

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146162	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/03/2024
NAME OF PROVIDER OR SUPPLIER  Moweaqua Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE  525 South Macon Street Moweaqua, IL 62550	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38780</b></p> <p>Based on observation, interview, and record review, the facility failed to provided showers to dependent residents. This failure affects four of four residents (R1, R2, R4, and R5) reviewed for showers and hygiene care on the sample list of five.</p> <p>Findings Include:</p> <p>1. R1's Comprehensive Assessment, dated 8/12/24, documents R1 is severely cognitively impaired with one sided lower limb impairment, and requires moderate assistance from staff with showers.</p> <p>R1's Care Plan (current) documents R1 requires assistance by staff with bathing.</p> <p>The Facility Resident Shower Schedule documents R1 is to receive showers on Monday and Thursday on day shift.</p> <p>R1's Point of Care (POC) Bathing Record for August and September 2024 documents R1 has only received two showers in the month of August and none in the month of September. This same record documents R1's last shower/bed bath was on 8/7/24.</p> <p>On 8/30/24 at 10:45am, R2 stated R2's showers are supposed to be on Monday and Thursday, during the day. R2 stated R2 has been receiving showers twice a week now that R2 complained about not receiving showers to the Ombudsman, V1, Administrator, and V2, Director of Nursing (DON). R2 stated he had only been receiving showers on Mondays. R2 stated R2 ended up with a yeast infection under abdominal folds. R2 stated showers not being given is due to staffing most likely, as staff are assigned to rooms, and if it is not their assigned room, staff won't assist other staff.</p> <p>2. R2's Comprehensive Assessment, dated 7/17/24, documents R2 is cognitively intact and requires moderate assistance from staff for showers.</p> <p>R2's Care Plan (current) documents R2 requires participation of one staff (two staff if R2 feeling weak) with bathing.</p> <p>The Facility Resident Shower Schedule documents R2 is to receive showers on Monday and Thursday on day shift.</p> <p>(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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R2's POC Bathing Record for August 2024 documents R2 received two showers in the month of August (8/1/24 and 8/26/24).</p> <p>R2's Physician Order Sheet (current) documents an order, dated 8/26/24, for Nystatin (antifungal) Powder 100,000 units per gram; apply topically to abdominal folds and breast every day and night shift for yeast.</p> <p>3. R4's Face Sheet documents R4 was admitted to the facility on [DATE].</p> <p>R4's Comprehensive Assessment, dated 8/9/24, documents R4 is cognitively intact with upper/lower limb impairments and dependent on staff for bathing.</p> <p>R4's Care Plan (current) documents to provide R4 with a sponge bath when a full bath or shower cannot be tolerated. Further documents R4 requires staff assistance with bathing.</p> <p>On 9/3/24 at 9:55am, R4 was laying in bed in R4's room. R4 had dry, peeling skin on R4's face and around R4's mouth. R4 stated R4 has not been out of bed since R4 has been here. R4 stated, Staff just don't want to do it. R4 stated R4 has a yeast infection under R4's arm, abdominal folds, and in groin area that is uncomfortable. R4 stated R4 admitted with the yeast infection, however, It's not getting any better not getting any showers.</p> <p>The Facility Resident Shower Schedule documents R4 is to receive showers on Monday and Thursday on day shift.</p> <p>R4's POC Bathing Record for August 2024 documents R4 received a shower on 8/5/24 and refused on 8/14/24.</p> <p>4. R5's Comprehensive Assessment, dated 7/24/24, documents R5 is cognitively intact with bilateral lower limb impairments, and requires partial/moderate staff assistance with bathing.</p> <p>R5's Care Plan (current) documents R5 requires staff assistance of one with bathing.</p> <p>The Facility Resident Shower Schedule documents R4 is to receive showers on Tuesday and Friday on evening shift.</p> <p>R5's POC Bathing Record for August 2024 documents R5 has only received two showers in the month of August (8/6/24 and 8/9/24).</p> <p>The facility Grievance Log documents shower/bath not given grievances filed by R2 on 7/27/24, 8/18/24, and 8/23/24; R4 on 8/20/24, and R5 on 8/23/24. This same record documents shower/bath not given grievances filed from resident council on 7/8/24 and 8/7/24.</p> <p>Resident Council Meeting Minutes, dated 7/8/24, under Nursing documents: showers not getting done.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/3/24 at 11:16am, V2, DON, stated the facility had a shower aide during the day, but showers were hit or miss and charting was not being done. V2 stated V2 assigned Certified Nursing Assistants (CNA's) room assignments, as the facility no longer has a shower aide. V2 stated the CNA's are responsible for their assigned rooms showers and for charting the showers. V2 stated showers/bed baths are to be provided to residents twice a week at minimum.</p>		