Illinois Department of Public Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		IL6009260			C 12/23/2021
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	Complaint Investiga	ations:		·	
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S9999	Final Observations		S9999		
	Statement of Licens	sure Violations:			
	300.610 a) 300.1210 a) 300.1210 b)3) 300.1210 b)4) 300.1210 d)4)A) 300.1210 d)4)B) 300.1210 d)4)C) 300.1210 d)4)C) 300.1220 b)7) 300.1230 e) 300.1230 f) 300.3240a)				
	a) The facility s procedures governing facility. The written be formulated by a factorial committee consisting administrator, the actorial advisory conformation of nursing and other policies shall comply the written policies.	esident Care Policies shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the mmittee, and representatives services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually		Attachment A Statement of Licensure Viola	ations
nois Departi BORATORY	ment of Public Health DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE	(X6) DATE

STATE FORM

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If continuation sheet 1 of 31

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
IL6009260 IS. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA, IL 62471 SUMMARY STATEMENT OF DEPOLENCES (EACH DEPOLENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC DENTIFYING INFORMATION) September 1 by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's madical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident statin or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shell be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 3) All nursing personnel shall assist and	}			A. BOILDING	•	·	
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incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident	S9999	by this committee, cand dated minutes of and dated minutes of an dated minutes of an dated minutes of an dated minutes of an applicable, must decomprehensive care includes measurable meet the resident's and psychosocial meet the resident's and psychosocial meet the resident to practicable level of in provide for discharge restrictive setting be needs. The assess the active participation resident's guardiant applicable. b) The facility socare and services to practicable physical well-being of the reseach resident's complan. Adequate and care and personal coresident to meet the care needs of the remeasures shall included following procedures and appropriate treatment of bowel appropriate treatment uninary tract infection normal bladder functions.	documented by written, signed of the meeting. General Requirements for nal Care sive Resident Care Plan. A ticipation of the resident and lian or representative, as velop and implement a e plan for each resident that e objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which attain or maintain the highest independent functioning, and replanning to the least ased on the resident's care ment shall be developed with ion of the resident and the or representative, as shall provide the necessary of attain or maintain the highest, mental, and psychological sident, in accordance with a prehensive resident care properly supervised nursing are shall be provided to each a total nursing and personal esident. Restorative ude, at a minimum, the second or bladder receives the nat and services to prevent as and to restore as much tion as possible. All nursing	S9999			

PRINTED: 02/01/2022

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C B. WING IL6009260 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIAREHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: Personal care shall be provided on a 4) 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene. C) Each resident shall have clean, suitable clothing in order to be comfortable. sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes. Section 300.1220 Supervision of Nursing

Services

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The DON shall supervise and oversee the

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ C IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIAREHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 nursing services of the facility, including: Coordinating the care and services provided to residents in the nursing facility. Section 300.1230 Direct Care Staffing The facility shall schedule nursing personnel so that the nursing needs of all residents are met. The number of staff who provide direct care who are needed at any time in the facility shall be based on the needs of the residents, and shall be determined by figuring the number of hours of direct care each resident needs per day. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or nealect a resident.

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These requirements are not met as evidenced by:

cleanliness, personal hygiene, and toileting for 11 of 16 residents (R1, R2, R3, R4, R5, R6, R7, R8, R9. R11, R15); and failed to provide sufficient nursing staff to ensure resident's safety, and to ensure overall care and needs were maintained. These failures resulted in feelings of worry, depression, anxiousness, embarrassment, and being uncomfortable for R1, R2, R4, R5, R7, R8

embarrassment, anxiousness, and depression for R1, R2, R4, R5, R7, R8 and R9, and due to the residents' comorbidities, vulnerabilities, and need

and R9, feelings of discomfort, worry,

Based on observation, interview, and record review, the facility failed to maintain resident dignity for 12 of 16 residents (R1, R2, R3, R4, R5, R6. R7, R8, R9, R11, R13, and R16); failed to provide necessary services to maintain

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
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	for 24-hour nursing	care, increased the risk of possible death for all residents				
	Findings include:					
	On 11/29/21 at 1:30 stated V36 received at the facility the da 11/26/21, that there Aide (CNA) and 1 n went in to meet with and when C36 got the was only one CNA stated R1, R2, R3, concerns there was of their needs. V36 several residents whours, and were left were in the night be residents in their inclused a terrible unstated R1, R2, R3, some residents had over 1 hour. V36 sattey weren't getting stated they wanted	D PM, V36 (Ombudsman) d calls from several residents ay after Thanksgiving, was only one Certified Nurse nurse working. V36 stated V36 h the residents at 1:23 PM, to the facility, V36 saw there and one nurse working. V36 R4, R5, and R6 all expressed sn't enough staff to take care stated they reported to V36 vere not toileted for over 8 ft in their incontinent briefs they efore. All stated leaving several continent briefs for that long rine odor in the facility. V36 R4, R5 and R6 all stated d been left on their bedpan for aid these residents told V36 their showers, and all of them a shower and were upset they				
318	R5 and R6 all stated them to feel embarr same residents stat day, and they have	m. V36 said R1, R2, R3, R4, d not being bathed caused rassed. V36 also stated these ted they don't get ice every to wait several hours to get			,	
III	stated they were ver facility's lack of staff being taken care of also told V36 they we being cleaned well, overflowing, and the	, R2, R3, R4, R5 and R6 ery upset and worried about the ff and their basic needs not f. V36 said these residents were upset their rooms weren't their trash cans were eir bathrooms were dirty and d6 stated due to having very				

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA REHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 5 S9999 little staff, the food trays weren't being delivered timely and residents' food was cold. On 12/13/21 at 3:00 PM, V36 stated V36 noticed the facility had a strong urine odor when V36 came in to have the resident council meeting on 11/26/21 at 1:00 PM. V36 stated some of the resident's hair was flat in the back and messy, as though it hadn't been combed. V36 stated V36 did notice body odor on some of the residents that came to the resident council meeting, and a few of the residents' clothing had food stains on them. V36 stated V36 noticed some of the other residents, not in the meeting, still had on clothing protectors with food all over them, and the dining room tables weren't cleared and cleaned, and this was around 2:30 PM, V36 stated V36 observed the hallways, and some of the resident rooms were dirty, sticky, and had tissues and other paper pieces in the floor. V36 said as V36 walked down the hallway, V36's shoes stuck to the floor. V36 also stated some of the bathrooms had a dried yellow substance around the commodes and smelled of urine, the commodes were "nasty", and their trash cans were full and overflowing. On 11/29/2021 at 1:45 PM, V1 (Administrator) stated V1 knew there were some complaints that would be coming in, because V36 and others said there were complaints in the Resident Council meeting about several resident care issues. V1

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said they have a DON (Director of Nursing) right now, but she (DON) is extremely part time

because she (DON) has another full time job, and only comes in to assist with paperwork a few times monthly. V1 stated they have not had a full time DON at the facility for the past year, V1 stated the current census was 33, and the facility is currently not accepting new admissions at this

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

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FREEIX TAG REGULATORY OR ISO IDENTIFYNO INFORMATION) S9999 Continued From page 6 time due to all of the construction. V1 said V1 has been Administrator-In-Training since 830/2021, and V15 (Corporate Manager) is a Licensed Nursing Home Administrator, and V15 is covering the facility. V1 said the facility currently has 3 full time day shift nurses and 3 full time night nurses. V1 stated they have a total of 6 full time CNAs (Certified Nurse Aides). V1 said there are some days during the week when there is only 1 nurse and 1 CNA assigned, and this makes it difficult to take care of 33 residents, many with bariatric needs for ADLs (Activities of Dally Living) and for use of the mechanical lifts. At 1:15 PM, V1 stated they don't have a Certified Nurse Aide scheduled for several days this week, and when V1 contacted the corporate office, they stated they didn't have anyone to send. V1 stated there have been many times when V1 has reached out to talk to someone at the corporate level about the staffing problems, and they won't answer their phones, and they never called V1 back. On 12/6/21 at 10:30 AM, V1 stated there were no CNA's in the building on Friday, 12/3/21, from 6:00 AM until 8:45 AM. V1 stated there were 3 unilicensed/uncertified staff, V14 (Social Services Director), V16 (Activity Director), and V7 (Housekeepingla undry Supervisor) attempting to do the CNA's tasks for the residents, because there was no one to work. V1 stated V1 wasn't there on Friday (12/3/21) because on V1's way to work, V1 was in a car accident and was in the emergency room. V1 stated V1, said V1, social Services Director) and told V14 V1 wasn't there on Friday (12/3/21) because on V1's way to work, V1 was in a car accident and was in the emergency room. V1 stated V1, said V15, social services Director) and told V14, V1 was in a accident, and then V1 called V14, Social Services Director) and told V14, v14 wasn't there emergency room. V1 stated V10, social services Director) and V16 V16 V16, social severe headache, and the doctor told	VANDAL	IAREHAB & HEALTH	CARE C				
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On 11/30/21 at 10:30 AM, V9 (Licensed Practical	S9999	time due to all of the has been Administra 8/30/2021, and V15 Licensed Nursing H is covering the facilic currently has 3 full to time night nurses. It is covering the facilic currently has 3 full to time night nurses. It is covering the facilic currently has 3 full to time night nurses. It is covered there are some day is only 1 nurse and makes it difficult to many with bariatric Daily Living) and for At 1:15 PM, V1 state. Nurse Aide schedule and when V1 contacts they didn't hat there have been mareached out to talk the level about the staff answer their phones back. On 12/6/21 at were no CNA's in the from 6:00 AM until 83 unlicensed/uncertices Director), V (Housekeeping/Lauredo the CNA's tasks there was no one to there on Friday (12/3 work, V1 was in a calemergency room. V Services Director) and accident, and then V stated, "Well, aren't V1 stated V1 told V1 severe headache, and home and rest.	e construction. V1 said V1 ator-In-Training since (Corporate Manager) is a lome Administrator, and V15 ity. V1 said the facility ime day shift nurses and 3 full v1 stated they have a total of 6 tified Nurse Aides). V1 said s during the week when there 1 CNA assigned, and this take care of 33 residents, needs for ADLs (Activities of use of the mechanical lifts. ed they don't have a Certified ed for several days this week, cted the corporate office, they are anyone to send. V1 stated they times when V1 has to someone at the corporate ing problems, and they won't s, and they never called V1 10:30 AM, V1 stated there the building on Friday, 12/3/21, tite AM. V1 stated there the building on Friday, 12/3/21, tite AM. V1 stated there were fied staff, V14 (Social v16 (Activity Director), and V7 andry Supervisor) attempting to for the residents, because work. V1 stated V1 wasn't told V14 V1 was in the 1 stated V1 called V14 (Social and told V14 V1 was in an v1 called V15, and V15 just you going to go into work?" 5 V1 had a concussion and a and the doctor told V1 to go	S9999			

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
S9999	morbidly obese, and to turn them or hold them. V9 stated a can turn themselves stand or transfer. Very the mechanical lift to 2 people to use the when there is 1 CN, always late because CNA with residents transfers, bed mobil whatever the residents transfers, bed mobil whatever the residents to get the medication. On 11/30/21 at 11:2 and one nurse work V12 is the corporate this facility all the timmany residents chancould, but no shower V12 stated, "The result of the state of the medications of the medications but then his medical V12 could do, because the medications but then his medical V12 can't physically herself, and because can't put them on the they are incontinent, emergency, V12 and them out of the build. On 12/01/21 at 10:3	they have 5 residents that are dit takes more than one CNA them so someone can clean couple of the younger residents is some, but none of them can 9 stated they all have to have o get up, and it takes at least mechanical lift. V9 stated A and V9, medication pass is a V9 has to stop and help the who require 2 people for lity, showers, bed baths, or ints need, and it is impossible ins passed timely. 5 AM, V12 (CNA) stated V12 ted last Friday, 11/26/21, and a float, and doesn't work at the V12 stated V12 got as niged, toileted, and up as she are or bed baths were given. Sidents are supposed to have at the control of	\$9999			
	stated, "This facility	works in a sister facility. V13 always has problems with resident care is heavy." V13				:

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

I AND PLAN OF CORRECTION I IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	IL6009260 B. WING 12					C 23/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AN	DRESS CITY	STATE, ZIP CODE	, , , , , , , , , , , , , , , , , , , ,	
			T ST LOUIS	•		
VANDAL	IAREHAB & HEALTH	LARE L	A, IL 62471	AVENUE		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 8	S9999			
	showers per week, them as scheduled. On 12/01/21 at 11:0 Nurse, LPN) stated	00 AM, V4 (Licensed Practical V4 is just finishing up the 8:00				
	the 8:00 AM medica of the 11:00 AM ins noon meal. V4 state morning, and V4 is stated they can't ge with only one nurse they have to stop to tries to help the CN,	s, and V4 had to stop doing ation pass so V4 can take care sulin's that V4 gives before the ed a nurse called in this the only nurse working. V4 to the medications out on time working the floor because help the CNAs. V4 stated V4 A's, but sometimes V4 can't, lon't get taken care of like		E 2		
	Manager) stated the Nursing) for the faci V15 was asked abo wasn't aware V1 tole another full time job with paperwork a fer also not aware the firelated to a lack of swaiting for assist wit administration, Active care not being done resident not being a dialysis in the facility (Registered Nurse) ("thought the facility I whom was (V11) the and Care Plan Coor (V11) extra" for RN (said V15 would checasked if V15 was aware value asked if V15 was aware value val	D:30 AM, V15 (Corporate by have a DON (Director of lity, V2 (Former DON). When ut the DON position, V15 d this surveyor V2 had and only comes in to assist w times monthly. V15 was acility had numerous issues staff, including residents the transfer, late medication rities of Daily Living (ADL) in a timely manner, and a ble to continue peritoneal due to a lack of daily RN coverage. V15 stated V15 and 2 RNs on staff; at least 1, MDS (Minimum Data Set) dinator." V15 stated they "pay duties to be performed. V15 ck this out. When V15 was ware the facility currently had uire bariatric care, and the			W X	

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE **VANDALIAREHAB & HEALTH CARE C** VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 9 S9999 facility does not have enough staff on duty to routinely transfer these residents or remove them from the facility quickly in case of an emergency. V15 stated that V15 "did not know that," and the facility has always been known to V15 as the "bariatric facility." V15 said they send residents from all over the state to the facility for bariatric care. When asked if the facility had an emergency evacuation plan for the 5 bariatric care residents, V15 did not answer. V15 stated they "did not know what more they could do to get more staff." V15 said they have offered sign-on bonuses, increased pay, and advertised on social media and job sites. V15 said they have hired a new advertising agency. V15 stated they are also contracted with 2 staffing agencies, "but they do not have available staff in this area." On 12/02/2021 at 1:30 PM, V15 stated V15 had "misspoke about this being a bariatric facility," that V15 spoke with someone who said "the facility has not been a bariatric facility for years." V15 stated V15 would also locate the facility's Emergency Plan book regarding evacuation of these residents. On 12/02/21 at 1:30 PM, V5 (CNA) states one CNA can't do everything, and one nurse can't do their job either with the staff being short. V5 states V5 worries the residents aren't being taken care of right and they deserve better. V5 states the residents are supposed to get 2 showers every week, and there's no way to do that because there are at least 4-5 residents to shower every day. V5 states they don't get to a lot of their work, like passing ice and straightening the rooms, or cleaning up residents that are incontinent, but they try really hard to take care of them On 12/2/21 at 2:30 PM, V2 (Former Director of

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IQH711

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE **VANDALIA REHAB & HEALTH CARE C** VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 10 S9999 Nursing) stated V2 only comes in to flush a port for R7, and has no Administrative role. V2 stated V2 is not the Director of Nursing. On 12/6/21 at 9:00 AM, V17 (Medical Director/Attending Physician) was present in facility with V3 (Nurse Manager/Resident Care Coordinator) making Monday Rounds, At that time. V17 was asked if V17 was aware the facility residents have complained medications were being received late, and resident's blood sugar levels were being obtained at 6:00 AM, or earlier, and some residents do not receive their sliding scale or Lispro (fast acting insulin) for more than 2 hours after their blood sugar is taken. V17 said receiving insulin late could cause blood glucose levels to be high. V17 indicated giving medications late, such as blood thinners, could also cause elevated "Pro Times" (prothrombin times). V17 indicated residents' medications should be received at the times ordered. On 12/10/2021 at 9:45 AM, V17 stated V17 does attend the QA (Quality Assurance) meetings at the facility on a quarterly basis. V17 stated V17 has been involved with evacuation planning for the facility's Emergency Plan. V17 also stated V17 is aware the facility has bariatric residents. yet V17 has never heard of a specific plan for the evacuation of the bariatric residents. V17 said, "I never thought of it, but I should have." V17 stated, "I hope they have a plan." V17 stated V17 was aware of other cases in other facilities where it presented safety issues. V17 stated V17 was aware the facility was currently having issues with staffing, but V17 didn't want to comment, since the facility's administration was actively trying to hire people. On 12/6/21 at 1:15 PM, V14 (Social Services Director) stated on Friday, 12/3/21 at 6:00 AM,

PRINTED: 02/01/2022

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIAREHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 11 S9999 V14 and V9 (LPN) were the only ones in the building to take care of the residents. V14 stated V14 tried several times to reach corporate staff, and no one would answer their phones, and no one called V14 back. V14 stated V35 (Corporate Director of Nursing) called V14 back much later in the day, and all V35 would say is "what are you going to do?" V14 stated V14 was very uncomfortable doing a CNA's job because V14 wasn't trained for that. V14 stated they did the best they could to get residents up and to the dining room, and when V14 was asked if V14 helped feed residents, V14 stated V14 did assist them because they needed to be fed. V14 stated V14 knew several of the residents were soaked with urine, but V14 couldn't help them. V14 stated around 8:30 AM, V16 (Activity Director) and V7 (Laundry/Housekeeping Supervisor) came in and helped, but they aren't licensed or certified, and then, a little later, V25 (Transportation Aide/CNA) came in and helped with resident care. V14 stated doing CNA work made V14 feel "overwhelmed" and "nervous" because V14 didn't feel comfortable doing something V14 wasn't trained to do. 1. R15's MDS, dated 7/2/21, documents a BIMS score of 12, indicating R15 is cognitively intact with some forgetfulness. R15's MDS also documents R15 requires supervision with set up help for bed mobility, transfers, locomotion on and off the unit, dressing, eating, toileting, personal hygiene and bathing. On 12/09/2021 at 9:00 AM, V27 (Family) stated

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her 97-year old family member has been at the facility for a long time, and has recently become more dependent "after a couple strokes." V27 stated R15 was previously in a room in the back of the building with R15's own bathroom, V27

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA REHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 12 S9999 stated due to repairs and renovations, R15 has been moved to the C Hall with a roommate. V27 said R15 cannot use the bathroom in R15's current room because the mechanical lift does not fit, so R15 must use the large common bathroom in the C Hall. V27 said R15 often must wait for that bathroom to be available, and for staff to be available for assistance with toileting. V27 said R15 has to wait "sometimes for more than an hour, but does not want to complain." V27 said R15 tells V27, "I've been through a lot worse in my lifetime." V27 stated V27 lives close by, and stops by the facility at least 3 times weekly. V27 said R15 has "gaulding" of R15's skin, and sitting in wet adult incontinence briefs for long periods of time has made it worse. V27 said the facility has been short of staff and showers were not getting done. V27 said R15 has scheduled shower days for Wednesdays and Fridays. V27 stated, "I usually have to tell them that she is supposed to have her shower." V27 said R15 is often asked to take R15's shower after 9:00 PM. V27 said V27 does not know of any 97-year old that wants to take their shower at 9:00 PM. 2. R1's Quarterly Minimum Data Set (MDS), dated 11/11/21, documents a Brief Interview for Mental Status (BIMS) score of 11, which indicates R1 is moderately cognitively intact. Section G of R1's MDS - Functional Status, documents R1 requires limited assist of 1 person with bed mobility, locomotion on and off unit; extensive 1 person assist for dressing, bathing and personal hygiene. R1 requires set up only for eating, and total dependence of one person for toileting. R1 has no impairment of Range of Motion for upper or lower extremities. R1 uses a wheelchair for mobility. The facility's November 2021 shower log documents that R1 had 2 showers on November

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PRINTED: 02/01/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA REHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 13 S9999 4th and 29th. R1 stated R1 wanted R1's showers. and it really bothers R1 when R1 doesn't get them every week like R1's supposed to. On 11/29/21 at 2:00 PM, R1 was sitting up in R1's wheelchair in R1's room. R1 was awake, alert, oriented to person, place and time. R1 said it can take a long time to get assistance when there are not many staff working. R1 said R1 needs help to go to the bathroom and cannot always wait until someone can assist R1. R1 also said it can take an hour or longer to get R1's morning medications. On 12/1/21 at 9:42 AM, R1 was seated in R1's wheelchair at the door to R1's room, with the call light above the door illuminated and the call light beeping. R1 stated, "Oh boy, my pants are wet." R1 was asked by surveyor if he was okay, and R1 replied, "I got a problem, I'm wet." R1 was upset R1 was wet. R1 said R1 had R1's call light on for 30 minutes, but "Couldn't make it." At 9:44 AM, a non-nursing staff said to R1, "Ok, they're coming. It will be 1 second. I'll go get a CNA (Certified Nurse Aide)." R1 responded, "Okay." At 9:45 AM, a staff handed R1 an adult incontinent brief, R1 self-propelled R1's wheelchair to the bathroom entrance. At 9:49 AM, V13 (CNA) arrived to assist R1 to change R1's pants and get cleaned up. 3. R2's Minimum Data Set, dated 7/1/21, documents in Section C that R2 has a BIMS of 12, indicating R2 is cognitively intact with some forgetfulness. Section G of R2's MDS documents R2 requires limited assist of 1 for bed mobility.

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transfers, walking in her room, dressing, toileting, personal hygiene and bathing. The facility's shower log for November 2021 documents R2 only had showers on the 2nd, 10th, 11th, 15th

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		IL6009260	B. WING		12/2	23/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
VANDAL	IA REHAB & HEALTH	CARE C	T ST LOUIS A, IL 62471	AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 14	S9999			
	and 27th of Novem	ber.				
	Alprazolam 0.5 mill and Mirtazapine 15 on 11/30/21 at 10:3 doesn't have enouget answered timel with R2's shower wher. R2 stated R2 is very R2 smells bad. R2 some, but it's not lill the call lights go off R2 stated R2 is surdialysis, but becaus Registered Nurse to the dialysis. R2 stated the dialysis.	2/2021, documents R2 takes igrams, twice daily for anxiety, mg 1 at night for depression. 35 AM, R2 stated the facility gh help, and the call lights don't y. R2 stated they do help R2 then they have time to give it to ikes to be clean and when y uncomfortable and worries stated R2 could wash herself ke getting a shower.R2 stated foontinuously for 1 to 2 hours. Oposed to get peritoneal se they don't have a o do her peritoneal dialysis, R2 go outside of the facility to get ted going out of the facility sk to get Covid-19, and R2 to leave the facility to get it n't have a choice.				
	On 12/2/21 at 10:00 ice in their water pil the nurse don't hav water. R2 stated sh many of the other results. A. R3's MDS, dated BIMS score of 12 ir forgetfulness, but is information. R3's MR3 is totally dependent on and off the unit, bathing. R3 require	O AM, R2 stated they don't get tichers because the CNA and e time to pass ice and get se can get her own water, but esidents can't do that. I 1/5/21, documents R3 has a adicating, R3 has some alert and can recall IDS in Section G, documents dent and requires 2-assist for ers, dressing and toileting and with 1 assist for locomotion for personal hygiene and s limited assistance of 1 R3. The facility's Shower log				

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FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6009260 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA REHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 15 documents R3 hasn't had a shower since 11/15/21. On 12/2/21 at 11:45 AM, R3 was lying far over to the left side of R3's bed, and was lying back very far, and R3's bed was not positioned correctly for R3 to eat R3's meal. R3's meal tray was in front of R3 on the bedside table, but there was no way R3 could comfortably feed R3, and no one came into help R3 sit up or to help R3 eat. R3's gown was stained in the front, and R3 had whiskers on R3's chin. R3's hair was very oily and unkempt, and R3 had body odor. R3 stated the staff answer R3's call light, but it takes over 30 minutes most of the time. R3 said R3 gets a shower sometimes, but it's not always when R3 is supposed to, and R3 doesn't remember what day R3 last had a shower. R3 stated R3 hasn't been out of R3's bed for over a week. R3 stated R3 has a sore on the right side of R3's buttocks. R3 stated they do treatments, but doesn't remember when or how often they do them. R3 stated R3 hasn't been out of R3's bed in over a week, and R3 likes to get out of bed. On 12/13/21 at 10:15 AM, R3 was sitting up in R3's wheelchair in the dining room, and R3 had her hair washed and was wearing clean clothes. When asked if R3 had a shower this morning, R3 smiled and stated, "I finally got a shower and it feels really good." At 12:05 on 12/13/21, V32 (CNA) stated V32 gave R3 a shower this morning, and R3 didn't have any excoriation, but R3 did have a pressure ulcer on R3's right buttock.

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5. R4's MDS, dated 7/2/21, documents a BIMS score of 10, which indicates R4 has moderately impaired cognition. Section G of R4's MDS documents R4 is totally dependent on 2 persons

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE **VANDALIAREHAB & HEALTH CARE C** VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 16 S9999 for bed mobility, dressing, toileting, and bathing. R4 is totally dependent on 1 person for eating and personal hygiene. R4 is transferred to her wheelchair every day and is totally dependent of 2 staff for transfers. The facility's November 2021 Shower log documents R4 only had showers on the 3rd and 10th of November, and none after that. On 12/3/21 at 1:30 PM, R4 was up in R4's wheelchair, still in a hospital gown. R4's hair was unkempt. R4 stated R4 just got back from the hospital, and R4 still doesn't feel well. R4 stated the facility doesn't have enough staff to help them get showers. R4 stated R4 doesn't always get a shower when R4 is supposed to, and not getting a shower makes R4 feel uncomfortable because R4 doesn't want to smell bad. R4 stated R4 rarely gets ice water, then R4 said they have to ask for it. R4 stated the staff are always working hard to take care of the residents, but they just don't have enough help. 6. R5's MDS, dated 10/3/21, documents under Section C that R5 has a BIMS score of 13 indicating R5 is cognitively intact, but has some forgetfulness. Section G of R5's MDS documents R5 is extensive assist of 2 for bed mobility and transferring. R5 is extensive assist of 1 for dressing. R5 is totally dependent of 2 persons for toileting, and only needs minimal assist of 1 person for locomotion on and off unit when up to R5's wheelchair. The facility's November 2021 Shower log documents R5 only had showers on November 2nd, 10th, 13th, 15th and 29th. On 11/29/21 at 2:00 PM, R5 stated, "(V4) (Licensed Practical Nurse) puts my morning and noon meds together. I have high anxiety and I need that pill when I'm supposed to get it." R5

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6009260 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA REHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD) BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) Continued From page 17 S9999 S9999 stated the facility does not have enough staff. "If they would treat people right they would stay." R5 said, "They make the laundry girl do all kinds of things they should have other staff doing." R5 stated, "It's bad, it's really bad. Yesterday my bowels moved at noon, but there was nobody to help me, because the people here were busy passing trays." R5 said it was 4 hours before there was someone to assist R5 to get cleaned up, and R5 sat in a soiled incontinence brief all that time. R5 said, "Now I have a sore there on my bottom." R5 said the staff know about it, and are treating R5's bottom. R5 said it doesn't happen every day, but it has happened 3 or 4 times. R5 said it usually takes them an hour to assist her. R5 said "They just can't do it all." R5 said, "It was difficult to get my showers done like they were supposed to be doing, and that really bothered me." On 12/2/21 at 10:30 AM, R5's call light was on for 25 minutes before it was answered. On 12/3/21 at 10:45 AM, R5 was up in R5's wheelchair, and had a sweatshirt on that had food spilled on the front. R5's shirt wasn't changed at 3:00 PM. R5 stated they are very short-staffed and they don't answer the call lights timely. R5 said. "Sometimes people have to wait over an hour before someone gets to their light." R5 stated because there isn't enough help they get their meals late, and the food is cold. R5 also

stated R6 usually has to ask for ice water.

On 12/08/2021 at 1:40 PM, R5 stated R5 needed staff to assist R5 to clean up from a bowel movement, and to lay down in R5's bed from sitting up in the wheelchair. V24 (Corporate Float Pool Certified Nurse Aide/CNA) said V24 was waiting for V25 (Transportation CNA) to assist.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA REHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 18 S9999 and to obtain the mechanical sit to stand lift. V25 brought the lift to the room, and R5 said R5 did not want to use the lift, because it was easier for R5 to be transferred with the gait belt and both CNAs. On 12/08/2021 at 1:50 PM. R5 was transferred into bed, the bed was raised, and both CNAs assisted R5 to roll and to remove the soiled adult incontinence brief. R5 had a large watery BM (bowel movement) and the adult incontinent brief was fully saturated with moisture. V25 remarked R5's BMs "were always like this." R5's skin was cleansed with warm washcloths and cleanser. The skin of R5's posterior upper thigh areas was reddened. There was a long, reddened area 5 - 6 inches' length, noted at R5's right inner buttock area. V25 stated V25 thought "that might be a scar." R5's reddened upper thighs had multiple creases and indentation marks left from the incontinent brief. V24 stated it bothers V24 "that everyone doesn't know how to properly put on R5's incontinent brief." R5 stated that R5's bottom was sore and tender. 7. R6's MDS, dated 01/05/21, documents in Section C that R6 has a BIMS score of 7, indicating R6 has some issues with memory and recall, but is alert and oriented and can communicate R6's needs. Section G of R6's MDS documents R6 is limited assistance of 1 for bed mobility and transfers, and R6 is extensive assistance with dressing, toileting, personal hygiene and bathing. The facility's November 2021 Shower log documents R6 only had showers on November 1st, 8th, 10th, 27th. On 11/29/21 at 2:10 PM, R6 said today R6 got a shower, but R6 doesn't know what R6's shower days are, because "they don't give showers on a schedule, they just do it whenever they can." R6 said it does take a long time for the call light to

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6009260 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA REHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 19 S9999 get answered when there aren't many staff, R6 said the longest R6 has waited to get changed after having a soiled incontinence brief is about an hour. R6 said R6 doesn't have any sores, but R6's groin is reddened and tender. R6 said staff are aware. 8. R7's MDS, dated 11/9/21, documents R7 has Morbid Obesity (Severe), Migraines, Muscle Weakness, Neuromuscular Dysfunction of Bladder, Urogenital Implants, Ulcerative Colitis, History of Urinary Tract Infections, Anxiety Disorder, Chronic Pain Syndrome, Irritable Bowel Syndrome and Osteoarthritis. R7's MDS documents in Section C that R7 has a BIMS score of 15, indicating R7 is cognitively intact. Section G.of R7's MDS documents R7 is totally dependent with bed mobility, transfers, dressing, toileting, hygiene and bathing. R7's November 2021 Weight Record documents R7's weight at 387 pounds. The facility's November 2021 Shower loa documents R7 had a shower on November 2nd. and none after the 2nd. R7's MAR documents R7 takes Clonazepam 0.5 mg 1 at night for anxiety. and Clonazepam 0.5 mg 1 TID (3 times/day) as needed. R7's Care Plan, dated 11/24/21, documents under Problem/Need: Resident has risk factors that require monitoring and intervention to reduce potential for self-injury; weakness and inability to bear weight, need for total assistance with transfers and refusing to attempt bearing weight, refusing assistance of 2 staff and use of the sit to stand. R7's Care Plan does not address the need for assistance with her Activities of Daily Living. R7's Physicians orders, dated 11/29/21.

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STATEMENT OF DEFICIENCIES (X1) PR

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6009260	B. WING		C 23/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
VANDAL	IA REHAB & HEALTH	CARE C 1500 WES	ST ST LOUIS A, IL 62471			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 9 999	Continued From pa	ge 20	S9999			
	milligrams 1 tablet I On 11/30/21 at 1:00 wheelchair, had on legs was very dry. F	nysician) ordered Pyridium 100 by mouth x 5 days for her UTI. PM, R7 was sitting in R7's a gown, and the skin on R7's R7 had just had lunch. R7				
	and has had R7's c 1:00 PM on 11/30/2 had been on for 45 member came into needed. R7 stated got R7's morning m and "that happens a inhalers R7 needs r R7 stated R7 has to side, and R7 wears are many times R7 one to help R7, so f	in R7's wheelchair 2 hours, all light on for over an hour. At 1, R7's call light was on, and minutes before a staff R7's room to ask what R7 R7 is in severe pain, and R7 edications late, at 9:30 AM, a lot." R7 stated R7 also has routinely, but doesn't get them to have help to turn side to an incontinent brief, and there needs help, and there's no R7 sits in urine. R7 stated R7				
	and R7 has a histor (UTI), and has a UT R7 hasn't had a sho admission on 11/2/2 enough help. R7 stated but hey don't pass is usually cold when have one CNA, and eat. R7 stated R7 is protein, but R7 isn't foods R7 can't eat. not getting taken came so anxious."	ne for as long as possible, y of Urinary Tract Infections if right now. R7 also stated ower or bath since R7's 21 because they don't have ated R7 worries R7 smells will break down from not being R7 gets ice if R7 asks for it, ice. R7 also stated R7's food a R7 gets it, because they only they send R7 foods R7 can't supposed to have more getting it, and they send spicy R7 states R7 worries about re of and R7 said "it makes 11/4/21, documents R8 has a addicating R8 is cognitively				
	intact. R8's MDS do	cuments in Section G, R8 is 2 for bed mobility, extensive				

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C B. WING IL6009260 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIAREHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PRFFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 21 S9999 S9999 assist of 1 person for dressing, toileting, and bathing. R8's MDS documents R8 doesn't get out of bed independently, and when R8 does, R8 is transferred with a mechanical lift. The facility's November 2021 Shower log documents R8 only had showers on 2nd, 8th, and 17th, and none after these dates in November. R8's Medication Administration Record (MAR) documents R8 takes Duloxetine 60 mg (milligrams) 1 daily for depression, Buproprion SR 150 mg 1 twice daily for depression, Buspirone 10 mg 1 Bid for anxiety, and Lorazepam 0.5 mg 1 twice daily also for anxiety. On 11/30/21 at 10:05 AM, R8's call light came on, and during continuous observation, was on for over 40 minutes before it was answered. On 11/30/21 at 1:35 PM, R8 was sitting up in R8's bed talking to R8's sister on R8's computer, R8's hair was piled up on top of R8's head in a messy bun, and it was oily. R8's fingernails were long and had a brown substance underneath R8's nails, and there was a noticeable odor coming from R8. R8 stated the facility doesn't have enough staff, and it depends on who's working as to whether they get taken care of. R8 stated R8 has to have help to stay turned onto R8's side, and even though R8 can turn on R8's side, R8 can't clean herself and R8 has to rely on the CNAs to help R8. R8 stated R8 has urinated in R8's bed because no one would answer R8's call light, and it is very embarrassing. R8 stated R8 has had R8's call light on for over an hour, and it is very frustrating no one comes to see what R8

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needs. R8 stated R8 hasn't had a shower in a month, and hasn't had a good bed bath in a long time. R8 said R8 worries R8 has a terrible body odor, and it is very embarrassing to R8. R8 stated

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA REHAB & HEALTH CARE C VANDALIA, IL 62471 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 22 S9999 R8 has sensitive skin and has rheumatoid arthritis that causes R8 to have a lot of pain, and it takes a while to get R8's pain medication. R8 stated R8 doesn't get up to R8's wheelchair very often because the staff don't have enough help to use the mechanical lift. R8 stated, "When they use the mechanical lift, it is frightening because the staff are smaller and (R8) wonders if they are skilled enough to lift (R8) without something going wrong." R8 stated the staff are always in a hurry because they don't have enough help to take care of the residents. When asked about ice and getting water, R8 stated they don't get ice every day, but they will get it if you ask them to, but it takes "forever". R8 stated R8 hasn't had a shower in a month, and R8 hasn't had a good bed bath in a long time, and R8 worries R8 has a terrible body odor, and it is very embarrassing to R8. On 11/30/21 at 1:35 PM, V20 (Family) was on Face-Time with R8, and stated the facility is very dirty because there was no one cleaning rooms. V20 stated R8's room is disgusting with dirt and food spilled on the floor. V20 stated R8's floor is sticky because it never gets mopped. V20 stated V20 came in a week ago, and an olive was still on the floor when V20 came in the next week, V20 stated V20 gets upset because they don't have enough staff to take care of all the residents. V20 stated there are many times when resident call lights are on for over an hour and a half. V20 stated R8 doesn't get bathed like R8 should, and it is embarrassing to R8 and it upsets R8. V20 stated when R8 has to wait so long to be put on the bed pan and R8 can't hold her urine anymore.

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depressed.

R8 ends up urinating in her bed, which makes R8

very embarrassed, and it makes R8 more

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA REHAB & HEALTH CARE C VANDALIA, IL 62471 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 23 S9999 On 12/8/21 at 9:24 AM, R8 stated R8 was "extremely concerned" whether the facility has enough staff to safely evacuate everyone in the case of an emergency. R8 said R8 has "only seen the facility conduct 1 emergency evacuation drill during the past 2 years." R8 said Covid-19 was part of the reason "because they didn't want people outside and potentially exposed." R8 said R8 knows the staffing has been very low over the past few weeks, and it is a big concern. 10. R9's MDS,dated 7/3/2,1 documents R9 has a BIMS score of 15, indicating R9 is cognitively intact. R9's MDS in Section G documents R9 is limited assist of 1 for bed mobility, extensive assist of 1 for dressing, extensive assist of 1 for toileting and personal hygiene and extensive assist of 2 for bathing. The facility's November Shower log documents R9 had a shower on November 2nd. On 11/30/21 at 11:20 AM, R9 was lying in R9's bed with the head of the bed down. R9 was wearing a gown with food particles on the front, R9's hair was oily and unkempt, and R9's fingernails were long and had a brown substance beneath them. R9 also had a noticeable body odor. 9 stated it takes 2 staff to get R9 on the mechanical lift, and they don't have enough staff to do the transfers, so R9 just stave in R9's bed. R9 stated it does worry R9 about how the staff would get R9 out of the building if there was a fire, so R9 tries not to think about it. R9 stated they don't get showers or bed baths, and R9 doesn't remember the last time R9 had a shower. R9 stated R9 has had accidents, even though R9 wears an incontinent brief. Even with a brief on, R9 is left wet a long time. R9 stated R9 gets depressed when no one comes to help R9 get cleaned up. R9 stated R9 can't stand, and needs

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6009260 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIAREHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 24 S9999 to be up by the mechanical lift. R9 stated R9 doesn't get ice in R9's water pitcher, and R9 stated, "They will get ice if you ask them, but it takes a long time to get it." R9 also stated R9's food is usually cold when R9 gets it, so R9 just eats it cold. On 12/8/21 at 9:00 AM, R9 stated, "It worries me a little," when asked if R9 felt there was enough staff on duty in the facility to help everyone safely evacuate the building in the event of an emergency. R9 said it does take a long time for staff to assist with transfers in and out of bed when the facility is short staffed, and at least 2 staff are needed to transfer R9 with a mechanical 11. R10's MDS, dated 9/8/21, documents R10 has a BIMS score of 15, indicating that R10 is cognitively intact. Section G of R10's MDS documents R10 is totally dependent of 2 persons for bed mobility, transfers, dressing, toileting, personal hygiene and bathing. The facility's November 2021 shower log documents R10 had showers on November 8th, 9th, 11th, 12th, 18th. On 11/29/21 at 11:20 AM, R10 was having difficulty breathing, was lethargic, and not responding well to V4 (LPN). V4 notified V17 (Physician), and received orders to transfer R10 to the local emergency room. At 11:35 AM, 2 Emergency Medical Technicians (EMTs) arrived to assist with transporting R10. Due to R10's weight of 516 pounds, 2 police officers were called to assist with turning and transferring R10 to a bariatric gurney and into the ambulance. The 2 EMTs, 2 police officers and 2 nursing staff got R10 turned, a mechanical lift pad placed under R10, then lifted with the mechanical lift to the gurney. When R10 was turned on R10's side.

illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6009260 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA REHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 25 S9999 there was a noticeable foul odor coming from R10. It took the 2 EMTs, 2 police officers and 2 staff members to lift R10 into the ambulance. R10 returned to the facility from the local hospital on 12/3/21 at 5:00 PM. Extra lifting assistance was needed to transfer R10 into his bed. Local police were called and were too busy to assist, so the local ambulance service was notified and they were available to assist with getting R10 transferred into R10's bed. R10 was on the gurney for over an hour until the local ambulance service arrived per V14 (Social Services Director). On 12/8/21 at 9:15 AM, R10 said R10 thinks the facility has enough staff to care for R10 and get R10 out of the building in case of an emergency. R10 said it takes 2 staff to transfer and shower R10. R10 was asked if R10 received showers when R10 wanted them, and R10 replied "Yes." R10 was asked if it takes a long time for 2 staff to be available to assist R10 with transfers and R10 stated. "They could always use at least 3 CNAs on day shift." R10 was asked if the facility typically has 3 CNAs on day shift, and R10 said "Not lately." 12. R11's MDS, dated 4/3/21, documents a BIMS score of 14, indicating R11 is cognitively intact. Section G of R11's MDS documents R11 is totally dependent and requires assistance of 2 persons with bed mobility, transferring, dressing, toileting. personal hygiene, and is totally dependent for bathing and needs 1 assist. When R11 is in R11's wheelchair, it only takes 1 person for locomotion on and off the unit. The facility's November 2021 Shower log documents R11 had showers on November 2nd, 9th and 17th, and none after these dates.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		IL6009260	B. WING			C 23/2021
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VANDAL	IAREHAB & HEALTH	CARE C 1500 WES	ST ST LOUIS A, IL 62471			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	On 11/29/21 at 12:4 wheelchair and had R11 can't stand for mechanical lift on R wheelchair. R11 stabed because R11 castated it takes 30 m call light answered lenough help. R11 sthimself, it takes an cleaned up, becaus CNAs. R11 said it tatransfers in and out unusual to have to vavailable. On 12/8/21 at 9:07 / a concern whether of the building in time if as a fire or a medicatakes 2 staff to assis out of bed. R11 state wait an hour or more 13. On 11/30/21 at 1 on and R13 was on was on for 25 minute R13's call light. At 1: Practical Nurse) were R13's light, and V9 sthe bed pan. R13 turimmediately after V9 went in to see what if R13 wanted off of the	just had lunch. R11 stated very long and they use the c11 to get R11 into R11's ted R11 can't turn himself in an't use R11's left arm. R11 inutes or more to get R11's because they don't have tated when R11 "wets" on hour sometimes to get e they don't have enough akes 2 staff to assist R11 with of bed. R11 stated it is not wait an hour or more for 2 AM, R11 said R11 does have or not they can get R11 out of f there is an emergency, such all emergency. R11 said it st R11 with transfers in and led it is not unusual to have to be for 2 available staff. :20 PM, R13's call light was the bed pan. R13's call light es and no one went to answer 45 PM, V9 (Licensed and no the company of the R13's room, turned off stated R13 wasn't done using the R13's call light back on the left his room. This surveyor R13 wanted, and R13 stated e bed pan, R13 was done. On for 20 more minutes until	\$9999			
	BIMS of 99, indicatin	ed 10/21/21, documents a ng R14 has severely impaired of R14's MDS documents				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED С IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIAREHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 27 S9999 R14 is totally dependent of 2 for bed mobility, transfers, toileting and bathing, and R14 is totally dependent of 1 person for dressing and personal hygiene. The facility's November 2021 Shower log documents R14 had one shower on November 10th. On 12/8/21 at 9:12 AM, R14 was noted to have impaired vision and had an extra-wide bed with an air mattress. R14's skin was flakey and dry. R14's extra-large bed was nearest the room's exit door into the hallway. R14's air mattress bed was plugged into the wall and would deflate if unplugged. R14 said R14 is hopeful the facility has enough staff on duty to evacuate R14 in time if there were an emergency. R14 confirmed it routinely takes a long time for 2 staff to be ready to assist R14 with transfers. R14 said R14 considers more than an hour to be a long time. 15. On 11/30/21 at 1:20 PM, R13's call light was on, and R13 was on the bed pan. R13's call light was on for 25 minutes, and no one went to answer R13's call light. At 1:45 PM, V9 (Licensed Practical Nurse, LPN) went into R13's room, turned off R13's light, and V9 stated R13 wasn't done using the bed pan. R13 turned R13's call light back on immediately after V9 left R13's room. This surveyor went in to see what R13 wanted, and R13 stated R13 wanted off of the bed pan, R13 was done. R13's call light was on for 20 more minutes until R13 was taken off of the bedpan. On 11/30/21 at 10:30 AM, during the initial tour of the facility, the facility had a strong urine odor and in almost all of the resident rooms and there was no ice or fresh water in R1, R3, R4, R5, R6, R9, R10, R12, or R14's water containers.

PRINTED: 02/01/2022

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIAREHAB & HEALTH CARE C VANDALIA, IL 62471 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 28 S9999 The facility's Daily Nursing Staffing documents on 11/26/21 from 6:00 AM to 6:00 PM, 1 Licensed Practical Nurse and 1 CNA was working, there were no other nursing staff to assist. The facility's Daily Nursing Staffing documents on 11/30/21: 2 Licensed Practical Nurses were working and 2 CNAs. One CNA quit and walked out at 9:30 AM without telling anyone, and 1 CNA went home sick. A CNA float came in and was the only CNA working. On 12/1/21 from 6:00 AM to 6:00 PM, it's documented 1 LPN and 1 CNA from another sister facility came in to work. On 12/2/21 from 6:00 AM to 6:00 PM, 1 LPN and 1 CNA worked. On 12/3/21 from 6:00 AM to 8:45 AM, V9 and V7, V14 and V16 worked (all unlicensed/uncertified), then at 8:45 AM, V25 (CNA) came in to work. The facility's Resident Council Meeting Minutes. dated 9/28/21, document residents' concerns the facility is short staffed, especially Certified Nurse Aides, and documents medications are not being passed on time. The Resident Council Meeting Minutes, dated 10/29/21, document Housekeeping is not getting their rooms cleaned. CNAs are being rude, ice isn't being passed and their beds aren't being made because they don't have help. On 11/26/21, the Resident Council Meeting Minutes document there isn't enough staff and they are stuck in bed because there is no help to get them up, some are afraid they are going to choke and no one will be there if they need help, not getting showers, call lights are not being answered, meals are cold and bathrooms

and rooms are always dirty.

The facility's Grievance Log, dated 9/28/21, documents R4 filed a grievance about the call lights not being answered. On 10/19/21, R15 filed a grievance about R15's bathroom not being

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		IL6009260	B. WING 12			C 12/23/2021	
NAMEOF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
VANDAL	.IAREHAB & HEALTH		ST ST LOUI: A, IL 62471				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF THE	D RE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 29	S9999				
	cleaned. On 11/5/21 not receiving R11's supposed to.	l, R11 filed a grievance about showers like R11 was					
	documents the folio facility to provide su unlicensed nursing s to attain or maintain	d policy on Nurse Staffing wing: "It is the policy of this fficient licensed and staff on each shift of the day the highest practical physical, ocial well-being of each					
	1/2018, documents adequate hygiene no	on Bath/Shower, dated under Policy: "To ensure eeds are met, a bath/shower esidents in facility at least					
	01/2018, documents be given to all reside for A.M. Care: "#6. Gresident's ability for sto wash, rinse, and dry underarms (also Wash perineal and roand dry. #10. Dress clean, comfortable cleatockings, and under	on A.M. (morning) Care, dated under Policy: "A.M. Care will ents daily." Under procedure sive oral hygiene per self-care. #7. Allow resident lry if able. #8. Wash, rinse, under female breasts). #9. ectal areas with soap. Rinse or assist resident to dress in othing, including shoes, wear. #11. Provide nail care. with shaving (male/female) as					
	Care documents und provided to the reside	policy on P.M. (evening) er Policy: "P.M. Care is ents for personal hygiene of refreshing the resident		ž.			
		Limited Resident Lift r "Transfer Status," Moving a					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6009260 B. WING 12/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE **VANDALIA REHAB & HEALTH CARE C** VANDÁLIA, IL 62471 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 30 S9999 Resident up in Bed documents under line #7 and the facility's policy on Turning a Resident Over in Bed under line #8; Two caregivers will slide resident into proper position if the resident weighs 250# or less. If the resident is over 250#, at least 4 caregivers will be utilized for repositioning. The Facility Assessment, dated 02/16/19, and the facility's Emergency Preparedness Policy and Procedures, dated 8/13/14, document under Evacuation Procedures. Bariatric Resident Evacuation Procedures: "Bariatric residents with limited mobility will be transferred to gurney or wheelchair by means of Bariatric lifts and/or the use of MegaMover Plus Transport units. These duties will be assigned to all staff in collaboration effort to safely move residents to triaging area within the facility or the facility transportation van for Bariatric transportation to an evacuation site. MegaMover Transport Units are stored in the closet of each resident room that may require use in event of an emergency requiring evacuation." The Megamover Plus Portable Transport Units instructions document the following: "The MegaMover Plus Portable Transport Unit is for use by professional staff for lifting and transporting/transferring patients. It is recommended to use at least 4 people (minimum of 4 people) to provide safe transport/transfer. thus reducing the possibility of accident or injury." The Resident Census and Conditions of Residents form signed 12/9/2021, documents the facility has a census of 32 residents living in the facility. (A)