STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146133	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandwich Living & Rehab Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview and record review the facility failed to maintain a safe environment by ensuring a resident's previous room was locked while being repaired. This applies to 1 of 3 residents (R2) reviewed for safety in the sample of 8. The findings include: On 6/15/26 at 9:29 AM, R2 was sitting up in her wheelchair in her room. She stated, she has had a couple of falls out of her wheelchair. The facility's May fall log shows, R2 had a fall on 5/13/26. She attained an abrasion for sliding out of the wheelchair. On 6/15/26 at 9:55 AM, V3 Licensed Practical Nurse (LPN) stated, she was the nurse working 5/13/26. She heard R2 screaming but she was 1:1 with another resident and couldn't leave. V7 housekeeping was walking by so she asked her to please go see why R2 was screaming. V7 came back saying, R2 had fallen. At that time, she was able to go check on R2. V6 Certified Nursing Assistant (CNA) was with her. They found R2 in a different room down the hall from her own room. She had fallen into a hole in the floor. Her legs were in the hole. She had a small rug-burn like abrasion that was not opened and some bruising to her knee. She stated, maintenance had been working on the floor in that room. He had left the room and did not lock the door. The resident was able to get into the room. She was not able to say the exact size of the hole but it was a good size hole, big enough for R1's feet/legs to be in it. On 6/15/26 at 10:49 AM, V6 CNA stated, she heard R2 screaming but was helping another resident. When she was done, she went with V3 LPN to see what was going on. They found R1 in another room that had a hole in the floor. R2 had banged her knee. She stated, the door was not locked and it should have been. They had been working in that room but nobody was in it at the time R2 went in there. On 6/15/26 at 9:45 AM, V4 Maintenance stated, he had a room that he had to replace the subfloor and tiles in. He did it early May 2026. It took him 2 days to fix the floor. He could not recall anyone falling in that room while he was working on it. The room that this incident took place had 42 tiles measuring 12x12 that were replaced on the floor right in the doorway. There were no locks on the door to lock the room. On 6/15/26 at 1:19 PM, V1 Administrator stated, the room was R2's old room. She was trying to get in the room to go to the bathroom. R2's progress notes dated 5/13/26 by V3 LPN shows, Resident observed sitting on her buttocks on the floor. Head to toe assessment completed. Resident denies hitting her head. Range of motion is within normal limits. Resident noted with abrasion to left knee/shin. R2's care plan dated 4/25/26 shows, Falls: At high risk for falls related to incidence of fall in the past 60 days. Fall 4/25/26 (no injuries), Fall 5/13/26 (no injuries). Interventions: 4/25/26: Re-education on the importance of using call light to have assistance with toileting. Maintain safe environment by ensuring that floor is free from clutter. The facility's maintenance policy dated 1/2025 shows, Guideline: Maintenance service shall be provided to all areas of the building, grounds, and equipment. Process: 1. The maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. 2. Functions of maintenance personnel include, but are not limited to: b. Maintaining the building in good repair and free from hazards.

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