

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Pinckneyville Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 708 Virginia Court Pinckneyville, IL 62274	
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 - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure incontinence care was provided timely for 1 of 1 (R13) resident reviewed for dignity in the sample of 28. Findings Include: R13's admission Record with a print date of 03/25/2026 documents R13 was admitted to the facility on [DATE] with diagnoses that include spastic hemiplegia, dementia, lack of coordination, muscle weakness, and history of traumatic brain injury. R13's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status score of 07, indicating a severe cognitive deficit. This same MDS documents R13 is dependent on staff for toileting. R13's current Care Plan documents a Focus area of Self-care deficit r/t (related to) Seizures, Hemiplegia, lack of coordination. Date Initiated: 4/5/2025. This Focus area includes the interventions of, Assist with toileting and showers/bath. Date Initiated: 04/05/2025. On 3/23/26 at 12:07 PM, R13 was sitting in a reclining chair in the dining room, waiting for lunch to be served. There was fluid puddled (approximately 2 feet by 1 foot) on the floor, under the seat of his chair, with a smaller area on the floor near the front of his chair. V3 (Certified Nursing Assistant/CNA) approached R13 with his meal tray and started setting it up to assist him with eating his meal. This surveyor asked V3 (CNA) what the fluid under R13's chair was. V3 left the table and went to the dining room serving window. V3 returned to R13's table and began wheeling him down the hall. This surveyor asked V3 where she was taking R13 and she stated she was going to change him. This surveyor obtained R13's permission to observe care. V2 (Director of Nurses/DON) joined V3 in R13's room. R13 was transferred to his bed via mechanical lift using current standards of practice. The chair had pooling fluid in the seat, and the mechanical lift pad was wet. R13's pants and incontinence brief were removed. The brief was saturated with urine and was dark yellow/brown in color. On this same day and time, V3 stated she was R13's CNA for the day and was responsible for providing his care. V3 stated she had last checked and changed R13 around 8 am. V3 then stated, no, it was 9 am. When asked how often R13 should be checked and changed, V2 (Director of Nurses/DON) stated, every two hours. When asked why R13 wasn't checked and changed prior to the surveyor bringing the incontinence episode to their attention, V3 stated she had to give a shower to another resident, and it took longer than she thought it would. The facility Activities of Daily Living (ADLs), Supporting policy dated 3/2018 documents, .Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.		

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: 146175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Pinckneyville Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 708 Virginia Court Pinckneyville, IL 62274	
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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Interview, record review, and observation the facility failed to properly check gastrostomy tube placement per professional standards of practice for 1 of 1 (R21) resident reviewed for tube feeding in a sample of 28. The Findings include: R21's admission Record documents an admission date of 03/09/26, with diagnoses in part of gastrostomy status, dysphagia, type 2 diabetes mellitus, and need for assistance with personal care. R21's Minimum Data Set (MDS) dated [DATE] documents in Section C. a Brief Interview for Mental Status (BIMS) score of 00 which indicates severely impaired cognition. Section GG documents eating as dependent. Section K documents feeding tube (e.g. nasogastric or abdominal tube) as yes. R21's undated Care Plan documents a focus area of I require tube feeding Depression, Dysphagia with documented interventions of: Check for tube placement and gastric content/residual volume per facility protocol and record. R21's Order Summary documents an order dated 03/24/26 to flush peg tube with 90mL (Milliliter) Q4 (every 4 hours) during day and after each feeding at night. Every 4 hours verify correct placement via auscultation before administration. On 03/25/26 at 12:12PM, V5 (Licensed Practical Nurse) was observed performing R21's physician ordered water flush and placement check to gastrostomy tube (G-Tube). V5 had a syringe of 15 ml of air in a piston syringe, and she put a stethoscope next to the insertion site of the G-Tube. V5 then pushed the 15 ml of air into the G-Tube, and she stated that the G-Tube was in place. V5 then removed the piston syringe from the G-Tube and then placed 90 mL of water into the tube. V5 was not observed checking for gastric contents prior to flushing the G-Tube. On 03/25/26 at 12:13PM, V5 stated that checking placement of a G-Tube is to use 15 mL of air and listening for the air to make a sound. V5 stated that this is the current policy for checking placement of a G-Tube at the facility. On 03/25/26 at 1:35PM, V2 (Director of Nursing/DON) stated that the facility policy does state to check placement of G-Tube with up to 15ml of air and listen for the growl or rumbling/bubbling sound. V2 stated that the facility does not have a newer policy other than the policy to check placement with air. The facility policy titled Confirming Placement of Feeding Tubes with a revised date of November 2018 documents under Purpose The purpose of this procedure is to ensure proper placement of an existing feeding tube prior to administering enteral feeding, flushing, or medications. Under the section To Confirm Placement of an Existing Feeding Tube at the Bedside it documents 1. Draw up 5-15ml of air into the syringe and attach to the extension set attached to the resident. using a stethoscope, listen over the left side of the abdomen above the waist. When you inject the air, you should hear a Growl or rumbling/bubbling sound as the air goes in.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Pinckneyville Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 708 Virginia Court Pinckneyville, IL 62274	
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 Level of Harm - Potential for minimal harm 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. Based on observation, interview and record review the facility failed to provide at least 80 square feet per resident in multiple occupancy resident bedrooms for 4 of 4 residents (R12, R15, R19, and R20) reviewed for room size in a sample of 28. Findings include: On 3/24/26 at 10:18 AM, R12 and R20's shared room appeared smaller in size and held two beds, two nightstands, two over the bed tables, and a dresser built into an alcove area. There was space to navigate about the room. On 3/25/26 at 9:50 AM, R12 denied any concerns with the size of his room. On 3/24/26 at 10:22 AM, R15 and R19's shared room appeared smaller in size and held two beds, two nightstands, two over the bed tables, one wheelchair, and a dresser built into an alcove that did not affect the living area. There was room to navigate about the space. On 3/26/26 at 11:26 AM, R15 denied concerns with the size of his room. On 3/26/26 at 11:26 AM, V6 (Family Member) denied concerns with the size of R19's room. During a facility tour on 03/24/2026 at 10:18 AM, V4 (Chief Operating Officer) was asked to measure R12, R15, R19, and R20's rooms. V4 used a measuring tape to measure the length and width of the rooms and both rooms measured at 12.5 feet by 12 feet which was equivalent to 150 square feet/75 feet per resident bed. The measurement did not include the closet or built in dresser area. On 3/26/26 at 12:00 PM, V4 stated that all rooms on hall A and B do not meet the requirement of having 80 square feet per resident. V4 verified those rooms included 1-10, 20- 31. V4 stated that all residents are notified upon admission of the room sizes. V4 stated that all the rooms on A and B hall that don't meet the requirement for 80 square feet are certified for Medicaid residents. The facility Floor Plan provided by the facility documents rooms 1-10, 20-31 are all waived rooms for size.		