

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsng Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	

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 - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32765</p> <p>Based on observation, interview, and record review the facility failed to ensure hot water was available for resident use for 5 of 5 (R3, R6, R15, R16, and R40) residents reviewed for hot water in the sample of 34.</p> <p>Findings Include:</p> <p>1. R6's Admission Record with a print date of 2/27/25 documents R6 was admitted to the facility on [DATE] with diagnoses that include cerebral palsy, morbid obesity, diabetes, lack of coordination, and urinary incontinence.</p> <p>R6's MDS (Minimum Data Set) dated 1/2/25 documents a BIMS (Brief Interview for Mental Status) score of 15, indicating R6 is cognitively intact. This same MDS documents R6 is frequently incontinent of bowel and bladder and is dependent on staff for toilet hygiene.</p> <p>On 2/23/25 at 2:17 PM, R6 was lying in bed and there was a strong odor of urine. V7 (CNA/Certified Nursing Assistant) entered R6's room with this surveyor and provided incontinence care. After providing care, V7 washed her hands in R6's bathroom sink and stated the water was not hot.</p> <p>2. R16's Admission Record with a print date of 2/27/25 documents R16 was admitted to the facility on [DATE] with diagnoses that include chronic kidney disease, chronic obstructive pulmonary disease (COPD), diabetes, Chron's disease, and chronic pain.</p> <p>R16's MDS dated [DATE] documents a BIMS score of 15, which indicates R16 is cognitively intact. This same MDS documents R16 is dependent on staff for bathing.</p> <p>On 2/23/25 at 10:17 AM, R16 stated they don't have hot water.</p> <p>3. R40's Resident Admission Record with a print date of 2/27/25 documents R40 was admitted to the facility on [DATE] with diagnoses that include heart failure, COPD, acquired absence of left leg above the knee, and foot drop.</p> <p>R40's MDS dated [DATE] documents a BIMS score of 15, indicating R40 is cognitively intact. This MDS does not document the level of assistance R40 requires for bathing.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 - Some</p>	<p>On 2/23/25 at 10:06 AM, when asked if she was receiving assistance with bathing, R40 stated, I won't take a cold shower, so I won't take one. R40 stated it had been about a week since they had hot water and she was supposed to get a shower twice a week.</p> <p>4. R3's Admission Record with a print date of 2/27/25 documents R3 was admitted to the facility on [DATE] with diagnoses that include Huntington's Disease and urinary incontinence.</p> <p>R3's MDS dated [DATE] documents a BIMS score of 15, indicating R3 is cognitively intact.</p> <p>On 2/23/25 at 10:25 AM, R3 stated they haven't had hot water for around seven days. R3 stated it has been a week since she got to shower.</p> <p>5. R15's Admission Record with a print date of 2/27/25 documents R15 was admitted to the facility on [DATE] with diagnoses that include morbid obesity, cellulitis, and heart disease.</p> <p>R15's MDS dated [DATE] document a BIMS score of 15, indicating R15 is cognitively intact.</p> <p>On 2/23/25 at 12:27 PM, the hot water in R15's bathroom sink was room temperature and did not warm up.</p> <p>On 2/23/25 at 2:11 PM, V7 (CNA) stated they don't have hot water and they are supposed to go to the kitchen and have them heat them up water if they need warm water for resident care.</p> <p>On 2/25/25 at 9 PM, V9 (CNA) stated they don't have hot water other than in the kitchen.</p> <p>On 2/26/25 at 11:43 AM, V6 (CNA) stated the facility doesn't have hot water and she gets hot water in a basin from the kitchen when she provides resident care. V6 stated she didn't know how long they had been without hot water but found out about it when she returned to work on 2/27/25.</p> <p>On 2/24/25 at 9:29 AM, V4 (Maintenance Director) stated the hot water had not been working since 2/19/25. V4 stated on 2/18/25 the breaker tripped, and he reset it. V4 stated then on 2/19/25 the breaker tripped again, and the hot water wasn't heating up. V4 stated they ordered a new element for the hot water heater, but it hadn't been delivered to the facility. V4 stated it they didn't have hot water in any of the resident bathrooms, the shower rooms, and laundry room. V4 was present with this surveyor when this surveyor's thermometer was calibrated using the ice water method and thermometer read 32.0 Fahrenheit. V4 and this surveyor checked the water temperature in the following rooms with the following readings, 9:31 AM, [NAME] Shower room- shower 83.3 degrees Fahrenheit, sink 86.0 Fahrenheit; 9:34 AM, East Shower room, shower 81.5 degrees Fahrenheit, sink 86.3 degrees Fahrenheit; Laundry room sink 82.0 degrees Fahrenheit; 9:42 AM, R3's bathroom sink 83.1 degrees Fahrenheit; 9:42 AM, R15's bathroom sink 84.9 degrees Fahrenheit. V4 stated the laundry room sink has the same hot water line that feeds the washers.</p> <p>On 2/24/25 at 10:08 AM, V4 (Maintenance Director) reviewed the facility water temperature logs with this surveyor and stated he had not checked the facility water temperatures since the hot water stopped working.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 - Some</p>	<p>On 2/26/25 at 3:38 PM, V2 (Director of Nurses) stated she didn't remember the exact day they realized the hot water wasn't working but it was one day last week. V2 stated they started to give a resident a shower and the water wasn't getting warm enough. V2 stated they still had hot water in the kitchen, and it was their expectation the facility staff would utilize the kitchen hot water to provide care to the residents as needed. V2 stated they did have residents on isolation precautions and the staff were educated to wash their hands with the cold water in the resident bathroom and then go rewash their hands in an area of the facility that had hot water. V2 stated the laundry room has bleach and all linens and clothes were being washed using bleach.</p> <p>On 2/23/25 at 1:12 PM, V1 (Administrator) stated the element went out on the hot water heater. V1 stated they have ordered the part, and it was supposed to arrive on 2/21/25 and then again on 2/22/25. V1 stated he was following up again and had the part rushed but it still hadn't arrived. V1 stated they still have hot water in the restrooms near the Administrator's office and in the kitchen.</p> <p>An Order form provided to this surveyor documents the element was ordered on 2/19/25.</p> <p>The facility Water and Climate Test for 20 days dated 2/2025 documents on 2/17/25 the water temperature was checked, and the following readings were obtained. room [ROOM NUMBER]- 106 degrees Fahrenheit, room [ROOM NUMBER]- 105 degrees Fahrenheit, room [ROOM NUMBER]- 105 degrees Fahrenheit, room [ROOM NUMBER]- 104 degrees Fahrenheit, room [ROOM NUMBER]- 104 degrees Fahrenheit, room [ROOM NUMBER]- 104 degrees Fahrenheit, room [ROOM NUMBER]- 103 degrees Fahrenheit, room [ROOM NUMBER]- 103 degrees Fahrenheit, room [ROOM NUMBER]- 102 degrees Fahrenheit, room [ROOM NUMBER]- 102 degrees Fahrenheit, room [ROOM NUMBER]- 102 degrees Fahrenheit, room [ROOM NUMBER]- 103 degrees Fahrenheit, room [ROOM NUMBER]- 105 degrees Fahrenheit, Laundry room- 118 degrees Fahrenheit, and kitchen- 128 degrees Fahrenheit.</p> <p>The facility Water Temperatures Policy and Procedure dated 11/1/2019 documents, Policy Statement: It is the policy of this facility to maintain water temperatures comfortable for residents .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 32765</p> <p>Based on interview and record review the facility failed to provide showers for residents needing assistance for 4 of 5 (R6, R16, R18, and R40) residents reviewed for activities of daily living (ADL's) in the sample of 34.</p> <p>Findings Include:</p> <p>1. R6's Admission Record with a print date of 2/27/25 documents R6 was admitted to the facility on [DATE] with diagnoses that include cerebral palsy, morbid obesity, diabetes, lack of coordination, and urinary incontinence.</p> <p>R6's MDS (Minimum Data Set) dated 1/2/25 documents a BIMS (Brief Interview for Mental Status) score of 15, indicating R6 is cognitively intact. This same MDS documents R6 is dependent on staff for bathing.</p> <p>R6's current Care Plan documents a Focus area of (R6) has an ADL self-care performance deficit r/t (related to) Limited ROM (range of motion), Limited Mobility, impaired balance. This Focus area has a start date of 2/7/2016 and the interventions for this Focus area include, Bathing/showering: The resident is (totally dependent) on (1) staff to provide (Shower) (2 times a week) and as necessary.</p> <p>R6's Follow Up Questions Report dated 1/1/25 to 2/26/25 documents R6 was assisted with bathing on 1/3, 1/7, 1/10, 1/14, 1/21, 1/24, 1/31, 2/7, 2/14, 2/18 and 2/21/25 with not applicable documented on 2/4/25. This indicates R6 went from 1/14/25 to 1/21/25 (six days) and from 2/7/25 to 2/14/25 (six days) without being assisted with bathing.</p> <p>2. R16's Admission Record with a print date of 2/27/25 documents R16 was admitted to the facility on [DATE] with diagnoses that include chronic kidney disease, chronic obstructive pulmonary disease (COPD), diabetes, Chron's disease, and chronic pain.</p> <p>R16's MDS dated [DATE] documents a BIMS score of 15, which indicates R16 is cognitively intact. This same MDS documents R16 is dependent on staff for bathing.</p> <p>R16's current Care Plan documents a Focus area of (R16) has an ADL self-care performance deficit r/t (related to) Amputation (Left BKA-LE -below knee amputation left extremity, Prosthesis) & (and) (Left Side Arm Paralysis), Impaired balance, Limited Mobility, abnormal posture, difficulty in walking, muscle weakness, lack of coordination This Focus area has a start date of 2/6/2017 and includes the intervention of, Bathing/showering: The resident requires (Extensive assistance) by (1) staff with (Showering) (2 x's-times wk-week) and as necessary.</p> <p>On 2/23/25 at 10:17 AM, R16 stated she doesn't get a shower every three days like she is supposed to. R16 stated they are short staffed so they sometimes can't take showers as they should.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsng Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R16's Follow Up Question Report dated 1/1/25 to 2/26/25 documents R16 received assistance with bathing on 1/7, 1/18, 1/21, 1/24, 1/28, 1/31, 2/7, 2/14, and 2/18. This same report documents R16 was not available and/or refused showers on 1/3, 1/10, 1/12, 1/14, 1/29, 2/21, and 2/25. This indicates R16 went from 1/14/25 to 1/21/25 (six days) without being offered assistance with bathing.</p> <p>3. R18's Admission Record with a print date of 2/27/25 documents R18 was admitted to the facility on [DATE] with diagnoses that include osteoarthritis of the knee, pain, visual loss, muscle weakness, and urinary incontinence.</p> <p>R18's MDS dated [DATE] documents a BIMS score of 12, which indicates a moderate cognitive deficit. This MDS does not document the level of assistance R18 requires with ADL's.</p> <p>R18's current Care Plan documents a Focus area of, (R18) has an ADL self-care performance deficit r/t Dementia, difficulty in walking, lack of coordination, muscle weakness. This Focus area documents a start date of 2/7/2016 and includes an intervention of, GG- Shower/Bathe Self (Total Dependence x 1) with an initiation date of 9/23/23.</p> <p>R18's Follow Up Question Report dated 1/1/2025 to 2/26/2025 documents R18 received assistance with bathing on 1/7, 1/10, 1/14, 1/17, 1/18, 1/21, 1/31, 2/4, 2/7, 2/11, 2/14, 2/18, and 2/25/25. This indicates R18 went from 1/21/25 to 1/31/25 (9 days) without being offered assistance with bathing.</p> <p>4. R40's Resident Admission Record with a print date of 2/27/25 documents R40 was admitted to the facility on [DATE] with diagnoses that include heart failure, COPD, acquired absence of left leg above the knee, and foot drop.</p> <p>R40's MDS dated [DATE] documents a BIMS score of 15, indicating R40 is cognitively intact. This MDS does not document the level of assistance R40 requires for bathing.</p> <p>R40's current Care plan documents a Focus area of I currently have an alteration to my ability to care for self and need assistance d/t (due to) musculoskeletal impairment. This Focus area has a start date of 11/3/2023 and includes the intervention of Bathing/Showering: (R40) requires Limited Assistance of (1-2) staff to provide (shower) (2x's/wk-2 times per week). Monitor nail length, clean under nails, notify nurse if nails need trimmed, avoid scrubbing & (and) pat dry sensitive skin.</p> <p>On 2/23/25 at 10:06 AM, when asked if she was receiving assistance with bathing, R40 stated, I won't take a cold shower, so I won't take one. R40 stated it had been about a week since they had hot water, and she was supposed to get a shower twice a week.</p> <p>R40's Follow Up Question Report dated 1/1/2025 to 2/26/2025 documents R40 was not offered assistance with bathing from 2/19/25 to 2/26/25 (six days).</p> <p>On 02/25/25 at 2:49 PM, V7 (CNA/Certified Nursing Assistant) stated they were not able to provide shower assistance to residents on 2/23/25 partially due to no hot water and partially due to not having enough CNA's.</p> <p>On 02/25/25 at 3:12 PM, V8 (CNA) stated they did not assist any residents with showering on 2/23/25. V8 stated she washed residents faces with a cold washcloth.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/25/25 at 3:19 PM, V9 (CNA) stated they work with three CNA's every other weekend and they are not able to meet the needs of the residents timely. V9 stated when they only have three CNA's showers are not always done as they should be.</p> <p>On 2/25/25 at 3:31 PM, V10 (CNA) when they only have three CNA's working, not all showers are done as they should be.</p> <p>On 2/26/25 at 3:38 PM, V2 (Director of Nurses) stated she had not had any resident complain related to not getting bathed as they should. V2 stated residents should be offered assistance with bathing twice a week.</p> <p>On 2/27/25 at 3:00 PM, V2 stated she did not have reproducible evidence R40 was offered assistance with bathing from 2/19/25 to 2/26/25, R6 from 2/7/15 to 2/14/25, R18 from 1/21/25 to 1/30/25, and R16 from 1/14/25 to 1/21/25.</p> <p>The facility Shower Care Policy and Procedure dated 11/1/2015 documents, Purpose: It is the practice of this facility to assist residents with bathing to maintain proper hygiene and help prevent skin issues 16. Showers/Baths/Bed baths are offered per regulation and taking into account personal preferences.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32765</p> <p>Based on interview and record review the facility failed to ensure restorative programs were administered for 3 of 4 (R4, R6, and R21) residents reviewed for restorative programs in the sample of 34.</p> <p>Findings Include:</p> <p>1. R6's Admission Record with a print date of 2/27/25 documents R6 was admitted to the facility on [DATE] with diagnoses that include cerebral palsy, morbid obesity, diabetes, lack of coordination, and urinary incontinence.</p> <p>R6's MDS (Minimum Data Set) dated 1/2/25 documents a BIMS (Brief Interview for Mental Status) score of 15, indicating R6 is cognitively intact. This same MDS documents no passive or active range of motion was performed in the last 7 calendar days.</p> <p>R6's current Care plan documents a Focus area of, (I (R6), have limited ROM (range of motion) r/t (related to) Impaired balance, Pain (Multiple locations), difficulty in walking, abnormal posture, muscle weakness. Date Initiated: 01/02/2020. This Focus area includes interventions of, Execute passive and active ROM exercises to all extremities daily. Date Initiated: 01/20/2020 .Let resident accomplish tasks at own pace. Date Initiated: 01/02/2020</p> <p>On 2/26/25 at 10:56 AM, V16 (CNA/Certified Nursing Assistant) stated she was not aware of a restorative program for R6 or any other resident. V16 stated they do have the residents move their extremities when they are doing ADL's (Activities of Daily Living) with them but there is no documented restorative program that she is aware of.</p> <p>On 2/26/25 at 10:58 AM, V17 (CNA) stated she was not aware of any documented restorative program for R6 or any other resident.</p> <p>2. R21's Resident Admission record with a print date of 2/27/25 documents R21 was admitted to the facility on [DATE] with diagnoses that include chronic pain syndrome, repeated falls, muscle weakness, lack of coordination, and unspecified lack of coordination.</p> <p>R21's MDS dated [DATE] documents R21 has a moderate cognitive impairment. This same MDS documents R21 has not had any passive or active range of motion performed in the last seven days.</p> <p>On 02/26/25 at 11:40 AM, V6 (CNA) stated they don't have a restorative program. V11 stated there were no restorative programs specifically for R21 and she wasn't aware of any restorative programs for any residents currently residing at the facility.</p> <p>On 2/26/25 at 2:26 PM, V5 (Occupational Therapist/Director of Rehab) stated they combine restorative programs with their activities of daily living and therapy doesn't put any range of motion programs in place.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/26/25 at 11:20 AM, V2 (DON/Director of Nurses) stated resident restoratives are done with ADL's (Activities of Daily Living). V2 stated there is no specific restorative programs that are documented.</p> <p>51735</p> <p>3.) R4's Admission Record documents diagnoses including in part Multiple Sclerosis, dependence on wheelchair, muscle wasting and muscle weakness. The Admission Record documents R4 was admitted on [DATE].</p> <p>R4's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview of Mental Status (BIMS) score of 15, indicating intact cognition. Section GG documents for functional limitations in range of motion that R4 had impairment on both sides for both upper and lower extremities. Section GG for mobility documents that R4 is dependent for shower/bathing, transferring, laying to sitting on side of bed, sit to laying and rolling in bed. Section GG for self-care documents that R4 is dependent for eating, toileting hygiene, shower/bathing, upper and lower body dressing, and putting on and taking off footwear. Section O of the same MDS documents R4 received 0 days of range of motion and 0 days of passive range of motion, with a look back period of 7 days.</p> <p>R3's current Care Plan documents a focus area dated 1/23/2019 of R4 has limited range of motion due to Multiple Sclerosis. Goal dated 1/23/2019 documents R4 will maintain and preserve mobility and functional independence. Intervention dated 1/23/2019 documents execute passive and active range of motion exercises to all extremities daily.</p> <p>Physician's Orders dated 2/11/2025 states R4 may wear hand orthotics at night, as needed, for contracture prevention.</p> <p>On 2/27/2025 at 1:13 PM, R4 stated the Certified Nurses Assistants only move his arms, legs, and hands when they are dressing R4. R4 stated sometimes the staff put hand braces on his hands.</p> <p>On 2/26/2025 at 2:25 PM, V5 (Occupational Therapist and Director of Rehab) stated R4 is currently in Occupational Therapy and Speech Therapy. V5 stated there isn't a restorative program at this facility and if she recommends any type of restorative therapy then it would be the Certified Nurses Assistants activities of daily living.</p> <p>On 2/27/2025 at 12:45 PM, V6, (Certified Nursing Assistant) stated they do not have a restorative program at this facility. V6 stated they lift R4's arms and legs when they perform care and dress R4.</p> <p>The facility did not have a reproducible restorative policy pertaining to restorative care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32765</p> <p>Based on observation, interview, and record review the facility failed to ensure incontinence care was provided per current standards of practice for 2 of 3 (R6 and R18) residents reviewed for incontinence care in the sample of 34.</p> <p>Findings Include:</p> <p>1. R6's Admission Record with a print date of 2/27/25 documents R6 was admitted to the facility on [DATE] with diagnoses that include cerebral palsy, morbid obesity, diabetes, lack of coordination, and urinary incontinence.</p> <p>R6's MDS (Minimum Data Set) dated 1/2/25 documents a BIMS (Brief Interview for Mental Status) score of 15, indicating R6 is cognitively intact. This same MDS documents R6 is frequently incontinent of bowel and bladder and is dependent on staff for toilet hygiene.</p> <p>R6's current Care Plan documents a Focus area dated 2/7/2016 of, (R6) has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) Limited ROM (range of motion), Limited Mobility, Impaired balance. Date Initiated: 02/07/2016. This Focus area includes the following intervention, Toilet Use: The resident requires (Totally Dependent) by (2) staff for toileting. Date Initiated: 04/26/2017.</p> <p>On 2/23/25 at 2:17 PM, R6 was lying in bed and there was a strong odor of urine. V7 (CNA/Certified Nursing Assistant) entered R6's room with this surveyor. V7 uncovered R6 and R6's pajamas pants were around R6's ankles. V7 removed R6's pants and incontinence brief. R6's brief was wet but not saturated. V7 took dry toilet paper and wiped R6's groin wiping from front to back. V7 then assisted R6 to roll to the side and wiped R6's buttocks with dry toilet paper. R6 had feces on her buttocks, the toilet paper was covered in feces. V7 used more dry toilet paper to wipe R6's buttocks and it was again covered in feces. V7 got a wet paper towel from the bathroom and wiped R6's buttocks. The paper towel was covered in feces. V7 determined R6 was in the process of having a bowel movement. V7 placed a depend under R6's buttocks so she could finish the bowel movement and covered R6 with a blanket.</p> <p>2. R18's Admission Record with a print date of 2/27/25 documents R18 was admitted to the facility on [DATE] with diagnoses that includes functional urinary incontinence.</p> <p>R18's MDS dated [DATE] documents R18 has a BIMS score of 12, which indicates R18 has a moderate cognitive deficit. This same MDS documents R18 is always incontinent of bowel and bladder and dependent on staff for toilet hygiene.</p> <p>R18's current Care Plan documents a Focus area of (R18) has an ADL self-care performance deficit r/t Dementia, difficulty in walking, lack of coordination, muscle weakness. Date Initiated: 02/07/2016. This Focus area documents interventions that include, Toilet Use: The resident requires (Extensive Assist) x (1) staff for toileting Date Initiated: 02/08/2016.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/26/25 at 2:00 PM, V18 (CNA) entered R18's room, donned a gown and gloves and assisted R18 to transfer from the wheelchair to the bed. V18 removed R18's incontinence brief that was saturated with urine. V18 put warm water in a basin and placed wash cloths in the basin. V18 used a bottle labeled shampoo/body soap and placed it directly on the wet washcloth after ringing the cloth out. V18 used several washcloths in the same manner and washed R18's groin area. V18 then used a dry towel to dry the area without rinsing it. V18 covered R18, doffed the gown and gloves. V18 exited the room without performing hand hygiene or washing, rinsing, and/or drying, R18's buttocks.</p> <p>On 02/26/25 at 3:54 PM, V2 (Director of Nurses/DON) stated they have peri care wash, and she would have to check to see if the shampoo/body wash was no rinse. V2 stated she would expect staff to wash buttocks when providing incontinence care and to use wash cloths and not dry toilet paper and wet paper towels.</p> <p>On 02/27/25 at 3:00 PM, V2 (DON) stated the shampoo/body wash doesn't have to be rinsed if it is mixed with warm water but if it is applied to a washcloth and directly to the body then it has to be rinsed.</p> <p>The facility Perineal/Incontinence Care Policy and Procedure dated 11/1/2015 documents, Purpose: To provide cleanliness and comfort to the resident, prevent infections and skin irritation, and observe the resident's skin condition. Procedure: .8. Cleanse the resident's perineal area using an approved no-rinse incontinence cleansing product, soap and water, or wipes. a. For female residents, separate labia and cleanse on side, then the other then the center of the labia toward the rectal area. i. Cleanse the perineal area from front to back. If sing soap that requires rinsing, rinse in the same manner and then pat dry. ii. The rectal area and buttocks should be cleansed as well wiping away from urethra 10. Assure all areas affected by the incontinence have been cleansed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32765</p> <p>Based on observation, interview, and record review the facility failed to ensure residents received nutritional supplementation as recommended by the dietitian to prevent weight loss for 3 of 6 (R22, R31, R48) residents reviewed for nutrition in the sample of 34.</p> <p>Findings Include:</p> <p>1. R31's Admission Record with a print date of 2/27/25 documents R31 was admitted to the facility on [DATE] with diagnoses that include muscle wasting and atrophy.</p> <p>R31's MDS (Minimum Data Set) dated 1/7/25 documents R31 has a severe cognitive impairment.</p> <p>R31's current Care plan documents a Focus area of, (R31's) diet is (Regular diet, mechanical soft texture, Regular thin liquids). Resident is at a (Moderate) nutritional risk d/t (due to) dysphagia. Date Initiated: 7/02/2019. Interventions for this same Focus area include, Discuss food likes and dislikes. Date Initiated: 07/02/2019 .Respect resident preferences at all times Date Initiated: 07/02/2019 . R31's current Care Plan does not document a Focus area or intervention related to nutritional supplements and/or weight loss.</p> <p>R31's Annual Nutrition note dated 1/17/25 documents, Nutritional Review: Weight 120# (pounds) Diet Order: Regular Dysphagia Advanced; ice cream bid (twice daily); mighty shake with snack bid; snack between meals; med pass supp (supplement) 60cc (cubic centimeter) tid (three times a day). Resident weight is 120% of IBW (Ideal Body Weight) midpoint BMI (body mass index) = (equals) 23.4. Intake is reported as 50%-100%of most meals, does refuse breakfast at times. Resident feeds self. No current labs are available for review. No skin concerns reported to RD (Registered Dietitian). Estimated nutrient needs are 1540 kcal (kilocalories)/day, 55 grams protein/day and 1650 ml fluid/day. Diet appropriate to provide for estimated needs.</p> <p>R31's Order Summary Report dated 2/27/25 documents a physician order dated 2/8/24 for ice cream two times a day for supplement.</p> <p>On 2/23/25 at 12:15 PM, R31 was observed eating lunch. R31 was not served ice cream until it was brought to the attention of staff, by the survey team, that R31 was not served ice cream with her noon meal.</p> <p>On 2/24/25 at 12:17 PM, R31 was served chicken pot pie, green beans, bread, tea, and an ice cream sandwich. During this meal observation all residents were served an ice cream sandwich for dessert. R31 was not served a second helping of ice cream as a supplement.</p> <p>2. R48's Admission Record with a print date of 2/27/25 documents R48 was admitted to the facility on [DATE] with diagnoses that include diabetes mellitus, heart disease, and altered mental status.</p> <p>R48's MDS dated [DATE] documents a BIMS score of 11, which indicates a moderate cognitive deficit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R48's current Care Plan documents a Focus area of, My current diet is NAS (no added sodium), Dysphagia Advanced, Regular/thin liquids. May have crispy bacon. Date Initiated: 11/11/2024. This same Focus area includes the following interventions, Provide diet as ordered by MD (physician) Date Initiated: 11/11/2024 Dietary consult if indicated. Encourage good nutrition and hydration. Date Initiated: 11/11/2024 . Monitor-weight Date Initiated: 11/11/2024 Nutrition-Snacks Date Initiated: 11/11/2024 . R48's current Care Plan does not document what supplements R48 is to receive.</p> <p>R48's Order Summary Report dated 2/27/25 documents a physician order dated 2/11/25 of, Ice cream two times a day for Supplement</p> <p>R48's Nutrition Progress note dated 1/17/25 documents Note Text: Weight 147.2# Diet Order: Dysphagia Mechanical NAS (may have crispy bacon) Resident has experienced a 6.3% weight gain over the past month. No presence of edema is reported. Intake varies at meals. Continue with present diet orders and weight monitoring.</p> <p>R48's Nutrition Progress note dated 2/10/24 documents, Note Text: Weight 137# Diet Order: Dysphagia Mechanical NAS (may have crispy bacon); house supplement with meals. Resident has experienced a 6.9% weight loss over the past month, weight fluctuations noted. Intake varies at meals. Recommend ice cream at lunch/supper and weekly weights.</p> <p>R48's weight was checked on 2/27/25 and was 141.2 pounds. This indicates a gain of 4.2 pounds or 3.06%.</p> <p>On 2/23/25 at 12:34 PM, R48 was sitting in the dining room, eating ground meat, cauliflower, mashed sweet potatoes, boost, tea, coffee, bread, and pudding. R48 was not served ice cream.</p> <p>On 02/24/25 at 12:12 PM, R48 was served chicken pot pie, green beans, bread, an ice cream sandwich, and tea. During this meal observation all residents were served an ice cream sandwich as dessert. R48 was not served a second helping of ice cream.</p> <p>On 02/25/25 at 1:14 PM, V14 (Dietary Manager) stated R31 and R48 should have been served ice cream on 2/23/25. When asked if they should have gotten a second helping of ice cream on Monday 2/24/25 at lunch when they were served an ice cream sandwich for dessert, V14 stated, I don't think so. I think that would be a lot. When asked how they got the extra calories if they didn't get the ice cream V14 stated she would check with the dietitian.</p> <p>On 02/25/25 at 1:18 PM, V14 (Dietary Manager) stated R31 and R48 should have been served ice cream with the ice cream sandwich at lunch on 2/24/25.</p> <p>On 02/26/25 at 11:03 AM, V3 (Dietitian) stated she saw R48 on 2/10/25 and recommended ice cream at lunch and supper and weekly weights. This surveyor reviewed with V3, the observation on 2/24/25 of R31 and R48 not getting a second ice cream when the ice cream sandwich was served as dessert. V3 stated they should have received the dessert on the menu and the ice cream as supplemental calories. When asked if there was a negative impact for them not getting the ice cream on 2/23/25 and the second helping of ice cream on 2/24/25, V3 stated, The ice cream was put in place to provide additional calories due to the weight loss. V3 stated R31's weights are currently stable and trending up and her intake has improved.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/26/25 at 3:35 PM, V2 (Director of Nurses) stated she would expect residents to be served supplements as ordered/recommended.</p> <p>On 2/28/25 at 8:20 AM, V11 (Physician) stated he did not think R31 not getting the ice cream on 2/23 and 2/24/25 would have had a negative impact on R31's weights.</p> <p>3. R22's admission profile sheet documents an admitted [DATE]. This same document includes the following diagnoses: calculus of kidney and chronic kidney disease, stage 4 (severe) and unspecified hydronephrosis.</p> <p>R22's current month physician orders document a diet order for low concentrated sweets dysphasia advanced texture, regular consistency, no oranges/orange juice/bananas/fresh potatoes-limit milk to 1/2 cup per day, 1-ounce extra protein per meal and no added salt.</p> <p>R22's care plan has a focus area of R22's diet is a regular diet, mechanical soft texture and thin consistency. The goals for this focus area are as follows: the resident will not lose or gain more than 5 pounds through the review date of 5/12/2025, and the resident will comply with diet orders. The interventions for this focus are discuss food likes/dislikes and respect resident preferences at all times.</p> <p>On 2/23/25 at 12:30 PM, R22 was served his lunch of ground ham with gravy, yams, and mixed vegetables. R22 stated at this time I don't like that. R22 was then brought chicken noodle soup and a peanut butter sandwich.</p> <p>On 2/26/25 at 11:00 AM, V3 (Registered Dietitian) stated that the chicken noodle soup and peanut butter sandwich would not be equivalent to providing an extra ounce of protein at meals.</p> <p>The facility Nutritional Snacks and Supplements Policy and Procedure dated 12/30/2024 documents, Policy Statement, Nutritional supplements are available, and will be provided for all appropriate residents by the nursing staff 7. Supplements will be incorporated in care plans as needed</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36384</p> <p>Based on interview, record review and observation the facility failed to maintain communication and collaboration with an offsite dialysis center for 1 (R22) of residents reviewed for dialysis in a sample of 34.</p> <p>The Findings Include:</p> <p>R22's admission profile sheet documents an admitted [DATE]. This same document includes the following diagnoses: calculus of kidney and chronic kidney disease, stage 4 (severe) and unspecified hydronephrosis.</p> <p>R22's current month physician orders document a diet order for low concentrated sweets dysphasia advanced texture, regular consistency, no oranges/orange juice/bananas/fresh potatoes-limit milk to 1/2 cup per day, 1-ounce extra protein per meal and no added salt. This same document lists dialysis on Tuesday, Thursday, and Saturday three times a week.</p> <p>R22's care plan has a focus area of: I currently require hemo dialysis related to chronic kidney disease. The focus area is: I will be complaint with labs and diagnostics if ordered by my doctor through the review date of 5/12/2025, I will be free of any discomfort or adverse side effects to therapies through the review date of 5/12/2025, and I will have immediate intervention should any signs or symptoms of complications from dialysis occur through the review date of 5/12/2025. The interventions for this focus are as follows: Administer medication and treatments orders by the physician and monitor for side effects, encourage resident to go to the scheduled dialysis appointments, and labs/diagnostics will be monitored per physician orders.</p> <p>On 2/25/25 at 1:30 PM, V20 (Registered Nurse) that the facility sends a three-ring binder that contains a communication log with R22 to all the dialysis treatments in his dialysis bag. V20 stated that when he refuses dialysis, they only chart that in the progress notes not in the binder. Review of this log for 2025 documents the following days that were filled out: 1/2/25, 1/11/25, 1/21/25, 1/30/25, 2/4/25, 2/22/25, 2/25/25.</p> <p>On 2/26/25 at 11:00 AM, V3 (Registered Dietitian) stated that they do not have a good communication with the dialysis unit, and they do not get the monthly labs unless the facility requests them every month. V3 stated that usually all communication is done through nursing, she does not talk with the dialysis clinic usually.</p> <p>On 2/26/25 at 2:00 PM, V2 (Director of Nursing) provided 6 months of R22's lab work from the dialysis clinic. V2 confirmed that she had to call the dialysis clinic today to get the copies, as they do not receive them on a monthly basis. V2 stated that the communication with the dialysis clinic could use some improvement.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32765</p> <p>Based on interview and record review the facility failed to ensure they had sufficient staff to meet the needs of the residents timely for 4 of 5 (R6, R16, R18, and R19) residents reviewed for sufficient staff in the sample of 34. This failure has the potential to affect all 54 residents currently residing at the facility.</p> <p>Findings Include:</p> <p>The facility Midnight Census Report dated 2/22/25 documents 54 residents reside at the facility.</p> <p>1. R19's Admission Record with a print date of 2/27/25 documents R19 was admitted to the facility on [DATE] with diagnoses that include diabetes. R19's MDS (Minimum Data Set) dated 1/2/25 documents a BIMS (Brief Interview for Mental Status) score of 08, which indicates a moderate cognitive deficit.</p> <p>R19's current Care Plan documents a Focus area of (R19) has a dx (diagnosis) of Diabetes Mellitus. Date Initiated: 07/14/2016. This Focus area includes the intervention of, Provide Diabetic snacks between meals and at bedtime per diet orders.</p> <p>On 2/24/25 at 1:42 PM, R19 stated they don't get snacks at night, and she is diabetic and is supposed to have a snack each night.</p> <p>2. R16's Admission Record with a print date of 2/27/25 documents R16 was admitted to the facility on [DATE] with diagnoses that include chronic kidney disease, chronic obstructive pulmonary disease (COPD), diabetes, Chron's disease, and chronic pain. R16's MDS dated [DATE] documents a BIMS score of 15, which indicates R16 is cognitively intact.</p> <p>R16's current Care Plan documents a Focus area related to diagnosis of diabetes but does not include an intervention related to diabetic snacks.</p> <p>On 2/24/25 at 1:42 PM, R16 stated they didn't get snacks last night (2/23/25) because they only had two CNA's (Certified Nursing Assistants) working and they didn't have time to pass the snacks.</p> <p>On 2/25/25 at 2:49 PM, V7 (CNA) stated she worked from 2 PM to 10 PM on 2/23/25. V7 stated they only had three CNA's working and did not have the manpower to pass snacks.</p> <p>On 02/25/25 at 3:12 PM, V8 (CNA) stated she worked evening shift on 2/23/25. V8 stated she did not pass snacks to residents on 2/23/25. V8 stated they normally offer them after everyone lays down and they didn't get residents in bed until 9:00 PM because they were short staffed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. R6's Admission Record with a print date of 2/27/25 documents R6 was admitted to the facility on [DATE] with diagnoses that include cerebral palsy, morbid obesity, diabetes, lack of coordination, and urinary incontinence. R6's MDS dated [DATE] documents a BIMS (Brief Interview for Mental Status) score of 15, indicating R6 is cognitively intact. This same MDS documents R6 is dependent on staff for bathing.</p> <p>R6's current Care Plan documents a Focus area of (R6) has an ADL self-care performance deficit r/t (related to) Limited ROM (range of motion), Limited Mobility, impaired balance. This Focus area has a start date of 2/7/2016 and the interventions for this Focus area include, Bathing/showering: The resident is (totally dependent) on (1) staff to provide (Shower) (2 times a week) and as necessary.</p> <p>R6's Follow Up Questions Report dated 1/1/25 to 2/26/25 documents R6 was assisted with bathing on 1/3, 1/7, 1/10, 1/14, 1/21, 1/24, 1/31, 2/7, 2/14, 2/18 and 2/21/25 with not applicable documented on 2/4/25. This indicates R6 went from 1/14/25 to 1/21/25 (six days) and from 2/7/25 to 2/14/25 (six days) with being assisted with bathing.</p> <p>4. R16's Admission Record with a print date of 2/27/25 documents R16 was admitted to the facility on [DATE] with diagnoses that include chronic kidney disease, chronic obstructive pulmonary disease (COPD), diabetes, Chron's disease, and chronic pain. R16's MDS dated [DATE] documents a BIMS score of 15, which indicates R16 is cognitively intact. This same MDS documents R16 is dependent on staff for bathing.</p> <p>R16's current Care Plan documents a Focus area of (R16) has an ADL self-care performance deficit r/t (related to) Amputation (Left BKA-LE -below knee amputation left extremity, Prosthesis) & (and) (Left Side Arm Paralysis), Impaired balance, Limited Mobility, abnormal posture, difficulty in walking, muscle weakness, lack of coordination This Focus area has a start date of 2/6/2017 and includes the intervention of, Bathing/showering: The resident requires (Extensive assistance) by (1) staff with (Showering) (2 x's-times wk-week) and as necessary.</p> <p>On 2/23/25 at 10:17 AM, R16 stated she doesn't get a shower every three days like she is supposed to. R16 stated they are short staffed so they sometimes can't take showers as they should.</p> <p>R16's Follow Up Question Report dated 1/1/25 to 2/26/25 documents R16 received assistance with bathing on 1/7, 1/18, 1/21, 1/24, 1/28, 1/31, 2/7, 2/14, and 2/18. This same report documents R16 was not available and/or refused showers on 1/3, 1/10, 1/12, 1/14, 1/29, 2/21, and 2/25. This indicates R16 went from 1/14/25 to 1/21/25 (six days) without being offered assistance with bathing.</p> <p>5. R18's Admission Record with a print date of 2/27/25 documents R18 was admitted to the facility on [DATE] with diagnoses that include osteoarthritis of the knee, pain, visual loss, muscle weakness, and urinary incontinence. R18's MDS dated [DATE] documents a BIMS score of 12, which indicates a moderate cognitive deficit. This MDS does not document the level of assistance R18 requires with ADL's.</p> <p>R18's current Care Plan documents a Focus area of, (R18) has an ADL self-care performance deficit r/t Dementia, difficulty in walking, lack of coordination, muscle weakness. This Focus area documents a start date of 2/7/2016 and includes an intervention of, GG- Shower/Bathe Self (Total Dependence x 1) with an initiation date of 9/23/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R18's Follow Up Question Report dated 1/1/2025 to 2/26/2025 documents R18 received assistance with bathing on 1/7, 1/10, 1/14, 1/17, 1/18, 1/21, 1/31, 2/4, 2/7, 2/11, 2/14, 2/18, and 2/25/25. This indicates R18 went from 1/21/25 to 1/31/25 (9 days) without being offered assistance with bathing.</p> <p>On 02/25/25 at 2:49 PM, V7 (CNA) stated they were not able to provide shower assistance to residents on 2/23/25 partially due to no hot water and partially due to not having enough CNA's.</p> <p>On 02/25/25 at 3:19 PM, V9 (CNA) stated they work with three CNA's every other weekend and they are not able to meet the needs of the residents timely. V9 stated when they only have three CNA's showers are not always done as they should be.</p> <p>On 2/25/25 at 3:31 PM, V10 (CNA) when they only have three CNA's working not all showers are done as they should be.</p> <p>On 2/26/25 at 3:38 PM, V2 (Director of Nurses) stated she had not had any resident complain related to not getting bathed as they should. V2 stated residents should be offered assistance with bathing twice a week.</p> <p>On 2/27/25 at 3:00 PM, V2 stated she did not have reproducible evidence R40 was offered assistance with bathing from 2/19/25 to 2/26/25, R6 from 2/7/15 to 2/14/25, R18 from 1/21/25 to 1/30/25, and R16 from 1/14/25 to 1/21/25.</p> <p>On 2/25/25 at 3:31 PM, V10 (CNA) stated four CNAs were not enough to meet the needs of the residents timely. V10 stated they had three CNA's working at the time of the interview. V10 stated they were not able to get all of the showers done when they worked with only three CNA's.</p> <p>On 02/26/25 at 11:43 AM, V6 (CNA) stated she didn't think they had enough staff to meet the needs of the residents timely. V6 stated call lights aren't answered timely, incontinence care isn't provided the way it should be, and resident care is delayed.</p> <p>On 2/26/25 at 3:38 PM, V2 (DON/Director of Nurses) stated she had not had any complaints/concerns brought to her related to staffing. V2 stated staff had told her they wanted more help but had not said they weren't able to provide timely care.</p> <p>The facility Staffing Policy and Procedure dated 1/8/21 documents, Purpose: The purpose of this procedure is to provide guidelines for staffing the facility for resident care. Procedure: The facility will provide sufficient staff with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment. Facility staffing includes but is not limited to Nurse Managers, Nurses, Certified Nurse Aides, Social Services, Activities, Therapy, Housekeeping and Dietary Staff.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32765</p> <p>Based on interview and record review the facility failed to ensure bedtime snacks were offered to 2 of 2 (R19 and R16) residents reviewed for snacks in the sample of 34.</p> <p>Findings Include:</p> <p>1. R19's Admission Record with a print date of 2/27/25 documents R19 was admitted to the facility on [DATE] with diagnoses that include diabetes.</p> <p>R19's MDS (Minimum Data Set) dated 1/2/25 documents a BIMS (Brief Interview for Mental Status) score of 08, which indicates a moderate cognitive deficit.</p> <p>R19's current Care Plan documents a Focus area of (R19) has a dx (diagnosis) of Diabetes Mellitus. Date Initiated: 07/14/2016. This Focus area includes the intervention of, Provide Diabetic snacks between meals and at bedtime per diet orders.</p> <p>On 2/24/25 at 1:42 PM, R19 stated they don't get snacks at night, and she is diabetic and is supposed to have a snack each night.</p> <p>2. R16's Admission Record with a print date of 2/27/25 documents R16 was admitted to the facility on [DATE] with diagnoses that include chronic kidney disease, chronic obstructive pulmonary disease (COPD), diabetes, Chron's disease, and chronic pain.</p> <p>R16's MDS dated [DATE] documents a BIMS score of 15, which indicates R16 is cognitively intact.</p> <p>R16's current Care Plan documents a Focus area related to diagnosis of diabetes but does not include an intervention related to diabetic snacks.</p> <p>On 2/24/25 at 1:42 PM, R16 stated they didn't get snacks last night (2/23/25) because they only had two CNA's (Certified Nursing Assistants) working and they didn't have time to pass the snacks.</p> <p>On 2/25/25 at 2:49 PM, V7 (CNA) stated she worked from 2 PM to 10 PM on 2/23/25. V7 stated they only had three CNA's working and did not have the manpower to pass snacks.</p> <p>On 02/25/25 at 3:12 PM, V8 (CNA) stated she worked evening shift on 2/23/25. V8 stated she did not pass snacks to residents on 2/23/25. V8 stated they normally offer them after everyone lays down and they didn't get residents in bed until 9:00 PM because they were short staffed.</p> <p>On 2/25/25 at 3:19 PM, V9 (CNA) stated he worked 2 PM to 10 PM on 2/23/25. V9 stated he didn't remember passing snacks to the residents that evening.</p> <p>On 2/25/25 at 3:31 PM, V10 (CNA) stated she worked from 12 PM to 6:30 PM on 2/23/25. V10 stated snacks are typically passed around 8:00 PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/26/25 at 3:38 PM, V2 (Director of Nurses) stated she hadn't had any complaints related to snacks not being offered.</p> <p>The facility Nutritional Snacks and Supplements Policy and Procedure dated 11/1/2015 documents, Nutritional supplements are available, and will be provided for all appropriate residents by the nursing staff 3. The dietary staff will deliver supplements to each nursing station at 10:00 am, 2:00 pm, and 7:00 pm (for H.S. /hour of sleep snacks). 4. Bedtime snacks will be offered daily .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsng Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 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** 32765</p> <p>Based on observation, interview, and record review the facility failed to ensure hand hygiene was performed per current standards of practice for 3 of 6 (R6, R18, and R31) residents reviewed for infection control in the sample of 34.</p> <p>Findings Include:</p> <p>1. R6's Admission Record with a print date of 2/27/25 documents R6 was admitted to the facility on [DATE] with diagnoses that include cerebral palsy, morbid obesity, diabetes, lack of coordination, and urinary incontinence.</p> <p>R6's MDS (Minimum Data Set) dated 1/2/25 documents a BIMS (Brief Interview for Mental Status) score of 15, indicating R6 is cognitively intact. This same MDS documents R6 is frequently incontinent of bowel and bladder and is dependent on staff for toilet hygiene.</p> <p>R6's current Care Plan documents a Focus area dated 2/7/2016 of, (R6) has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) Limited ROM (range of motion), Limited Mobility, Impaired balance. Date Initiated: 02/07/2016. This Focus area includes the following intervention, Toilet Use: The resident requires (Totally Dependent) by (2) staff for toileting. Date Initiated: 04/26/2017.</p> <p>On 2/23/25 at 2:17 PM, R6 was lying in bed and there was a strong odor of urine. V7 (CNA/Certified Nursing Assistant) entered R6's room with this surveyor. V7 uncovered R6 and R6's pajamas pants were around R6's ankles. V7 removed R6's pants and incontinence brief. R6's brief was wet but not saturated. V7 donned gloves, took dry toilet paper and wiped R6's groin wiping from front to back. V7 then assisted R6 to roll to the side and wiped R6's buttocks with dry toilet paper. R6 had feces on her buttocks and the toilet paper was covered in feces. V7 used more dry toilet paper to wipe R6's buttocks and it was again covered in feces. V7 got a wet paper towel from the bathroom and wiped R6's buttocks. The paper towel and V7's gloves were covered in feces. V7 doffed her gloves and donned a clean pair without performing hand hygiene between glove changes. V7 determined R6 was in the process of having a bowel movement. V7 placed a depend under R6's buttocks so she could finish the bowel movement and covered R6 with a blanket.</p> <p>2. R18's Admission Record with a print date of 2/27/25 documents R18 was admitted to the facility on [DATE] with diagnoses that includes functional urinary incontinence.</p> <p>R18's MDS dated [DATE] documents R18 has a BIMS score of 12, which indicates R18 has a moderate cognitive deficit. This same MDS documents R18 is always incontinent of bowel and bladder and dependent on staff for toilet hygiene.</p> <p>R18's current Care Plan documents a Focus area of (R18) has an ADL self-care performance deficit r/t Dementia, difficulty in walking, lack of coordination, muscle weakness. Date Initiated: 02/07/2016. This Focus area documents interventions that include, Toilet Use: The resident requires (Extensive Assist) x (1) staff for toileting Date Initiated: 02/08/2016.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Carmi Manor Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 615 West Webb Street Carmi, IL 62821	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/26/25 at 2:00 PM, V18 (CNA) entered R18's room, donned a gown and gloves and assisted R18 to transfer from the wheelchair to the bed. V18 removed R18's incontinence brief that was saturated with urine. V18 doffed her gloves and donned clean gloves without performing hand hygiene. V18 put warm water in a basin and placed wash cloths in the basin. V18 used a bottle labeled shampoo/body soap and placed it directly on the wet washcloth after ringing the cloth out. V18 used several washcloths in the same manner and washed R18's groin area. V18 doffed gloves and donned clean gloves without performing hand hygiene. V18 then used a dry towel to dry the area without rinsing it. V18 covered R18, doffed the gown and gloves. V18 exited the room without performing hand hygiene or washing, rinsing, and/or drying, R18's buttocks. When asked why if she performed hand hygiene after providing incontinence care to R18, V18 stated she had forgotten.</p> <p>3. R31's Admission Record with a print date of 2/27/25 documents R31 was admitted to the facility on [DATE] with diagnoses that include muscle wasting and atrophy.</p> <p>R31's MDS (Minimum Data Set) dated 1/7/25 documents R31 has a severe cognitive impairment.</p> <p>On 2/26/25 at 3:20 PM, V12 (LPN/Licensed Practical Nurse) administered treatment to R31's left ankle and right heel. V12 changed gloves after administering treatment to R31's heel and before administering treatment to R31's ankle. V12 did not perform hand hygiene after doffing her gloves and before donning a clean pair of gloves.</p> <p>On 2/26/25 at 3:36 PM, V2 (Director of Nurses) stated hand hygiene should be performed after doffing gloves and before donning clean gloves.</p> <p>The facility Hand Washing Policy and Procedure dated 10/16/2023 documents, Policy Statement: Hand washing is an integral part of an effective infection control program. Its purpose is to reduce the risk of blood borne illness and prevent cross contamination . Hands should be washed before resident care, after resident care, after breaks, after using the restroom, after smoking or eating, after blowing nose, after disposing of trash, after handling dirty dishes, after picking anything up from the floor, and at any other time deemed necessary.</p>		