STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146138	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mercer Manor Rehabilitation	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. Based on observation, interview, and record review the facility failed to keep medical records private for six (R1, R5, R12, R37, R51, R58) of six residents reviewed for medication administration in a sample of 46. Findings include:The facility policy titled, Medication Administration-General Guidelines, dated November 2021, documents not in its entirety, Medications are administered as prescribed in accordance with good nursing principles and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling, and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions.During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by. In addition, privacy maintained always for all resident information (e.g., MAR/Medication Administration Record) at all times when not in use. On 1/20/2026 at 11:26 AM V6 (Licensed Practical Nurse) observed doing medication pass in the dining room. V6 left resident information up on the screen each time she left the cart to give R5, R12, and R58 their medication making their personal medical records visible to all visitors, staff, and residents that went by the medication cart. When V6 was asked if the screen should be hidden or closed, she stated, Well yeah, typically it should be hidden. I should have pressed this (points to icon to hide screen) before leaving the cart and giving the residents their medication. On 1/21/2026 at 11:15 AM V7 (Registered Nurse) observed passing medications to R1, R37, and R51. V7 left resident information up on the screen each time she left the cart to give them (R1, R37, R53) their medication making their personal medical records visible to all visitors, staff, and residents that went by the medication cart in the hallway outside of the dining room. When asked if the screen should be hidden or closed, V7 stated, Yeah, I realized too late I left the screen up when I left the cart to give them their medication. Yes, I should have closed the screen so nobody could see it. On 1/21/2026 11:31 AM V2 (Director of Nursing) stated that when passing medications the nurses should either close their computer screen or press the hide screen icon before leaving their carts to protect patient information.

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure that each resident?s assessment is updated at least once every 3 months. Based on interview and record review, the facility failed to ensure each resident was reviewed no less than every three months using the standardized assessment tool for 7 of 56 residents (R2, R6, R9, R16, R27, R45, R53) in a sample of 46. Findings include:The Minimum Data Set (MDS) 3.0 Process Interdisciplinary Team (IDT) policy, dated 11/1/15, documents quarterly assessments will be completed no less than every three months. 1. R2's standardized quarterly assessment was due to be completed by 11/13/25. The assessment was completed on 1/14/26, 46 days overdue.2. R6's standardized quarterly assessment was due to be completed by 1/5/26. The assessment is currently not completed,16 days overdue.3. R9's standardized quarterly assessment was due to be completed by 12/28/25. The assessment is currently not completed, 24 days overdue.4. R16's standardized quarterly assessment was due to be completed by 12/30/25. The assessment is currently not completed, 22 days overdue.5. R27's standardized quarterly assessment was due to be completed by 12/28/25. The assessment is currently not completed, 24 days overdue.6. R45's standardized quarterly assessment was due to be completed by 1/1/26. The assessment is currently not completed, 20 days overdue.7. R53's standardized quarterly assessment was due to be completed on11/14/25. The assessment was completed on 1/14/26, 47 days overdue.On 1/21/26 at 11:00 AM, V3 (Minimum Data Set (MDS) Coordinator) demonstrated the Clinical- MDS Scheduler report and explained the form identified resident MDS's which were not completed and the length of time the MDS's were overdue. V3 stated she and corporate work on trying to get the overdue MDS's completed but agreed there are many which are overdue.On 1/21/26 at 12:30 PM, V1 (Administrator) stated corporate oversees the MDS's. At 1:45 PM, V1 stated during a phone call with V8 (Corporate MDS Nurse), V8 stated the corporation is aware they are behind on completing the MDS assessments. There was no specific reason given.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review the facility failed to administer medications in a safe manner for one resident (R9) of thirty-two residents observed during mealtime in a total sample of 46. This failure has the potential to affect all thirty-two residents (R1, R4, R5, R9, R11, R13, R15, R18, R19, R26, R27, R29, R30, R31, R32, R33, R34, R36, R37, R39, R40, R41, R42, R43, R44, R45, R47, R48, R51, R58, R63, R65) who dined in the main dining room. Findings include: The facility policy titled, Medication Administration-General Guidelines, dated November 2021, documents not in its entirety, Medications are administered as prescribed in accordance with good nursing principles and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling, and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions.The resident is always observed after administration to ensure that the dose was completely ingested. If only a partial dose is ingested, this is noted on the MAR (Medication Administration Record), and action is taken as appropriate. Monitoring of side effects or medication-related problems occurs continually, but particularly after medication administration and especially after the first few doses of a new medication. On 1/20/2026 at 12:33 PM 200 Hall Medication cart noted to have a pill cup with three (3) pills in it; cup is not labeled with a name. V6 (Licensed Practical Nurse/LPN) stated, That's (R9)'s medication. Dietary handed me the cup because it was left sitting on the dining room table. She's (R9) not my patient so I am going to take them to (V2 Director of Nursing/DON). On 1/20/2026 at 12:40 PM (DON) observed taking medication cup from V6 (LPN) and taking the medication to V5 (Registered Nurse/RN). V2 stated to V5 that the medication cup was found on a dining room table and then given to her (V2 DON). V5 stated she knew whose medication was in the cup, That's (R9)'s. V5 also stated the medication in the cup were two Tylenol 325mg (milligram) (non-narcotic pain reliever) pills and one Tramadol 50mg (Narcotic Pain Reliever) pill. V5 stated, I thought she (R9) had taken the pills. When asked if she saw R9 place the pills in her mouth V5 stated, I didn't see her (R9) put them in her mouth, that's obvious. I should have made sure she took them before walking away. R9's admission Record documents R9's admission date to the facility was 9/11/25 and R9's admitting diagnoses include but not limited to Delusional Disorder, Disorientation Unspecified, Pain Unspecified, and Unspecified Dementia, Unspecified Severity. R9's physician orders dated 8/5/24 documents that R9 has an order for Tramadol (narcotic pain reliever) 50mg (milligram) give 1 tablet three times a day for pain and orders dated 2/21/24 for Tylenol (non-narcotic pain reliever) 325mg give 2 tablets three times a day for pain. On 1/20/2026 at 12:47 PM V2 (DON) stated the nurses should remain with the resident and watch them take their medication before leaving and they should never be left on a table.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to correctly don personal protective equipment/PPE for one resident (R6) of 2 residents reviewed for infection prevention practices in a sample of 46. Findings include:The Center for Disease Control Sequence for Putting on Personal Protective Equipment (PPE) documents to fasten the back of the gown when putting the gown on. The facility's Policy and Procedure for Enhanced Barrier Precautions dated 10/28/2024 documents, It is this Facilities policy that Enhanced Barrier Precautions (EBP) are used to prevent transmission of infectious organisms spread by direct or indirect contact with the patient or the patient's environment. This facility's EBP policy covers indwelling medical devices to include but are not limited to, central lines, urinary catheters, feeding tubes, and tracheostomies. This facility's EBP policy documents that staff will wear a clean, non-sterile gown to protect skin and prevent soiling of clothing during procedures and resident care activities that are likely to generate splashes or sprays of blood or body fluids, secretions, or excretions and during specific high-contact resident care activities. R6's admission record documents that R6 was admitted to the facility on [DATE] with a principal diagnosis of cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery. Other pertinent diagnoses documented include but are not limited to, feeding difficulties, dysphagia, and severe protein-calorie malnutrition. R6 has an active physician order dated 12/17/2024 for enteral feeding every shift via a gastrostomy tube, order dated 8/19/2024 for gastrostomy site dressing care, and an order dated 5/1/2025 for Enhanced Barrier Precautions documenting that staff wear gown/gloves when in direct patient contact and includes device care/use and or Wound care. On 1/22/2026 at 10:45am V2 (Director of Nursing) and V4 (Assistant Director of Nursing) performed gastrostomy dressing change per doctor's order. V4's gown was not tied around her neck or back therefore kept opening and coming forward toward the resident. When asked what proper procedure is for donning a gown, V2 responded that one should put on the gown and tie it. When V4 was asked what the proper procedure for donning a gown would be V4 stated that her gown would not stay tied but admitted that the gown should have been tied securely. V2 stated I should have tied your gown for you.