several weeks that I have just been in bed. I have been told if I want a bariatric bedside commode, I will have to pay for that myself. I can't use the toilet because of the (mechanical lift) and so I have had to use the bedpan, and I do not like it. I would rather be able to get on a commode when I need to use it and not the bedpan. I would also much rather be up in the shower with running water and wash my hair, but I haven't been to the shower room in over a month because the last girl who helped me didn't feel comfortable. There is an aide (V12, Certified Nursing Assistant) who comes in at 5:00 AM because that is when I like my showers, but I don't know if there's not enough help or what, because she is by herself and so I only have gotten bed baths for several weeks. R2's Shower Sheets, dated 7/31/25-8/25/25, document R2 has been given only bed baths and no showers for over three weeks. On 8/27/25 at 12:25 PM, V12 (Certified Nursing Assistant) stated When staff have transferred and assisted (R2) they have been getting hurt. It really does take two people. If I don't have help, then (R2) only gets a bed bath. We have a bariatric shower chair, but our commodes are plastic, and I am not sure they would be safe. (R2) gets scheduled showers on Monday and Friday and she will tell me (if she wants a shower). If there are no other staff to help, (R2) gets a bed bath. (R2) toilets on the bedpan. I don't think we have a bariatric commode to use for her. (R2) could get up to toilet if we had the right equipment. Her wheelchair and the commodes do not fit her and so her recliner is the only place for her to go right now. On 8/27/25 at 12:45 PM, V13 (Certified Occupational Therapy Assistant) stated (R2) has had a recent weight gain. Staff brought to our attention that the shower chair and (R2's) wheelchair are too small now. The largest commode they have here is a size 28 inch and (R2) would probably need larger than that. V13 confirmed that the facility's shower chair is suitable for R2, but her wheelchair and the available commodes are too small to use. On 8/27/25 at 1:10 PM, V1 (Administrator in Training), stated (R2) is adamant that they (showers) occur first thing in the morning. It is a busy time of day for staff, so we have an aide that comes in early. I am not sure why there wouldn't be enough staff to at least get her transferred to the shower chair though. That seems doable for staff to get completed. We have been searching for a</p>		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (continued on next page)		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Observation, Interview and Record Review, the facility failed to ensure resident rooms were kept free from leaking water condensation, water damaged ceilings and dark fuzzy discoloration on the walls and ceilings for 15 of 16 residents (R1, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16) reviewed for environment in the sample of 16. Findings include: The facility's Resident Rights policy, dated 11/2018, documents As an individual living in long term care facility, you retain the same rights as every citizen of Illinois and of the United States. The following regulations provide clarity on specific rights granted to residents living in long-term care facilities: Your facility must be safe, clean, comfortable, and homelike. The facility's Mold policy, dated 6/14/17, documents Molds are microscopic organisms found everywhere in the environment, indoors and outdoors. Most molds are harmless, but some can cause infections, allergy symptoms and produce toxins. Inhalation is the exposure of most concern to cleanup workers. It is our policy to remediate immediately upon notification of mold. How to recognize mold: Sight, usually appear as gray or black and can be fuzzy. This policy also documents Always notify your facilities manager upon finding mold or mildew. Identify moisture problems and remove excess moisture with a wet-dry vacuum and dry out the building as quickly as possible. The facility's Fall Assessment and management Policy, dated 6/2024, documents It is the policy of this facility to assess each resident's fall risk on admission, quarterly, and with each fall. This will help facilitate an interdisciplinary approach for care planning to appropriately monitor, assess and ultimately reduce injury risk. Factors related to the risk will be addressed and care planned. This policy also documents Interventions will be based on the fall risk assessment and the circumstances surrounding the risk for injury or actual injury or fall. Some examples may be, Falls related to environmental hazards. On 8/27/25 at 10:10 AM, R4's room was observed. R4's ceiling near the room's entry way had a strip of black speckled fuzzy substance on the white ceiling that was scattered amongst an approximate two foot by three-inch area, horizontal to the doorway. The ceiling over R4's bed was lowered, and the corners, wallpaped walls and ceiling contained several speckled gray areas. R1's current care plan, dated 8/26/25, documents R1 has diagnoses including but not limited to Lack of Coordination, Unsteadiness on Feet and Abnormalities of Gait and Mobility. This care plan documents (R1) is at risk for falls related to weakness, hypertension, use of devices such as walker for ambulation, use of psychotropic medications. Fall on 6/10/25 and 8/26/25. Interventions, ensure that (R1) is wearing appropriate footwear with non-slip soles or non-skid socks when ambulating or mobilizing in wheelchair. Night light on in room/bathroom to illuminate area and decrease trip/fall hazards. On 8/27/25 at 10:50 AM, R1 was sitting in a recliner chair in her room. R1's ceiling in front of her recliner contained a large square shaped air vent. The ceiling around the vent was stained tan and bubbled in multiple areas. The ceiling also contained a large metal tract for a privacy curtain and some areas along the tract also were surrounded by tan stained marks. At this time, R1 stated When the air conditioning runs a lot, it will drip water on the floor. I usually put some paper towel over the water when it happens. At this same time on the opposite side of R1's room, near R8's recliner chair, the ceiling contained a smoke detector. This smoke alarm had a ring surrounding it approximately two to three centimeters in width of speckled gray and dark gray scattered spots, along with tan stained areas surrounding. R1 stated facility staff and maintenance are aware of the damages. On 8/27/25 at 10:55 AM, R3's room was observed with a ceiling air conditioning vent which was surrounded by multiple areas of tan stains and bubbled paint. R3's smoke alarm was pulled down approximately eight inches from the ceiling and hanging by covered electrical wires. Surrounding the smoke alarm were areas of tan stains on the ceiling. On 8/27/25 at 11:00 AM, V11 (Certified Nursing Assistant) confirmed the ceiling damage in R1, R3 and R8's rooms. V11 stated There is water that drips when it is hot, and the AC (air conditioner) runs frequently. The smoke detector in (R3's room) has been pulled down because they had condensation behind the detector, so they had to pull it out to dry. All the rooms on this side (Rose Lane) drip when it's hot. They all have damage on the ceiling. On 8/27/25 at 11:05 AM, V2 (Director of Nursing) toured the facility's [NAME] Lane hallway and rooms. V2 confirmed that every room in the [NAME] Lane hallway has tan stains surrounding the air vents on the ceilings. V2 stated (V4, Maintenance Supervisor) is trying to reach out to corporate and get a solution for the air conditioner drip problem. It's been an issue for close to a month. When it is hot, the vents will drip onto the floor. The rooms on [NAME] Lane are the ones affected. V2 confirmed the dark gray speckled areas around the smoke detector in R1 and R8's room and the dark black speckled area on R4's ceiling. V2 stated</p>		