STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146140	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Galena Stauss Nursing Home	215 Summit Street Galena, IL 61036

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and record review the facility failed to ensure residents were treated with respect for 4 of 6 residents (R1, R3, R4, R7) reviewed for respect in the sample of 7. The findings include: On 6/29/26 at 9:45 AM, R1 was sitting in her wheelchair at the nurse's station. R1 said she has problems with the night Certified Nursing Assistant (CNA) V10. R1 said V10 acts like she is mad at her. R1 said she had her call light on to be changed and V10 came in and said she would be back and then never came back to help her. On 6/29/26 at 11:02 AM, R4 was sitting in her wheelchair in her room. R4 said V10 has turned off her call light saying she would come back and then never did. R4 said she thinks V10 went home and forgot about her. On 6/29/26 at 11:20 AM, R3 was sitting in her recliner in her room. R3 said she needs help transferring to the wheelchair and help with incontinence care. R3 said V10 has a cocky attitude and is lazy. R3 said V10 does half the job and leaves a mess for the other CNA. R3 said V10 has come in and turned her light off saying she would be back and then never comes back. On 6/29/26 at 11:43 AM, R7 said she has issues with V10. R7 said she has asked V10 for a box of tissues and V10 told her to use wet wipes. R7 said V10 has said to her you called me in here for that? and What do you want me to do about it! R7 said V10 is mouthy. On 6/29/26 at 10:17 AM, V4 CNA said R1 has complained to her about V10 not taking care of her and R3 and R4 had also complained to her about V10 not being nice. V4 said R1, R3 and R4 are alert and oriented. On 6/29/26 at 12:21 PM, V1 Administrator said there have been issues with V10's attitude in the past with another resident and R1 has complained about V10 as well. On 6/29/26 at 2:09 PM, V1 Administrator said residents have the right to be treated with respect. The facility's May 2026 Grievances shows Nightshift CNA at times has a bad attitude. The facility's Resident Council Minutes dated 5/21/26 shows Nursing: One resident reports an issue with a nightshift CNA. She says that the CNA often times has a poor attitude. The facility's Resident Council Minutes dated 6/18/26 shows Nursing: Residents stated that the nightshift CNA is still not always kind to them. The facility's undated Resident's Rights Policy shows Residents shall be treated with consideration, respect and absence of abuse.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146140	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0689 Level of Harm - 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 interview and record review the facility failed to transport a resident in a wheelchair in a safe manner for 1 of 4 residents (R2) reviewed for transport in the sample of 7. This failure resulted in R2 falling forward from the wheelchair and sustaining a femur fracture. The findings include:R2's Care Plan shows R2 is alert and oriented with activities of daily life self-care performance deficits related to osteoarthritis to bilateral knees, chronic pain, weakness, edema, activity intolerance, and osteoporosis. On 6/29/26 at 10:42 AM, V6 Activity CNA said she was with several residents on an outing to a local superstore. V6 said R2 had finished her shopping and V6 was pushing R2 in her wheelchair out of the threshold of the door of the store. V6 said she was looking straight ahead of R2 at some other residents that were in front, when she heard V7 Auxiliary Volunteer said Oh! V6 said when she looked down R6 was falling forward out of the wheelchair. V6 said she was unable to stop R2 from falling. V6 said R2 did not have footrests on her wheelchair. V6 said R2 landed on her stomach, and she knew right away that it was bad. V6 said V7 called 911. V6 said they have since been trained on no pedals, no push. On 6/29/26 at 12:00 PM, V7 said she was in the entry way of the superstore with a resident when she saw V6 and R2 come through the doors. V7 said R2 fell forward out of the wheelchair and landed on her knees and then her face. V7 said it all happened so quickly she could not recall if there were footrests or not on R2's wheelchair but there is supposed to be. On 6/29/26 at 9:40 AM, V3 and V4 Certified Nursing Assistants (CNA) said there has to be footrests on the resident's wheelchairs in order to push them. They both stated, No pedals, No push. On 6/29/26 at 12:21 PM, V1 Administrator said no pedals no push has always been the policy of the facility and R2's footrests had just been forgotten that day. On 6/29/26 at 12:42 PM, V9 Physician said R2 had a mechanical fall from her wheelchair and had sustained a fracture. V9 said R2 was still in the hospital so he did not have the details of the fracture yet. V9 said footrests should be on the wheelchairs when residents are being propelled. R2's Progress Note dated 6/23/26 shows resident is being transferred to a larger hospital via ambulance due to left femur fracture. R2's Hospital emergency room Notes dated 6/23/26 shows Chief Complaint: fell from wheelchair face first coming out of store. Assessment: left femur fracture. The facility's undated No Pedals, No Push Policy shows Footrests for wheelchairs shall be applied to wheelchair regardless of who is aiding with transport.