

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/04/2026
NAME OF PROVIDER OR SUPPLIER  Sandwich Living & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  902 East Arnold Street Sandwich, IL 60548	

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>Based on observation, interview and record review the facility failed to ensure catheter care was completed in a manner to prevent contamination for a resident with a history of urinary tract infections (R4), for 1 of 3 residents reviewed for indwelling urinary catheters in the sample of 4. The findings include: R4's Face Sheet shows she has diagnoses including dementia and neuromuscular dysfunction of the bladder. R4's Physician Order summary and active Care Plan show R4 has an indwelling urinary catheter and catheter care should be provided every shift and immediately after an incontinent episode. A facility provided list of residents who had Urinary Tract Infections (UTI's) shows that R4 had UTI's requiring antibiotic treatment on 1/3/26 and again on 2/18/26. On 3/4/26 at 11:13 AM V4 and V5 both Certified Nursing Assistants (CNA's) were providing catheter care to R4. V4 had a basin of soapy water and a basin of plain water, V4 said one basin was for washing and the other was to rinse after they clean the area. R4 had stool present so V4 took a washcloth and cleaned the stool from R4's buttocks. R4 without washing her hands and using the same gloves and basins of water, obtained a new washcloth and dipped it in the basin and cleansed the tubing of R4's urinary catheter from the urethra in a downward motion on the drainage tubing. On 3/4/26 at 12:10 PM V2 (Director of Nursing) said R4 has a chronic indwelling urinary catheter and a history of UTI's. V2 said when catheter care is provided if there is stool present the CNA's should change their gloves and water after they clean the stool, before they provide the catheter care to prevent contamination of the catheter tubing which could contribute to UTI's. The facility provided, not dated, Catheter Care policy shows to prevent contamination of the urinary catheter hands should be washed, gloves should be changed and new equipment used for catheter care if there is feces/stool present.</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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