

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146100	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2025
NAME OF PROVIDER OR SUPPLIER Cass County Senior Living & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 530 East Beardstown Street Virginia, IL 62691	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>Based on observation, interview, and record review, the facility failed to ensure showers in the resident's bathrooms were free of a brown/black furry textured substance, water was available in one shower room, faucets were in good working order, cracked tile in the shower rooms was repaired, unconnected piping wasn't exposed, and functioning ventilation fans in resident rooms. This failure has the potential to affect all 26 residents who reside in the facility. Findings Include: The Facility's current resident census sheet dated 7/16/2025, documents 26 residents reside in the facility. The Facility's Safety and Supervision of Residents policy dated 11/14/2024 documents, Policy Statement, our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. Facility-Oriented Approach to Safety, 2. Safety risks and environmental hazards are identified on an ongoing basis through a combination of employee training, employee monitoring, and reporting processes; QAPI reviews of safety and incident/accident data; and a facility-wide commitment to safety at all levels of the organization. 3. When accident hazards are identified, the QAPI/Safety Committee shall evaluate and analyze the cause(s) of the hazards and develop strategies to mitigate or remove the hazards to the extent possible. The Facility's Homelike Environment policy (not dated) documents, Policy Statement, residents are provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to the extent possible. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a. Clean, sanitary, and orderly environment. On 7/16/2025 at 10:30 AM, on the main North Hall there are two shower rooms labeled one and two. Shower room one had no working water and previous bathtub was out of room leaving piping and broken tile. Next to shower area was broken tile on the right side of the wall. In shower room two there was broken tile in shower area on the floor next to the drain, and broken tile around water faucet floor base in the left and right corners. On 7/16/2025 at 10:45 AM, on East Hall rooms one through eight all had brown/black furry textured substance in the showers, ventilation fans were not turning on in all rooms, and rooms two, three, four, and six shower faucets were leaking. On 7/16/2025 at 11:00 AM, V7 (Administrator in Training) stated he was overlooking maintenance while their head of maintenance was out this week. V7 toured shower rooms and resident rooms and confirmed that he was aware of the issues and had only called one person to do the repairs and has been waiting a month maybe. V7 confirmed he has not tried to call any other contractors to help with resident bathrooms and shower rooms.</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, the facility failed to provide eight consecutive hours of a Registered Nurse, daily. This failure has the potential to affect all 26 residents who reside in the facility. Findings Include: The Facility's current resident census sheet dated 7/16/2025, documents 26 residents reside in the facility. The Facility's Staffing policy (not dated) documents, Policy Statement, our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. The Facility's staffing sheets dated 6/16/2025-7/16/2025 document all days with no Registered Nurse for eight consecutive hours, 6/28, 6/29, 7/3, 7/3, 7/5, 7/6, 7/10, 7/12, 7/16. On 7/16/2025 at 1:00 PM V6 (Director of Nursing) stated I am the only Registered Nurse on staff, I am also responsible as Director of Nursing, MDS (minimum data set) Coordinator. V6 states she will work the floor, and she is also the only nurse manager to cover if a nurse or certified nurse aid calls in. V6 stated I am aware we do not have the staff to have a registered nurse for eight hours every day since I am the only one.</p>