

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2026
NAME OF PROVIDER OR SUPPLIER Mercer Manor Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 309 N W 9th Avenue Aledo, IL 61231	

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** Based on observation, interview, and record review the facility failed to ensure adequate staffing to meet the needs of dependent residents and failed to ensure nursing aides are certified for 3 of 3 residents (R1, R2, R3) reviewed for staffing in the sample of 6. This has the potential to affect all residents residing in the facility. The findings include: R1's face sheet documents R1 was admitted to the facility 3/17/26 with diagnoses to include spinal stenosis, localized edema, asthma, low back pain, idiopathic progressive neuropathy, hypertension, atrial fibrillation, osteoarthritis, and congestive heart failure. R1's facility assessment dated [DATE] documented R1 has no cognitive impairment and requires substantial to maximal assistance of staff for toileting needs. On 4/25/26 at 10:47 AM, R1 said, Staff have to help me get ready for bed, shower, go to the bathroom, there isn't much I can do myself. There are issues with staffing. Just this morning it took an hour for them to answer my call light. I had to go to the bathroom. I kept waiting and waiting. I was hoping someone could at least come in and put me on the toilet and I could just wait there then for them to come back. I couldn't wait any longer. I had a bowel movement in my pants. It just makes me upset when that happens. I can tell when I have the urge coming but I can't stop it. I'm mad at myself. R2's face sheet documents R2 was admitted to the facility 4/15/26 with diagnoses to include multiple myeloma, convulsions, anemia, hypothyroidism, hypotension, and atrial fibrillation. R2's 4/16/26 Nursing admission Screening assessment documents R2 is alert and oriented, has an unsteady gait, poor balance, and is dependent for all cares except eating. On 4/25/26 at 10:42 AM, R2 was sitting up in bed. R2 said, They come and get me up and help me at night and in the morning. Last night my call light was hooked on the privacy curtain, and I couldn't reach it. My roommate got it for me this morning. When I use my call light, it frequently takes an hour or more for them to get to me on the 2nd and 3rd shift. R3's face sheet documents R3 was admitted to the facility 10/19/24 with diagnoses to include flaccid hemiplegia affecting left nondominant side, insomnia, spinal stenosis, transient cerebral ischemic attacks, pemphigus, and acute kidney failure. R3's facility assessment dated [DATE] documents R3 has no cognitive impairment and is dependent on staff for most cares. On 4/25/26 at 12:10 PM, R3 said, We don't have very many CNAs (Certified Nursing Assistants) a lot of times, even today they are short. There are usually 4 CNAs to be fully staffed, but they have a lot of turn over here. A week ago, they wouldn't do my shower because they didn't have enough staff. They only had 2 CNAs that night on second shift. The next day the CNA told me she would do my shower that night, if I went right to bed after it to save time. On 4/25/26 at 9:40 AM, R4 approached this surveyor and said, Staffing here is a joke. There was only one CNA two Saturdays ago. Many, many, times there are just 3 CNAs working and it is not fair to the girls to have to work this way. I use my call light, but I try not to, so I don't take their time. Sometimes it is answered quickly and other times it takes an hour and a half. They can't help it. There is only so many of them. On 4/25/26 at 10:54 AM, R6 was being assisted into her room by V6 (CNA). V6 used the sit to stand lift to assist R6 into the bathroom. When R6 was lifted off the wheelchair, there was a strong urine odor present and R6's pants appeared wet. V10 (R6's daughter) was in the room. V10 said she is in the facility many times throughout the week and on the weekend (continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>to visit her mom. V10 said she often finds that R6 is in need of being changed and smells of urine when she arrives. V10 said she thinks they are usually short staffed on the weekends for sure. V10 said today [R6] was wet when she came in and they had a 20- minute wait for someone to come and help them just now. V10 said [R6's] wheelchair cushion is wet and smells like urine. V10 used some wipes and wiped down the wheelchair cushion. V6 exited R6's bathroom and began getting a fresh set of clothes and stated, we need to do a full wardrobe change. On 4/25/26 at 11:04 AM, R5 said she is pretty independent but does use her call light to request ice water and when she needs her bedding changed. R5 said it does often take over an hour at times for them to respond about 2-3 days out of the week. R5 said the length of time it takes depends on how many people didn't show up for work. R5 said on 3rd shift there is usually only one CNA the majority of the time. R5 said her roommate's bedding is supposed to be changed on first shift due to her incontinence overnight but it is often not done until just before she is going back to bed. The facility's Nursing and CNA schedules were reviewed for the previous 2 weeks and showed either V9 (CNA Student) or V11 (CNA Student) assigned their own halls on 4/11/26, 4/12/26, 4/13/26, 4/17/26, 4/18/26, 4/19/26, 4/20/26, 4/21/26, 4/22/26, 4/23/26, 4/24/26, and 4/25/26. The facility's 4/11/26 schedule showed 2 CNAs and 1 student scheduled from 6a-2p. The facility's 4/13/26 schedule showed 2 CNAs and 1 student scheduled from 2p-10p. The facility's 4/17/26 schedule showed 2 CNAs and 1 student scheduled from 6a-2p. The facility's 4/23/26 schedule showed 2 CNAs and 1 student scheduled from 2p-10p. The facility's 4/25/26 schedule showed 2 CNAs and 1 student scheduled from 6a-2p and again from 2p-10p. The nursing and CNA schedules showed frequently there were only 2-3 CNAs present on first and second shift. On 4/25/26 at 9:50 AM, V4 (CNA) said, There is supposed to be 4 CNAs scheduled on the south end. I've actually put in my notice here because of the staffing issues. We are short staffed today. Students are being given hall assignments and they haven't finished the class or tested. On 4/25/26 at 10:00 AM, V6 (CNA) said, It's me, [V9] (a CNA student), and [V5] (CNA) today. We are frequently working with students. Then the 2p-10p shift will be 2 CNAs and a student. We should have 4 CNAs. They try to still schedule 4 . and 2nd shift would usually staff 4 as well but we usually work with 3. 2 weekends ago the ADON (Assistant Director of Nursing) came in and worked as a CNA because they couldn't find anyone to help. It ended up being the ADON, a CNA and a student working that shift. They say the students are able to do everything. I struggle to get showers done, struggle to get call lights answered. I just do the best I can. On 4/25/26 at 1:37 PM, V7 (CNA) said, This is definitely a struggle to be able to answer call lights. Having the students working makes it take extra time because they are new, they need help, they have questions, and they have their own assignment. I've not had a student put with me for training. V2 (Director of Nursing/DON) did some kind of clinical training here with them and then they were on their own assignments after that. Typical staffing would be 3 and that is with or without students working. There have been times we would have run the floor with 2 but usually we have 3 but 3 is running short because we should have 4. with only 3 CNAs we can only get a couple showers done and the rest we have to put off to another day. Residents have been complaining to me about having to wait so long. On 4/25/26 at 11:22 AM, V9 (CNA Student) said, I am taking the CNA course through the facility. I have been here 1-2 months. Today I am assigned the 100 hall and two rooms on the 200 hall. At 12:18 PM, V9 said, In the program I take online classes and do Tuesday and Thursday as clinical hours. I get scheduled 6a-2p for clinical hours and then pick up other days to help. There is nothing different for my clinical hours verses the other days I pick up, but I've been a caregiver before. I should be certified by the end of May. I will have to take the state certification test. On 4/25/26 at 1:47PM V3 ADON (Assistant Director of Nursing) said, . On a typical day shift we always run one aide in the memory care and 4 on south. We can run with 3 on south but it is tough. Second shift staffing runs about the same, 3 out here, 1 in the memory care. On third shift, we run 2 nurses and 3 aides in the building. If someone calls off on third shift, they will run with 2 aides in the building. For students, in my understanding that once they do the classroom work, they can take a hall and when they have been signed off that they (continued on next page)</p>		

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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>Based on observation, interview, and record review the facility failed to ensure nursing aides completed a training and competency evaluation program prior to working. This affects all 58 residents residing in the facility. The findings include: On 4/25/26 the facility provided a resident roster showing 58 residents residing in the building. The facility's Nursing and CNA (Certified Nursing Assistant) schedules were reviewed for the previous 2 weeks and showed either V9 (CNA Student) or V11 (CNA Student) assigned their own halls on 4/11/26, 4/12/26, 4/13/26, 4/17/26, 4/18/26, 4/19/26, 4/20/26, 4/21/26, 4/22/26, 4/23/26, 4/24/26, and 4/25/26. On 4/25/26 at 9:50 AM, V4 (CNA) said, There is supposed to be 4 CNAs scheduled on the south end. I've actually put in my notice here because of the staffing issues. We are short staffed today. Students are being given hall assignments, and they haven't finished the class or tested. On 4/25/26 at 10:00 AM, V6 (CNA) said, It's me, [V9] (a CNA student), and [V5] (CNA) today. We are frequently working with students. They say the students are able to do everything. I struggle. I struggle to get showers done, struggle to get call lights answered. I just do the best I can. On 4/25/26 at 1:37 PM, V7 (CNA) said, . Having the students working makes it take extra time because they are new, they need help, they have questions, and they have their own assignment. I've not had a student put with me for training. V2 (Director of Nursing/DON) did some kind of clinical training here with them and then they were on their own assignments after that. On 4/25/26 at 11:22 AM, V9 (CNA Student) said, I am taking the CNA course through the facility. I have been here 1-2 months. Today I am assigned the 100 hall and two rooms on the 200 hall. At 12:18 PM, V9 said, In the program I take online classes and do Tuesday and Thursday as clinical hours. I get scheduled 6a-2p for clinical hours and then pick up other days to help. There is nothing different for my clinical hours verses the other days I pick up, but I've been a caregiver before. I should be certified by the end of May. I will have to take the state certification test. On 4/25/26 at 1:47PM V3 (Assistant Director of Nursing) said, . For students, in my understanding, once they do the classroom work, they can take a hall and when they have been signed off that they know how to do certain things. It is okay for them to work their own assignment prior to their certification. On 4/25/26 at 2:03 PM, V2 (DON) said, I have been told that when they are signed off on their skills, they can perform them on the floor independently. Most of the girls end up working together with the mechanical lifts and two people assist anyway. I believe they are counting them and reporting the CNA students as our CNA staff. When I do the schedule, I count them as an independent staff member in the building once signed off on their skills. I try not have the students scheduled in the memory care unit because there is only one CNA back there. The facility's policy and procedure revised 2/20/26 showed, Staffing. Policy Statement 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 skills 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 Nurses Aides, Social Services, Activities.</p>		