| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 146144 | A. Building<br>B. Wing | 12/18/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Stonebridge Nursing & Rehab | 902 South McLeansboro<br>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 0808<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.<br><br>Based on observation, interview, and record review the facility failed to serve foods in the texture directed by the physician for 15 (R3, R5, R6, R7, R12, R28, R29, R33, R36, R38, R42, R49, R50, R51, and R53) of 15 residents reviewed for receiving a mechanical soft texture diet in a sample of 36. Findings include: The facility document dated day 9 Monday titled, Diet Spreadsheet lunch documents: ground smothered chicken with gravy, chopped Brussel Sprouts, soft and buttered dinner roll, canned fruit (no pineapple or fruit cocktail) and beverage. The facility document dated day 9 lunch titled, Chopped Brussel Sprouts documents: 3. cut/chop the number of servings need into bite-sized pieces. The facility document dated day 4 lunch titled, chopped peach parfait documents: 1. cut/chop the number of servings needed into bite-sized pieces. On 12/15/25 at 12:05 PM while observing trays being plated in the kitchen the brussel sprouts were served whole, approximately one inch in diameter or larger and the peach slices were over an inch to over two inches in length for the resident who were being served a mechanical soft diet. On 12/18/25 at 12:39 PM, V3 (Dietary Manager) stated the brussel sprouts and peaches that were served on 12/15/25 for the lunch meal should have been chopped before serving for the mechanical soft diet. The facility document dated 12/18/25 titled, Diet Roster - by Texture provided by V3 (Dietary Manager) documents: R12, R3, R28, R29, R6, R7, R33, R36, R38, R42, R5, R49, R50, R51, and R53 receive diet with a texture of dental soft (mechanical soft). V3 confirmed these residents received would have received the brussel sprouts and peaches on 12/15/25. The policy dated 10/2017 titled, Therapeutic Diets documents: 3. diet order should match the terminology used by the food and nutrition services department. 4. a therapeutic diet is considered a diet ordered by a physician, practitioner, or dietitian as part of treatment for a disease or clinical condition, to modify specific nutrients in the diet, or the alter the texture of a diet, for example: d. altered consistency diet. 5. if a mechanically altered diet is ordered, that provider will specify the texture modification. |

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 |
|---|---|---|---|
| | 146144 | A. Building<br>B. Wing | 12/18/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Stonebridge Nursing & Rehab | 902 South McLeansboro<br>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 0912<br><br>Level of Harm - Potential for minimal harm<br><br>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.<br><br>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 (R12, R18, R21, R38) reviewed for room size in a sample of 36.On 12/17/25 at 11:34 AM, V1 (Administrator) stated that rooms 1-14 on the North Hall and rooms 1, 3, 6-20 on the South Hall provide less than 80 square feet per resident bed and are all Medicaid Certified rooms.On 12/17/25 at 11:38 AM, V8 (Maintenance) measured R18 and R21's room on the south hall with a measuring tape, the bedroom measured 12.4 feet by 11.8 feet equaling 146 square feet, which is approximately 73 square feet per resident. R18 and R21's room contained 1 dresser, 2 beds and 2 nightstands. On 12/17/25 at 11:39 AM, R18 and R21 were in their room. The room was a smaller sized bedroom with two beds, 2 night stands and an inset dresser in the room. at that time R18 who was alert to person, place and time stated she does not have any concerns with the room size. R21 was in the room but was not able to be interviewed.On 12/17/25 at 11:44 AM, V8 measured R38 and R12's room on the north hall. This room was measured with a measuring tape and measured 12.4 feet by 11.8 feet equaling 143 square feet total space, which is approximately 71.5 square feet per resident. This room contained 1 inset dresser, 2 beds, and 2 nightstands. There were no concerns observed with space in this waivered room.On 12/17/25 at 11:45 AM, R38 stated she does not have any concerns with her room size. R38 was alert and oriented to person, place, and time.On 12/17/25 at 11:48 AM, R12 was in the room but was not able to be interviewed.The facility Daily Roster, dated 12/15/25, documents R12, R18, R21, and R38 reside in the rooms observed and measured by V8.Observations of the waivered rooms, from 12/15/25 through 12/18/25, show these rooms provide adequate space to meet the medical and personal needs of these residents.The Resident Council Meeting Minutes, dated 9/25 through 11/25, documents no complaints regarding the waivered room space. |