

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2026
NAME OF PROVIDER OR SUPPLIER Saline Care Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 120 South Land Street Harrisburg, IL 62946	
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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview and record review the facility failed to follow the pre-planned meals based on the Diet Spreadsheet. This failure has the potential to affect all 100 residents residing in the facility. The Findings Include: On 5/26/26 at 11:30 AM, V4 (Cook) stated that they do not have marshmallows for the ambrosia salad for dessert for lunch today and do not have the sauteed squash due to the evening shift does not ever follow the menu. V4 stated this causes issues due to the cook preparing what he wants rather than what is scheduled and uses up the food items scheduled for lunch meals. V4 went on to state that if the evening cook doesn't like what is scheduled, he just makes what he wants based on what he sees available in the freezer and refrigerator, not what is based off the planned menu. On 5/26/26 the planned lunch meal per the Diet Spreadsheet had brown sugar pork loin, lemon wedge, garlic parslied rice, sauteed summer squash, cornbread and ambrosia. The meal served did not have a lemon wedge and frozen greens were used in place of the squash and oranges and pineapple were served in place of the ambrosia. On 5/27/26 the planned lunch menu per the Diet Spreadsheet had spaghetti & meatballs, Italian blend vegetables, breadstick and fruited gelatin with whipped topping scheduled. On 5/27/27 at 8:15 AM, V1 (Administrator) was seen coming into the facility with frozen vegetables and boxes of gelatin. On 5/27/27 at 11:45 AM, V4 stated that they did not have the Jello made and firmed up to get it served for lunch, so they were switching the lunch and dinner dessert item and having the California Blend Vegetables in place of the Italian vegetables. V4 confirmed at this time that they had to go to the grocery store this morning when she realized that she did not have the vegetables or the gelatin to make the planned lunch meal per the spreadsheet. V4 went on to state that bread slices were served in place of the breadstick due to not having them available to prepare. On 5/27/26 at 12:45 PM, R69 who was alert to person, place and time, stated that they never serve what is on the ticket, and she isn't sure if that is because they are serving the wrong foods or handing out the wrong meal ticket. R69 stated she would like to know ahead of time what is planned for the meal and then she could order something else if she doesn't like it. R69 stated that she keeps ramen noodles in her room in case there is nothing else offered as an alternate, so she at least has that to eat. R69 stated that is what she did for dinner on 5/25/26. On 5/27/26 during the lunch meal service from 12:15 PM-12:45 PM, R18, R97 and R75 who are all alert to person, place and time stated that they never get served what their meal ticket states. R18, R97 and R75 stated that they don't know why they get a tray card when it has different food listed than what they get and they are never notified of what the planned meal is for any of the meals. The Long-Term Care Facility Application for Medicare and Medicaid dated 5/26/26, documents that 100 residents are residing in the facility.		

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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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview and record review the facility failed to provide similar nutritive value food alternatives at meals. This has the potential to affect all 100 residents residing in the facility. The Findings Include: On 5/26/26 at 12:00 PM, the lunch meal observed in the steam table included pork loin, greens, corn bread and rice. There were no alternate meal selections available on the steam table for residents. V4 (Cook) confirmed this at this time those were the only hot food options available for residents at that meal. On 5/26/26 at 12:30 PM, V4 (Cook) stated that the only substitutes they offer residents are leftovers from the previous meal if there is any left, a grilled cheese, peanut butter and jelly or bologna sandwich. V4 went on to state that if they have to make the grilled cheese, bologna sandwich or peanut butter and jelly sandwich those residents will have to wait until the serving is complete. During the resident council meeting on 5/26/26 at 1:30PM, R73, R70, R69 who are all alert and oriented stated they do not find out what is being served at the meals until it is delivered to them. R69 and R73 went on to state that it never matches what is on the meal ticket served with the meal either. On 5/27/27 at 12:45 PM, R69 stated that they never serve what is on the ticket, and she isn't sure if that is because they are serving the wrong foods or handing out the wrong ticket. R69 stated she would like to know ahead of time what is planned for the meal and then she could order something else. R69 stated that she keeps ramen noodles in her room in case there is nothing else offered as an alternate so she at least has that to eat. R69 stated that is what she did for dinner on 5/25/26. R69 went on to state that the meatballs served today are so hard there is no way she could even bite into them. On 5/27/26 at 12:10 PM, the lunch meal was observed in the steam table included spaghetti and meatballs, mixed vegetables, and sliced bread was observed on the steam table with no other hot alternate foods available to serve. V4 confirmed at this time there were no other alternate food options available to serve off the steam table. On 5/27/26 from 12:30 PM-1:00 PM while observing the lunch meal service R18, R69, R75, R94 and R97 all stated that the meatballs were too hard to eat but they were not aware of another alternative food options so they would just eat around the meatballs. R94 picked up the meatball during this time and let it hit the plate and stated, it is like a hockey puck, would you eat this? R18 and R75 both alert to person and place stated that the vegetables were so overcooked that you could not even tell that the white mush was once a piece of cauliflower. At this time the vegetables did appear to be overcooked. The blend of carrots, broccoli and cauliflower which were all losing their integrity and turning into a soft pile with no texture. On 5/27/26 at 12:50 PM, R97 was observed pushing her meatballs around and stating that she does not have good teeth and she barely could get a piece of that meatball bit off it was so hard. The mealtime observation for food acceptance and food replacement policy dated 2020 documents that the residents will be observed during mealtimes to monitor acceptance and intake of food and beverage items, and offered food replacements of similar nutritive value or other food selections the resident might enjoy .5. Staff members observing meals in the dining room will offer appropriate meal and beverage substitutions for a noted poor intake of a food item or an expressed concern about taste, temperature or quality of the meal served 10. The dining services manager is responsible for following up with individual residents that are observed to have decreased appetite/intake, someone who refuses food replacement or a resident that has expressed concern about the dining services. The Long-Term Care Facility Application for Medicare and Medicaid dated 5/26/26, documents 100 residents reside in the facility.		

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to obtain a physician order and consent for a physical restraint and assessed adaptive equipment to ensure safety and freedom for normal movement for 4 (R1, R2, R3, & R63) 4 residents reviewed for physical restraints in a sample of 70. Findings included: 1. R63's admission Record documented an admission date to the facility of 1/25/2016 with diagnoses including unspecified psychosis not due to a substance or known physiological condition, unspecified dementia, unspecified severity, with other behavioral disturbance, bipolar disorder, muscle weakness, chronic fatigue, and cerebral infarction, unspecified. R63's Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 02, which indicates severe cognitive impairment. Section P- Restraints and Alarms does not document R63 has any restraints. R63's Physicians Order Summary dated 5/2/26 documents and order for a self releasing belt when up in wheelchair for proper wheelchair positioning and safety. Order date 9/11/24. R63's Care Plan had a focus area of R63 at risk for falls with an intervention listed of a self-release seat belt for proper positioning when up in wheelchair and as an additional safety measure. R63's Assistive Device, Restraint Evaluation, Consent dated 1/15/2025 documented R63 was being evaluated for a self-release belt. Section G. Assessment Summary/Determination documents: Resident has poor trunk control and often leans forward when up in wheelchair and leads to resident sliding out of her wheelchair. Resident can self propel in her wheelchair. Upon discussion with IDT (Interdisciplinary Team) and V20 (Physician) it was felt the best intervention for resident would be the self-releasing belt to assist with proper wheelchair positioning. Under section I. Signatures, it was documented that V13 (Family) gave verbal consent on 1/15/2025. This form does not document what staff member was given verbal consent by V10, but is signed by V19 (Registered Nurse). R63's Assistive Device, Restraint Evaluation, Consent dated 5/27/2026 documented R63 was being evaluated or a seat belt. Section G. Assessment Summary/Determination documents: Resident has poor trunk control and often leans forward when up in wheelchair and leads to resident sliding out of her wheelchair. Resident can self propel in her wheelchair. Upon discussion with IDT and V20 it was felt the best intervention for resident would be the self-releasing belt to assist with proper wheelchair positioning. Under section I. Signatures, it was documented that V13 (Family) gave verbal consent on 5/27/2026. This form documents V10 obtained the verbal consent form V13. On 05/27/2026 at 11:47 AM, R63 was observed sitting in her wheelchair with her seat belt on at the dining table. On 05/27/2026 at 12:40 PM, V10 (Quality Assurance/Licensed Practical Nurse/LPN) stated typically (continued on next page)		

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	V9 (Remote Minimum Data Set/MDS Coordinator) will complete the physical restraint assessment at the same time she completes the quarterly assessments and should be located under assessments. On 05/28/2026 at 9:21 AM, V17 (LPN) stated R63 does have a seat belt she uses while in her wheelchair. V17 stated, the facility does assess R63's seat belt per policy. On 05/28/2026 at 9:52 AM, V7 (Director of Nursing/DON) stated seat belt assessments are completed annually and at initial placement. V7 stated, according to the facility policy if the last annual assessment for the seat belt had been on 1/15/2025 then the annual assessment would have been completed 1/15/2026. On 05/28/2026 11:25 AM, R63 was observed sitting in her wheelchair with her seat belt on at the dining room table. Observed V8 (LPN) asking R63 to remove her seat belt on command, R63 was unsuccessful on multiple attempts of asking. On 05/28/2026 at 11:33 AM, V13 (Family) stated she had not been contacted on 5/27/2026 or 5/28/26 to give verbal consent for R63's seat belt. V13 stated, she had not been contacted prior to that date regarding the seat belt. V13 stated, she found out about the seat belt when she came to visit over this past Mother's Day weekend. V13 stated, the staff told her that they have the seat belt in place because of falls. V13 stated, she is over R63's medical care and should be contacted on her care. On 05/28/2026 11:42 AM, R63 was observed sitting at the dining table with her seat belt on. R63 appeared tired and when asked by staff to remove her seat belt, she declined and stated to this surveyor that she has a temper and its showing. This surveyor asked R63 if she could unbuckle her seatbelt and R63 stated, she just put it back in. R63 did attempt more than 3 times to unbuckle the seatbelt, unsuccessfully. On 05/28/2026 at 11:46 AM, V10 stated she completed R63's annual restraint evaluation on 5/27/2026. V10 stated, she spoke with V13 (Family) by phone around 6:30 PM on 5/27/2026. On 05/28/2026 at 12:16 PM, V10 stated she received verbal consent for R63's seat belt from V13 (Family) about 10 minutes ago on 5/28/2026. V10 stated R63 does not have any paperwork on file for a power of attorney but per R63's request the facility is to notify her of care. V10 stated she is not aware how R63's is able to make her medical decisions with a BIMS of 2. On 05/29/2026 at 8:33 AM, V7 (Director of Nursing/DON) stated R63 does not have a power of attorney listed and makes her own decisions for care. V7 stated R63 should be the person giving consent for a seat belt and not V13 (Family). V2 stated, when V10 completed the physical restraint assessment on 5/27/2026 it should have been completed face to face with the resident and consent given by R63. 2. R1's admission Record documented R1 was admitted to the facility on [DATE]. The diagnoses listed include chronic obstructive pulmonary disease, pneumonia, dementia, depression, essential hypertension and unspecified psychosis. (continued on next page)		

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R1'S Minimum Data Set (MDS) with assessment reference date as 04/10/2026 documents a BIMS (Brief Interview for Mental Status) of 06, indicating R1 is severely cognitively impaired. Section P- Restraints and Alarms does not document R1 has any restraints. R1's Care Plan documented a focus area of risk for falls. Interventions listed are alarming SRSB (Self releasing seat belt). No date was listed. R1's Physicians Order Summary dated 05/29/2026 does not document an order for a self-releasing seat belt. R1's Restraint assessment dated [DATE] documented type of restraint as seat belt. Under section 5. IDT Recommendations b. physician order, including medical diagnosis for use, obtained? Answered 3. N/A On 05/27/2026 at 12:08 P.M. R1 was observed in the dining room in his wheelchair with a seatbelt on. On 05/28/2026 at 12:10 P.M. R1 was observed in the dining room in his wheelchair with a seatbelt on. On 05/29/2026 at 9:40 A.M. R1 was observed in the dining room in his wheelchair with a seatbelt on. 3. R2's admission Record documents an admission date to the facility of 03/14/2023. The diagnoses listed include unspecified psychosis, type 2 diabetes mellitus, essential hypertension, disorientation unspecified, altered mental status, and depression. R2's Minimum Data Set with assessment reference date as 03/13/2026 documents R2 has a BIMS (Brief Interview for Mental Status) of 03 indicating R2 is severely cognitively impaired. Section P- Restraints and Alarms does not document R2 has any restraints. R2's Physicians Order Summary dated 05/28/2026 documented ensure seatbelt is functioning properly every shift with an order date of 03/26/2026. R2's care plan did not have a focus area or an intervention related to the seatbelt. There were no restraint assessments found in R2's record. There were no restraint consents found in R2's record. On 05/26/2026 at 9:59 AM R2 was observed to be in a low bed. R2's wheelchair was observed to be sitting next to his nightstand and had an alarm and a seatbelt attached. On 05/27/2028 at 12:05 P.M. R2 was observed in the dining room, sitting in his wheelchair. The wheelchair had a seatbelt attached to it. On 05/28/2026 at 9:23 A.M. R2 was observed to be in bed. Wheelchair was observed in room next to nightstand. The wheelchair had an alarm and a seatbelt attached to it. (continued on next page)		

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 05/28/2026 at 9:25 A.M. V5 (Certified Nurse Assistant/CNA) stated R2 uses a seatbelt when he is in the wheelchair. V5 stated R2 stands up and could fall and the seatbelt keeps him safe. On 05/28/2026 at 9:27 A.M. V6 (CNA) stated R2 has a seatbelt to the wheelchair that he uses when he is in the wheelchair. V6 stated that he would get hurt if he stood up without help. On 05/28/2026 at 12:04 P.M. V8 (LPN) stated the seatbelt for R2 was removed yesterday (05/27/2026) per the direction of the management team. V8 stated it was supposed to be removed and V11 (Maintenance) removed it. On 05/28/2026 at 12:06 P.M. R2 was observed sitting in the dining room with no seatbelt in his wheelchair. On 05/28/2026 at 12:08 P.M. V11 (Maintenance) stated he was asked to take the seat belt off R2's chair by V10 (Licensed Practical Nurse). On 05/28/2026 at 12:20 P.M. V10 stated R2's seat belt was discontinued last night because R2 no longer needed it. V10 stated staff told her that R2 was taking off the seat belt. V10 stated R2 now has an alarm instead of a seatbelt. V10 stated on 05/27/2026 between the time of 12:30 P.M. and 1:30 P.M. she was in the dining room and saw that R2 had a seatbelt. V10 stated that is when she determined he no longer needed the seat belt. V10 stated she asked V11 to remove the seatbelt sometime on 05/27/2026. V10 stated it is her understanding that the seatbelt was removed. On 05/28/2026 at 2:20 P.M. V2 (Administrator) was asked if there were orders, consents and assessments for the restraints, V2 stated if it is not in the information that he handed me, then they do not have what I am asking for. 4. R3's admission Record documents an admission date of 11/15/2022 and includes diagnosis of Anxiety Disorder, Unspecified Dementia, Moderate Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, And Anxiety, Unspecified Psychosis Not Due To A Substance or Known Physiological Condition, Essential Hypertension, and Malignant Neoplasm of Unspecified Site of Unspecified Female Breast. R3's Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 99 which suggest severe cognition impairment. MDS dated [DATE] Section P- Restraints and Alarms does not document R3 has any restraints. Section GG -Functional Abilities, R3 requires Substantial/maximal assistance with lying on side of bed, sit to stand, chair/bed-to-chair transfer, toilet transfer and tub transfer. R3's Physician's Order Summary dated 5/28/26 documents R3 has a self-release seat belt when up in wheelchair. Start date 5/23/25. R3's Care Plan documents R3 is at risk for falls. Interventions for falls includes but not limited to: assist with transfers and ambulation, bed in lowest position when occupied, call light within reach, observe for unsafe actions and intervene, seat belt applied to wheelchair and wheelchair for (continued on next page)		

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	locomotion. No dates given when interventions were implemented. On 5/27/2026 at 12:20PM, R3 was noted to be in the dining room in wheelchair with seat belt noted. R3 was asked about her seatbelt and if she could remove it and she looked down and grabbed it and after a while she pulled on seatbelt and released the seat belt. R3's Restraint assessment dated [DATE] documents type of restraint is seatbelt. Under Medical Symptoms Necessitating Restraint marked as : Unsafe mobility, postural instability and agitated behavior. Under IDT (Interdisciplinary Team) documents continue with current restraint. Restraint consent signed by resident/responsible party is marked Not Applicable and has consent been signed within the last year marked not applicable. R3's Assistive Device / Restraint Evaluation/Consent dated 5/27/2026 at 1:39PM documents under Physical and Mental Consideration: device being evaluated is seat belt, 1. mental status marked able to follow directions easily. 2. sitting balance is poor upper trunk control, standing balance is poor upper trunk control, and ambulation is unsteady on feet and loses balance. Section G Assessment Summery/ Determination documents 1. Device to be used is self-releasing seat belt. 1.a. This device is a/an: enabler (assistive device that allows the resident to maintain function and independence and does not limit movement or access to one's body.) 1.b. Reason for use of restraint- describe behavior prompting use a. Unsteady gait, Agitated/aggressive behavior, frequent falls, sliding out of wheelchair and attempts to self-transfer and is unable to safely transfer. 2. Reason for use of enabler: Balance. Date verbal consent received was documented as 5/23/2025 at 11:00AM. Authored by V10 (LPN). R3's Assistive Device / Restraint Evaluation/Consent dated 5/27/2026 and R3's Restraint assessment dated [DATE] documents type of restraint is seatbelt. Both assessments document one of the reasons for the seatbelt including Agitated /Aggressive Behavior. On 5/27/2026 1:50PM, V1 (Administrator) was presented with R3's restraint assessments, one was dated 5/23/2025 and the second one was dated 5/27/2026. V1 was asked if there were any more Restraint Assessments completed between 5/23/2025 through 5/27/2026. V1 stated no and we completed the one today because of the ARD (Assessment Reference Date) date for R3. R3's Behavior Tracking reports from December 2025 to May 2026 were reviewed and documented R3 was being tracked for :Resident becomes combative with staff. Interventions include: 1. Listen to resident in a nonjudgmental way/attempt to calm resident. 2. Attempt return conversation to reality-based/redirect with activity or snack. 3. Step back and return later, if possible. Each month reviewed has less than 50% completion. On 5/27/2026 at 2:00PM, V1 Administrator came to conference room and asked to review R3's Restraint Assessments she had previously presented and stated she believed the one done today was incorrect. V1 also brought in a progress note dated 5/23/2025 that documented R3's son was aware of placement of seat belt. V1 was asked for signed consent for Seat Belt and V1 stated they did not have a signed consent but R3's son was aware. V1 stated the Restraint Assessments are only done annually and that is their policy. (continued on next page)		

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review the facility failed to ensure a resident was free from unnecessary psychotropic medications for 1 of 5 residents (R99) reviewed for medications in a sample of 70. The Findings Include: R99's admission record documents an admission date of 11/21/25 and includes the following diagnosis: altered mental status, unspecified dementia/unspecified severity with anxiety, unspecified dementia with severe psychotic disturbance, unspecified psychosis not due to a substance or known physiological condition. R99's Physician's order summary report dated 5/29/26 documents orders including: ziprasidone 20 mg (milligrams) two times a day for dementia. Start date 1/21/26. Depakote 125 mg 1 tablet three times a day for dementia, Depakote 250 mg tablet three times a day for dementia. Started 1/21/26. Lorazepam 0.5 mg a day at bedtime for unspecified dementia with psychotic disturbance. Start date 4/15/26. A consultant pharmacist's medication regimen review dated 3/5/26 requested a supporting diagnosis is needed due to the resident currently receiving Ziprasidone 20mg that requires a diagnosis of one of the following: bipolar 1 disorder acute treatment of manic episodes, bipolar 1 acute treatment of depressive episodes, bipolar 1 disorder maintenance therapy, or schizophrenia. Under the 'The Physicians Response dementia with psychosis is typed in. A consulting pharmacy progress note dated 3/4/26 documents: that a monthly pharmacy consult was completed for R99 monthly medication regimen review. After a thorough review, a supporting diagnosis was requested on Ziprasidone per CMS guidelines. On 5/29/26 at 11:45 AM, V7 (Director of Nursing) stated that she could not locate any behavior tracking for R99 regarding behaviors related to the psychotropic medications ordered for dementia and psychotic disorders. V7 confirmed at this time that there was not a supporting diagnosis for Ziprasidone as requested by the pharmacy recommendation.		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to accurately code the Minimum Data Set (MDS) Assessment for 2 of 4 residents (R10 and R30), reviewed for MDS accuracy, in a sample of 70. Findings Included:1. R10's admission Record documented an admission date to the facility on 7/16/2020 with diagnoses including major depressive disorder, recurrent, unspecified, anxiety disorder, schizophrenia, unspecified and other specified depressive episodes. R10's Annual Minimum Data Set (MDS) dated [DATE] documented under A1500: Preadmission Screening and Resident Review (PASRR): is the resident currently considered by the state level II PASRR process to have a serious mental illness and/or intellectual disability or a related condition? No. Documented under Psychiatric/Mood Disorder, R10 has anxiety disorder, depression disorder, and schizophrenia. R10's Care Plan documented focus areas of R10 uses psychotropic, antianxiety and antidepressant medications and R10 has depression 3 times a week with diagnoses of schizophrenia, major depressive disorder, unspecified dementia with behavioral disturbances and anxiety with a goal to reduce signs and symptoms of distress, symptoms of depression, anxiety or sad mood to 1 time a week. R10's PASRR level II screening dated 9/5/2025 documented under outcome Level II- Approved with no special services. 2. R30's admission Record documented an admission date to the facility on 1/4/2023 with diagnoses including paranoid schizophrenia, depression, unspecified, and insomnia, unspecified. R30's Annual Minimum Data Set (MDS) dated [DATE] documented under A1500: Preadmission Screening and Resident Review (PASRR): is the resident currently considered by the state level II PASRR process to have a serious mental illness and/or intellectual disability or a related condition? No. Documented under Section I0020B. Primary Medical Condition with Paranoid Schizophrenia. R30's Care Plan documented a focus area of R30 has delusions 7 times a week with diagnoses paranoid depression, depression medication, aripiprazole, and trazadone with a goal for R30 will have fewer episodes of delusions. R30's PASRR level II screening dated 4/4/2024 documented under outcome Level II- approved with no special services. On 05/27/2026 at 12:15 PM, V12 (Infection Preventionist/IP) stated the facility does not have an MDS coordinator in house. V12 stated, V9 (Remote MDS) completes all MDS assessments. On 05/27/2026 at 12:31 PM, V7 (Director of Nursing/DON) stated, the facility does not have a MDS coordinator in the building. V7 stated, V9 completes all MDS assessments. On 05/27/2026 at 2:20 PM, V9 (Remote MDS) stated, she does help complete all MDS assessments. V9 stated, she does review the PASRR assessment in the system to determine if a resident is approved at the level II evaluation prior to completing the MDS section on an annual assessment. On 05/27/2026 at 2:38 PM, V9 stated R30 would not be documented as a level II on his screening. V9 stated, it does not mean that he may not qualify for specifics services. V9 stated, she looks at more documentation to see if there is qualification for a level II approval, that will include other documentation like supplemental security income (SSI), hospitalizations, resident history, etc. The facility's Resident Assessment-Coordination with PASRR Program (dated 1/2023) documented under Policy Explanation and Compliance Guidelines:3. Recommendations, such as specialized services, from a PASRR level II determination and/or PASRR evaluation report will be incorporated into the resident's assessment, care planning, and transitions of care.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2026
NAME OF PROVIDER OR SUPPLIER Saline Care Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 120 South Land Street Harrisburg, IL 62946	
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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on interview and record review the facility failed to ensure a resident with a mental illness was referred to the appropriate state designated authority for a Level II PASARR (Preadmission Screening and Resident Review) evaluation and determination of need for any specialized services for 1 (R99) of 7 residents reviewed for PASARR requirements in the sample of 70. The findings include: R99's admission Record documented an admission date to the facility of 11/21/2025. Diagnoses listed include unspecified psychosis, dementia, and altered mental status. R99's 11/10/2025 Notice of PASARR Level I Screen Outcome documented no level II required and no serious mental illness. Rationale: The level 1 screen indicates that a PASRR disability is not present because of the following reason: There is no evidence of a PASRR condition of an intellectual/developmental disability or a serious behavioral health condition. If changes occur or new information refutes these findings, a new screen must be submitted. On 05/28/2026 at 10:22 A.M. V9 (Corporate Minimum Data Set Nurse) stated the person who completed the admission MDS (Minimum Data Set) for R99 coded section I wrong. V9 stated that the next person who completed the next MDS captured the psychosis diagnosis. V9 stated the psychosis diagnosis should have been listed on the initial PASARR screen conducted on 11/10/25. V9 stated once the facility received all the information regarding the resident, saw the diagnosis, they should have called the screening service and asked for a new screen to be completed. V9 stated she will modify the admission MDS diagnosis to include the psychosis and reach out to have another screen completed. Facility policy titled Resident Assessment - Coordination with PASRR Program documents: 1. All individuals with a mental disorder or intellectual disability who apply for admission to the facility will be screened in accordance with the State's Medicaid rules for screening.		

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. Based on observation, interview, and record review the facility failed to provide at least 80 square feet of living space for 4 of 4 residents (R1, R22, R24, and R36) reviewed for room size in a sample of 70. The Findings Include: On 5/29/26 at 9:44 AM, V18 (Owner) stated that Side 2 of the facility has a room size waiver assessment. V1 stated these rooms are Medicaid certified for two residents. V1 stated rooms 203-206, 208-209, 211-212, 215-220, 222-227, 229-231, 234-235, 238-239, 241-242, 244-248 are all waived rooms and don't meet the proper room size. On 5/29/26 at 1:06 PM, V13 (Maintenance Director) stated R1's room was less than 80 square feet per resident, which is less than the requirement. V13 used the measuring tape to measure the length and width of R1's room and stated, 12.5 by 12 feet, indicating that the room was 150 square (sq.) feet (ft.), or 75 sq. ft. per bed. The measurements did not include the closet and bathroom. At that time R1 was in their room and stated that they have no issues with the room size. The room contained two beds and two nightstands. On 5/29/27 at 1:15 PM, V13 stated that R22's room was less than 80 sq ft per resident, which is less than the requirement. V13 measured the room and it measured the same size of 12.5 by 12 feet for a total of 150 sq ft. or 75 sq. ft. per bed. The measurements did not include the closet and bathroom. The room contained two beds and two nightstands. R22 was not present in the room while it was measured. On 5/29/27 at 1:25PM, V13 stated that R24's room was less than 80 sq ft per resident, which is less than the requirement. V13 measured the room and it measured the same size of 12.5 by 12 feet for a total of 150 sq ft or 75 sq. ft. per bed. The measurements did not include the closet and bathroom. The room contained two beds and two nightstands. R24 was not present in the room while it was measured. On 5/29/27 at 1:30 PM, V13 stated that R36's room was less than 80 sq ft per resident, which is less than the requirement. V13 measured the room and it measured the same size of 12.5 by 12 feet for a total of 150 sq ft. or 75 sq. ft. per bed. The measurements did not include the closet and bathroom. The room contained two beds and two nightstands. R36 was present in the room while it was measured and stated that they had no issue with the room size. An undated facility room roster provided by V1(Administrator) on 05/26/26, documented R1, R22, R24, and R36 reside in the waived rooms measured by V13. Review of 6 months of Resident Council meeting minutes indicated no concerns related to the size of the rooms.		