

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Lena Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 South Logan Street Lena, IL 61048	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639</p> <p>Based on interview and record review, the facility failed to perform interdisciplinary care plan conferences for 1 of 1 residents (R44) reviewed for care plans in the sample of 26.</p> <p>The findings include:</p> <p>R44's electronic face sheet printed on 3/26/25 showed R44 has diagnoses including but not limited to cerebral infarction, hemiplegia & hemiparesis affecting left dominant side, dementia with anxiety, and dementia with behaviors.</p> <p>R44's facility assessment dated [DATE] showed R44 has severe cognitive impairment.</p> <p>On 3/25/25 at 10:10AM, V13 (R44's power of attorney) stated, I have been leaving voicemails for about 3 weeks at the facility to figure out (R44's) finances and I am getting very angry because you can never reach anyone. When they call me, I answer or call back. A few weeks ago, I went to see (R44), and I wanted to be able to sit down with someone and ask questions about his care. I have never heard of a care plan meeting, and we have never had one.</p> <p>R44's care plan attendance records showed, 6/18/24 no family attendance, 9/11/24 no family attendance, and 12/18/24 no family attendance.</p> <p>On 3/26/25 at 1:33PM, V12 (Social Service Director) stated, (R44) is a tough situation because he was kind of just dropped off here, so he didn't have a lot of family involvement but now his (family) have been coming around more to see him, so they'll begin to be invited to care plan meetings.</p> <p>R44's nursing progress notes showed the facility has contacted the family 6 times since R44's admission to the facility on [DATE] and have never invited R44's family to a care plan meeting.</p> <p>On 3/26/25 at 2:05PM, V12 stated, (R44's) power of attorney is (V13). She became his power of attorney in December 2024. Invitations for care plan meetings are not documented, we just call families. There is a lot of family drama with (R44), but someone should still be invited to the meetings. (R44) is due for a care plan meeting by the end of the month but I have not reached out to his family yet to invite them. I typically reach out at least a week prior to when the meeting is scheduled. (Only 5 days are left in the month)</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility was unable to provide a policy regarding family/healthcare power of attorney attendance at care plan meetings or documentation of invitations to care plan meetings.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639</p> <p>Based on observation, interview, and record review the facility failed to perform incontinence care and activities of daily living care for 1 of 1 residents (R35) reviewed for activities of daily living in the sample of 26.</p> <p>The findings include:</p> <p>R35's electronic face sheet printed on 3/27/25 showed R35 has diagnoses including but not limited to need for personal care, muscle wasting and atrophy, morbid obesity, and edema.</p> <p>R35's facility assessment dated [DATE] showed R35 has mild cognitive impairment and requires partial/moderate assistance with toileting hygiene.</p> <p>R35's care plan dated 7/27/22 showed, I have an ADL (activities of daily living) self-care performance deficit related to activity intolerance, limited mobility .personal hygiene: limited assist x 1 at times.</p> <p>On 3/25/25 at 10:46AM, R35 was walking down the hallway and had wet marks on the back of his pants. V14 (Certified Nursing Assistant) took R35 to his bathroom and removed his wet pants and incontinence brief. V14 confirmed R35's incontinence brief was wet with urine. V14 applied a clean incontinence brief and pants onto R35 without performing incontinence care. After V14 left R35's room, V14 stated, He will usually ask for incontinence care but since he didn't then I didn't provide it. I guess I could have offered to him, but he probably would have said no. Sometimes he doesn't like us to help him.</p> <p>On 3/26/25 at 11:10AM and 3/27/25 at 9:42AM, R35 continued to wear the same shirt and pants that he was wearing on 3/25/25.</p> <p>R35's nursing progress notes were reviewed and showed no documentation that R35 refused to change his clothes or receive incontinence care on 3/25, 3/26, or 3/27.</p> <p>On 3/27/25 at 11:29AM, V2 (Director of Nursing) stated, (R35) needs assistance with personal care. When a resident has a brief that is wet with urine it should be removed and followed up with incontinence care to prevent skin breakdown and provide cleanliness. Staff should be offering and trying to do incontinence care and asking him to change his clothes and if he refuses, it should be documented.</p> <p>The facility's policy titled, Incontinent Care-with or without a catheter dated 1/1/23 showed, It is the policy of this center to provide incontinent care to residents in a manner which provides privacy, promotes dignity and ensures no cross contamination .</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31615</p> <p>Based on observation, interview and record review the facility failed to ensure a healed pressure injury did not reopen for 1 (R40) of 6 residents reviewed for pressure injury in the sample of 26.</p> <p>The findings include:</p> <p>R40's admission record shows he was admitted to the facility on [DATE] with multiple diagnoses including congestive heart failure, and need for assistance with personal care. His 2/18/25 resident assessment and care screening documents moderate cognitive impairment. The same assessment documents he requires partial to moderate assistance with rolling side to side, sitting to stand, and transfers. He is occasionally incontinent of urine, and he was admitted with a Stage 3 pressure wound.</p> <p>R40's Wound evaluation and management summary of 2/24/25 documents a Stage 3 pressure wound to the left upper medial buttock was resolved.</p> <p>The 3/10/25 wound evaluation and management summary documents the same Stage 3 wound re-opened and the initial measurements were 2.2 cm (centimeters) (length) x 1.4 cm (width) x 0.2 cm (depth).</p> <p>On 3/26/25 at 12:51 PM, V3 RN (Registered Nurse) stood R40 up with a walker, and pulled down his incontinence brief. At the top of his left inner buttock was an open irregular shaped wound with a white paste covering. V3 said the wound originally was 2 open areas that became one. She said R40 was incontinent of urine, mostly at night, during the day he will ask for assistance with the bathroom.</p> <p>On 3/27/25 at 11:51 AM, V2 DON (Director of Nursing) said the nurses do weekly skin checks, and the aides should be doing skin checks for redness and open areas when providing care. After consulting with V8 Wound nurse, V2 said the current wound is a re-opening of the prior Stage 3, and it should have been noted and reported prior to becoming open again at that size.</p> <p>The facility's 1/2025 policy for pressure ulcers documents 3. The facility will ensure that all residents at risk for pressure ulcers are identified to be at risk and given care to prevent the development of pressure ulcers. 4. The facility will ensure that a resident with pressure ulcers receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639</p> <p>Based on observation, interview, and record review, the facility failed to ensure fall prevention measures were in place for 1 of 3 residents (R19) reviewed for safety and supervision in the sample of 26.</p> <p>The findings include:</p> <p>R19's electronic face sheet printed on 3/27/25 showed R19 has diagnoses including but not limited to femur fracture, dysphagia, osteoarthritis, dementia with behaviors, and major depressive disorder.</p> <p>R19's facility assessment dated [DATE] showed R19 has severe cognitive impairment and utilizes a bed and chair alarm daily.</p> <p>R19's physician's orders dated 3/25/25 showed, Ensure bed/chair alarm in place & functioning at all times.</p> <p>R19's care plan dated 9/22/23 showed, I had an actual fall 2/17/25 .utilize bed/chair alarms, bolstered mattress, (non-slip pad) when up in wheelchair.</p> <p>R19's care plan dated 10/16/23 showed, I require bed/chair alarm related to I have a history of falls with attempted independent transfers and ambulation.</p> <p>On 3/25/25 at 9:18AM, R19 was laying in her bed with her bed alarm cord laying in a basin. The alarm box was sitting out in plain view with no cord attached to it and no blinking light showing any function on the alarm.</p> <p>On 3/25/25 at 9:32AM, V10 (Licensed Practical Nurse) stated, (R19's) orders do not show that she needs a bed alarm, so I don't think she uses one. If it's in her room, I would think she uses it though and it should be plugged in. If it is not plugged in, then it is not on and will not alert us if she tries to get up on her own.</p> <p>On 3/25/25 at 10:59AM, V11 (Certified Nursing Assistant) stated R19 uses a bed alarm and is unsure of why it was not plugged in.</p> <p>On 3/27/25 at 11:29AM, V2 (Director of Nursing) stated, (R19) uses a bed and chair alarm and they should be plugged in at all times. We re-instated her alarms after her fall last month because we weren't sure if she slid out of her chair or was trying to get up.</p> <p>The facility's policy titled, Fall Management-Evaluation dated 1/1/23 showed, It is the policy of this center to evaluate residents for their fall risk and develop interventions for prevention .</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39543</p> <p>Based on observation, interview, record review the facility failed to follow manufacturer instructions regarding the expiration date of in use insulin. This applies to 2 of 2 residents (R47, R27) reviewed for insulin in the sample of 26.</p> <p>The findings include:</p> <p>1. On [DATE] at 10:00 AM, R47's insulin glargine (long-acting insulin) was in the E hall cart. The insulin vial had a label which showed an open date of [DATE] and a discard date of [DATE]. The cart had no other opened insulin glargine for R47.</p> <p>R47's [DATE] Medication Administration Record (MAR) showed he was to receive 8 units of insulin glargine at bedtime. The MAR showed the insulin glargine was documented as being given on [DATE].</p> <p>The manufacturer's instructions Learn How to Inject [insulin glargine] showed, The [insulin] vials you are using should be thrown away after 28 days, even if it still has insulin in it.</p> <p>On [DATE] at 12:32 PM, V2 (Director of Nursing) stated the facility follows manufacturer instructions regarding the storage and use of insulin. V2 said R47 should not have been given the insulin from the expired vial on [DATE]. V2 said the purpose of disposal after 28 days in use is due to a risk of contamination after prolonged use of the insulin vial as well as decreased potency of the insulin.</p> <p>The facility's Insulin Administration policy (dated [DATE]) showed, Procedure: .5. Check expiration date, if drawing from an opened multi-dose vial. If opening a new vial, record expiration date and time on the vial (follow manufacturer recommendations for expiration after opening.)</p> <p>2. On [DATE] at 10:00 AM, R27's insulin aspart (fast-acting insulin) pen was in the E hall cart. The pen had a facility applied yellow oval label with two spaces for a date opened and a discard date. The label said discard 28 days after opening. The sticker was blank; no dates had been documented. The insulin pen showed approximately half the insulin had been used.</p> <p>On [DATE] at 12:32 PM, V2 (Director of Nursing) stated insulin pens should be dated once they are removed from the refrigerator. V2 said the purpose of labeling the pen is to keep track of when the pen needs to be discarded.</p> <p>The facility's Insulin Administration policy (dated [DATE]) showed, Procedure: .5. Check expiration date, if drawing from an opened multi-dose vial. If opening a new vial, record expiration date and time on the vial (follow manufacturer recommendations for expiration after opening.)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39543</p> <p>Based on observation, interview, and record review the facility failed to ensure cooked foods were cooled in a manner to limit the growth of potentially dangerous pathogens. The failure has the potential to affect all residents in the facility.</p> <p>The findings include:</p> <p>The CMS 671, dated 3/25/25, showed 52 residents reside in the facility.</p> <p>On 3/25/25 at 9:05 AM, the facility's reach-in freezer had several left-over food items to include but not limited to: 1.) Spaghetti Sauce prepared on 3/18/25 and use by date of 4/18/25 2.) Taco meat prepared on 3/3/25 and use by date of 4/3/25 3.) Beef Barley soup prepared on 3/25/25 and use by date of 3/27/25 4.) Meat Balls prepared on 3/19/25 and use by date of 4/19/25. The facility's reach-in refrigerator had leftover chicken noodle soup with a prepared date of 3/24/25.</p> <p>On 3/27/25 at 11:35 AM, V9 (Dietary Manager) stated the facility does serve leftover foods to the residents. V9 said the leftover chicken noodle soup in the refrigerator and the leftovers in the freezer are for all the residents. V9 said the soups are on the alternative menu and served to the residents per their request. V9 said the leftovers, like the pasta sauce and taco meat, will be used the next time that food item is on the menu.</p> <p>On 3/26/25 at 8:59 AM, V9 Dietary Manager stated the cooling logs for the leftover items in the freezer should be posted on the reach-ins. (V9 pointed to the doors of the reach-ins in the kitchen.) V9 said, We don't have any cooling logs for the leftovers. V9 said the leftovers must be cooled quickly enough so the food does not linger in the danger zone, which is a temperature range where pathogens will grow more rapidly.</p> <p>The facility's General HACCP (Hazard Analysis and Critical Control Points) Guidelines for Food Safety policy showed, .Limit the time that food is in the temperature danger zone. The policy showed the danger zone is 135 degrees Fahrenheit (F) to 41 F. The policy showed cooked food should be cooled from 135 F to 70 F in 2 hours then from 70 F to 41 F within 4 hours. The policy showed if these times and temperatures were not met, then the food should be reheated to 165 F and the process restarted.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639</p> <p>Based on observation, interview, and record review, the facility failed to perform glove changes and hand hygiene during incontinence care for 1 of 8 residents (R5) reviewed for infection control in the sample of 26.</p> <p>The findings include:</p> <p>R5's electronic face sheet printed on 3/27/25 showed R5 has diagnoses including but not limited to chronic kidney disease stage 4, urinary tract infection, and anxiety disorder.</p> <p>R5's facility assessment dated [DATE] showed R5 has moderate cognitive impairment and is dependent on staff for personal hygiene.</p> <p>On 3/25/25 at 12:07PM, V5 and V14 (Certified Nursing Assistants) provided incontinence care to R5. V14 cleansed feces off R5's buttocks with toilet paper, handed the toilet paper to V14 to throw away. This occurred 4 times between V5 and V14 throughout R5's incontinence care. V5 and V14 then applied a clean incontinence brief, touched the mechanical lift remote, R5's bed controls, and R5's wheelchair without removing their soiled gloves. V14 stated gloves are not removed until all care is completed with a resident. V5 and V14 were unable to verbalized when gloves should be changed, and hand hygiene performed during incontinence care.</p> <p>On 3/27/25 at 11:29AM, V2 (Director of Nursing) stated, Whenever the aides are going from a dirty to clean task they should remove their gloves, perform hand hygiene, and apply new gloves to prevent contamination and the spread of infection. These are taught in classes and observed during competencies, so all aides know the correct procedure. This is not a new procedure and staff should know this.</p> <p>The facility's policy titled, Incontinent Care- with or without catheter dated 1/1/23 showed, If is the policy of this center to provide incontinent care to residents in a manner which provides privacy, promotes dignity and ensures no cross contamination .re-glove prior to touching clean linens/adult brief .</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39543</p> <p>Based on interview and record review the facility failed to offer a resident the flu vaccine for the 2024/2025 flu season. This applies to 1 of 5 residents (R7) reviewed for vaccinations in the sample of 26.</p> <p>The findings include:</p> <p>R7's Admission Record (Face Sheet) showed an original admitted [DATE] with diagnoses to include dementia without behavioral disturbance, influenza, and covid-19.</p> <p>R7's Immunization History (as of 3/27/25) showed she did not receive the 2024/2025 flu vaccine.</p> <p>On 3/26/25 at 1:46 PM, V2 (Director of Nursing/DON) stated R7's Power of Attorney was in the Intensive Care Unit the end of October 2024, and he was not reachable. V2 said R7's (family) was not willing to make decisions for R7. V2 said R7 was not given the flu shot and R7 did have flu early in 2025.</p> <p>On 3/26/25 at 2:50 PM, V2 said if a resident has a diagnosis of dementia, they do not allow the resident to sign consents, only the power of attorney.</p> <p>On 3/26/25 at 3:17 PM, R7 was oriented to date, city, and her medical history. R7 said, Early this year I was sick with both flu and covid; I had the double decker. I was not feeling well. R7 said, I always get the flu shot. I would like to make my own decision about my vaccines.</p> <p>R7's 2/12/24, 10/24/24, and 2/23/25 Minimum Data Sets (MDSs) showed she was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15.</p> <p>R7's 10/3/24 Nurse Practitioner note showed, Orientation: Yes alert, awake and oriented x3 (oriented to person, place, and time)</p> <p>R7's 11/11/24 Psychiatry Note showed, .No evidence of psychosis such as mania, paranoia, or delusional thoughts .Insight: Fair, Judgement: Fair .</p> <p>R7's 12/4/24 Fall Risk Evaluation showed she was alert and oriented to person, place and time.</p> <p>On 3/27/25 at 8:39 AM, V2 said, If they are diagnosed with dementia the POA (Power of Attorney) is activated. If someone has dementia, we go to the POA to sign their consents. That's what I've always done. It is possible that a resident can have a diagnosis of dementia and they are alert, oriented, they know their health history, and are aware of their health status. If a resident has dementia, we don't have anything in place to assess a resident's cognition at the time of signing their paperwork. V2 stated her concern with dementia resident's signing consents is, The resident could come back at a later time and say they didn't sign that paperwork. V2 said R7 was not hospitalized when she had the flu and covid; and she made a full recovery.</p> <p>(continued on next page)</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39543</p> <p>Based on interview and record review the facility failed to offer a resident the covid vaccine for the 2024/2025 covid season. This applies to 1 of 5 residents (R7) reviewed for vaccinations in the sample of 26.</p> <p>The findings include:</p> <p>R7's Admission Record (Face Sheet) showed an original admitted [DATE] with diagnoses to include dementia without behavioral disturbance, influenza, and covid-19.</p> <p>R7's Immunization History (as of 3/27/25) showed she did not receive the 2024/2025 covid booster.</p> <p>On 3/26/25 at 1:46 PM, V2 (Director of Nursing) stated R7's Power of Attorney was in the Intensive Care Unit the end of October 2024, and he was not reachable. V2 said R7's (family) was not willing to make decisions for R7. V2 said R7 was not given the covid booster and R7 did have covid early in 2025.</p> <p>On 3/26/25 at 2:50 PM, V2 said if a resident has a diagnosis of dementia, they do not allow the resident to sign consents, only the power of attorney.</p> <p>On 3/26/25 at 3:17 PM, R7 was oriented to date, city, and her medical history. R7 said, Early this year I was sick with both flu and covid; I had the double decker. I was not feeling well. R7 said, .I should probably get the covid vaccine. I would like to make my own decision about my vaccines.</p> <p>R7's 2/12/24, 10/24/24, and 2/23/25 Minimum Data Sets (MDSs) showed she was cognitively intact with a brief interview for mental status (BIMS) score of 15 out of 15.</p> <p>R7's 10/3/24 Nurse Practitioner note showed, Orientation: Yes alert, awake and oriented x3 (oriented to person, place, and time)</p> <p>R7's 11/11/24 Psychiatry Note showed, .No evidence of psychosis such as mania, paranoia, or delusional thoughts .Insight: Fair, Judgement: Fair .</p> <p>R7's 12/4/24 Fall Risk Evaluation showed she was alert and oriented to person, place and time.</p> <p>On 3/27/25 at 8:39 AM, V2 said, If they are diagnosed with dementia the POA (Power of Attorney) is activated. If someone has dementia, we go to the POA to sign their consents. That's what I've always done. It is possible that a resident can have a diagnosis of dementia and they are alert, oriented, they know their health history, and are aware of their health status. If a resident has dementia, we don't have anything in place to assess a resident's cognition at the time of signing their paperwork. V2 stated her concern with dementia resident's signing consents is, The resident could come back at a later time and say they didn't sign that paperwork. V2 said R7 was not hospitalized when she had the flu and covid; and she made a full recovery.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Lena Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 South Logan Street Lena, IL 61048	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R7's Power of Attorney paperwork (signed by R7 on 4/18/23) showed, I authorize my agent to: Make decisions for me starting now and continuing after I am no longer able to make them for myself. While I am still able to make my own decisions, I can still do so if I want to.</p> <p>On 3/27/25 at 9:49 AM, V6 (Ombudsman) stated he is well acquainted with resident rights. V6 stated, regarding not allowing dementia residents to sign consents, I've heard a few facilities say that, but my response to that is dementia is not one thing it is a spectrum. Someone can be mildly forgetful or be very advanced. In one case they may be perfectly capable of making decisions and signing consents and the other resident may not be able to sign. Both those people would have the same dementia diagnosis. (R7's POA statement above was read to V6 verbatim.) I understand that statement to mean that, if she is able to make her own decisions, she can still do so if she wants to.</p> <p>On 3/26/25 at 4:14 PM, V2 stated the facility did not have a specific covid vaccination policy.</p>