STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146144	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonebridge Nursing & Rehab	902 South McLeansboro Benton, IL 62812

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review the facility failed to maintain a safe, functional, and sanitary environment by allowing a wall behind the washer to fall apart from water damage and allowing for an increased risk of mold growth. This failure has the potential to affect all 53 residents residing in the facility.The findings include:On 11/17/25 at 6:05AM, observed behind the washer in laundry room and saw what appeared to be a black mold-like substance on the wall next to the hoses. Also observed along the bottom part of the wall, that the wall was falling apart and damp with the cove base trim lying down over the top of a grate that had water in it. The grate appeared to be where the water from the washer would drain. A moldy like substance was also noted to the wet broken wall area. On 11/18/25 at 9:02AM, V17 (Laundry) stated that the wall behind the washer has been falling apart and had that mold looking stuff on it for a very long time. V17 said that she didn't know for sure if that black stuff on the wall behind the washer was mold or what it was. V17 said that the wall has gotten wet several times. V17 said that she really couldn't say for sure what was causing the wall to fall apart on the bottom or what the substance was on the wall. V17 said V18 (Maintenance Director) did come back today and look at the wall and was talking about finally fixing the wall this week sometime. On 11/18/25 at 9:51AM, V18 (Maintenance Director) stated that he didn't know how long the wall behind the washer in the laundry room had been falling apart. V18 said that he did know that there was a water leak behind the washer because he had to change some hoses. V18 said that he doesn't think that it is black mold on the wall behind the washer, but he wasn't sure. V18 said that they are replacing the wall behind the washer this Friday on 11/21/25. V18 said that he thinks the wall is falling apart from water damage. V18 said that they are replacing the dry wall with green board which is meant for areas that have water. V18 said that he kind of inspects that laundry area on occasion to check if anything needs replaced, it's not a routine inspection. On 11/18/25 at 12:35PM, V1 (Administrator) stated that the laundry room wall behind the washer has been damaged most likely due to water damage from the washer leaking or the drain overflowing. V1 said that he does not think that the stuff on the wall is black mold, he thinks it is a discoloration from when they had other pipes on the wall, and it left a dark discoloration. V1 said that he doesn't see any mold to the bottom of the wall either where the wall is falling apart. V1 said that V18 will be replacing the wall this week on 11/21/25. The facility policy titled Quality of Life- Homelike Environment with a revised date of 05/2017 documents under policy statement Residents are provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belonging to the extent possible under policy interpretation and implementation #6. The maintenance staff to maintain the grounds, facility, and equipment in a safe and efficient manner in accordance with current federal, state, and local standards, to ensure that a successful maintenance program is maintained at all times. The daily census dated 11/16/25 documents a total census of 53 residents living 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