Illinois De	epartment of Public	Health			FORM	APPROVE	
STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		IL6005441	B. WING			C 11/12/2024	
	ROVIDER OR SUPPLIER			STATE, ZIP CODE	/	12/2024	
		708 VIRG	SINIA COURT				
PINCKNE	YVILLE NURSING &	REHAB PINCKNE	EYVILLE, IL 6	62274			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Complaint Investiga	ation #2458887/IL180084					
S9999	Final Observations		S9999				
	Statement of Licen	sure Violations:					
	300.610a) 300.696a) 300.1210b) 300.1210d)2)3)4)D)5)					
	Section 300.610 R	esident Care Policies					
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed					
	Section 300.696 In	fection Prevention and Contro	I				
	prevention and con surveillance, invest of healthcare-assoc infectious diseases the management of	all have an infection trol program for the igation, prevention, and contro ciated infections and other . The program shall be under f the facility ' s infection s qualified through education,					
	ment of Public Health DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIC	SNATURE	TITLE		(X6) DATE	
	cally Signed	······································				11/20/24	
ATE FORM			6899	7DJ711	If continua	tion sheet 1 o	

	epartment of Public					APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		IL6005441	B. WING	B. WING		C 12/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	•	-
DINCKN	EYVILLE NURSING &	REHAB 708 VIRG	GINIA COURT			
	ETVILLE NORSING &	PINCKN	EYVILLE, IL 6	2274		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 1	S9999			
	training, experience prevention and con	e, or certification in infection trol.				
	Section 300.1210 General Requirements for Nursing and Personal Care					
	care and services t practicable physica well-being of the re each resident's con plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident.				
	nursing care shall i	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
		nts and procedures shall be dered by the physician.				
	resident's condition emotional changes determining care re further medical eva	bservations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the record.				
	24-hour, seven-day	are shall be provided on a /-a-week basis. This shall limited to, the following:				
	/	ent shall have clean bed linens ly and more often if necessary				
		ogram to prevent and treat				
ois Depar ATE FORI	tment of Public Health		6899 7	DJ711		tion sheet 2 o

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED	
		IL6005441	B. WING			C 11/12/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
PINCKN	EYVILLE NURSING &	REHAR	GINIA COURT EYVILLE, IL 62	2274			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
S9999	Continued From pa	ige 2	S9999				
	breakdown shall be seven-day-a-week enters the facility w develop pressure s clinical condition de sores were unavoid pressure sores sha services to promote and prevent new pr These requirement by: Based on interview review the facility fa	at rashes or other skin e practiced on a 24-hour, basis so that a resident who ithout pressure sores does no ores unless the individual's emonstrates that the pressure dable. A resident having ill receive treatment and e healing, prevent infection, ressure sores from developing s were not met as evidenced s, observations, and record ailed to implement surveillance					
	of potential scabies (R1, R2, R3, R4, R4) infection control in a resulted in R1 expe over 1 month result distress of crying, fa experiencing a loss	t, treat, and prevent the spread is infestation for 7 of 9 residents 5, R6, and R7) reviewed for a sample of 9. This failure eriencing intense itching for ting in signs and symptoms of acial grimacing, and s of appetite. This failure has ct all 41 residents residing in	5				
	Findings include:						
	admission date of 2 of Anxiety, Anorexia Disease, and Deme (MDS) dated 9/6/20 Interview for Menta	Record documents an 2/24/2023 including diagnoses a, Hyperlipidemia, Alzheimer's entia. R1's Minimum Data Set 024 documents a Brief I Status (BIMS) score of 1 evere cognitive impairment.					
	skin integrity dated	cuments a risk for alteration in 2/24/2024 with interventions on for complaint of itching to					

	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
		IL6005441	B. WING			C 11/12/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
PINCKNI	EYVILLE NURSING &	REHAB	GINIA COURT EYVILLE, IL 62	2274			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE	
S9999	Continued From pa	ge 3	S9999				
	9/18/24, referred to office) dated 10/11/ current skin status	d by MD (physician) dated (name of local dermatology 24, and MD update about new orders received see Sheets (POS) for orders dated					
	Nurse/LPN) stated rashes. V5 stated F time, and we just ca stated R1 has been times and many diff seems to help. V5 laundry soap and h really helped. V5 sta time. It is sad and	88AM, V5 (Licensed Practical we have a few people with A1 has had a rash for a long an't figure out what it is. V5 o on Prednisone at least 3 ferent creams and nothing stated we even changed her er body wash, and nothing has ated she scratches all the I wish we knew what it was. culiar rash and I don't think it is ot sure.					
	Nursing) stated the audit on all the resid stated none of the r Dermatologist yet. V R1's rash was from with Prednisone set creams with not rea V4 (Medical Director Permethrin (Scabic that helped the mos facilities Infection P rashes are not on the didn't know he need and the nurses usu Control log electron keeps infections tree	:30AM V2 (Director of y have not done a 100% skin dents in the facility yet. V2 residents have been seen by a V2 stated he wasn't sure what , but she has been treated veral times and different ally any relief. V2 stated that or) came in and ordered ide/Pediculicide cream) and st. V2 stated he was the reventionist. V2 stated the ne Infection Control log as he ded to keep those on the logs ally add stuff to the Infection nically. V2 stated he only rated with antibiotics on the how he tracks the rashes if log and he raplied "good					

AND PLAN OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		IL6005441	B. WING		11/	12/2024
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	TATE, ZIP CODE		
PINCKNI	EYVILLE NURSING &	REHAB	INIA COURT YVILLE, IL 62	2274		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From page	ge 4	S9999			
	stated he has looke of the resident's (R ² treatment. V4 state R1 and the rash has possibly scabies so Permethrin cream. much luck with skin kind of thing. V4 sta not do a lot of skin s they are not always treat with Permethri difference. One pos numerous rashes is Permethrin. V4 sta facility, and he want with rashes. On 11/1/2024 at 11: Nurse) stated skin c on anyone with a ra they tried different b on R1, and nothing was the first one sh stated V15 (Certifier rash but the staff m the doctor stated it w On 11/1/2024 at 2:1	0PM, V12 (Laundry Staff)				
	in a very long time. laundry is being dor V12 stated 2 weeks separate and with a doing that anymore any signs of bed bu	Is not changed laundry soap V12 stated no resident's ne in special soap at this time. ago we did do R1's laundry different soap, but we are not V12 stated she has not seen gs but was told R1 had In't know how accurate that				

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		IL6005441	B. WING		C 11/12/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
DINCKN	EYVILLE NURSING &	REHAR	INIA COURT			
		PINCKNE	YVILLE, IL 62	2274		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC ¹	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 5	S9999			
	entered the facility a rashes. V4 met wit this surveyor and st and R5 need to be because R1 was tre improvement, and R V4 stated there are he would not do scr definite. V4 stated through the facility, is not harmful to the and monitor and if t know we did the rig felt like at this time with rashes and that complete skin chect else with a rash will plan. V4 stated the	35PM, V4 (Medical Director) and checked residents with th V2 (Director of Nursing) and tated he feels R1, R2, R3, R4 treated with Permethrin eated and has shown he wants her treated again. characteristics of scabies but rapings as those are never with rashes that have spread then treatment of Permethrin e residents, it is best to treat the rashes improve then we ht treatment. V2 stated he it is best to treat just the ones at he would conduct a sk of everyone and anyone be included in the treatment be beds linens and clothing wash in hot water and dried in ed he understood.				
	in bed scratching up scratching her arms (Director of Nursing arms, chest, abdom There were small a R1's arms, chest, b lines noted between Scratch marks were sides of R1's back was blood noted un alert with confusion On 11/1/2024 at 11 walking up and dow	:30AM, R1 was observed vn the halls and was				
	scratching her arms with a grimace on h	s and chest. R1 was observed her face as she was scratching as observed to R1's arms,				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>	E CONSTRUCTION	COM	E SURVEY PLETED
		IL6005441	B. WING			12/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
PINCKNI	EYVILLE NURSING &	REHAB	SINIA COURT EYVILLE, IL 6	2274		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COP		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
S9999	Continued From pa	ige 6	S9999			
	fingertips, and unde	er fingernails.				
	On 11/7/2024 at 12	:50PM, V2 was observed				
		R1's rash was observed to be				
	•	/2024. V2 stated the linear				
		d away. There was no cratching upon observation.				
		leeping upon entering the				
	room.					
		es document the following:				
	9/18/2024: rash all over, itching and crying. Prednisone 20mg x 2 days then 10mg x 4 days.					
		ery 6 hours as needed.				
		one 10mg x 3 days, wash				
	laundry in hypoaller	rgenic soap, if not cured make				
	appointment to offic					
		PM: (V3 Medical Doctor) sent				
		f local dermatology office). PM: Resident red scabs all				
		ms, and thighs. Resident				
		h herself all over and crying				
		Residents' appetite poor due				
		ers to discontinue Remeron				
		hisone to 40mg daily x 4 days				
	day for 8 days and	ay for 4 days then 10mg every 5 mg for 8 days				
		0 AM: spoke with (V4 Medical				
		resident being itchy all over				
		methrin 5% cream to body for				
	8 hours.					
		with Prednisone titrate has to				
		pharmacy sending card with t, unaware of why card was				
		order was obtained 10/11/2024				
		that resident can receive all				
	proper doses per p	hysician instructions 40 mg				
		20mg everyday x 8 days,				
		days, 5mg everyday x 8 days.				
nois Depai	10/24/2024 at 7:18	AM: Prednisone 20mg daily x				

Illinois Department of Public Health STATE FORM

7DJ711

If continuation sheet 7 of 21

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		IL6005441	B. WING		11/	12/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
PINCKN	EYVILLE NURSING &	REHAB	GINIA COURT EYVILLE, IL 62	2274		
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 7	S9999			
	4 days. 11/1/2024: Permeth 1st application upon Shower the followin week. POA (Power 11/5/2024: Prednise R1's weekly skin ch Weekly and PRN (// following: 9/17/2024: rash all new). 9/23/2024: red non 9/30/2024: red rash 10/14/2024: rash all 10/22/2024: rash all 10/22/204: rash a	nrin Cream ordered per (V4). n receipt from pharmacy. g day. Repeat process in 1 of Attorney) aware. one again 20mg x 8 days. necks titled "Skin Check As Needed)" document the over arms, legs, and back (no raised rash chest. n over torso, arms, and legs.				
		1/2024-11/30/2024 document of Permethrin cream on	S			
	admission date of 4 diagnoses of Deme Anxiety, and Depre 9/29/2024 documer	Record documents an I/25/2022 and includes entia, Alzheimer's Disease, ssion. R2's MDS dated nts a BIMS score of 99, vas unable to complete the				

STATEMEN	DEPARTMENT OF Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		COM	E SURVEY PLETED	
		IL6005441	B. WING			C 11/12/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
PINCKNI	EYVILLE NURSING &	REHAR	GINIA COURT EYVILLE, IL 62	2274			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	ige 8	S9999				
	interview.						
	up in a Geriatric Ch member) at bedsid scratching her arms scabbed areas all o R2 was unable to a R2's Progress Note 11/1/2024 at 10:21 notified and ordered 11/1/2024 at 5:57 F	20AM, R2 was noted sitting hair in her room with V7 (family e. R2 was observed s and chest. R2 had small, over her arms and upper chest inswer any questions asked. es documented the following: AM: husband noted rash. V4 d Prednisone. PM Permethrin Crème ordered M: Permethrin creme applied.					
	stated R2 received night, and she is m has subsided, and under R2's arms ar hard places to reac areas that were not While in R2's room receive a second tr sure and get those treatment. V7 was just glad she is get	:06 AM, V7 (family member) the treatment on Saturday uch better now, and the itching the rash is improving except nd he understands those are th. V7 stated you can see the t covered with the treatment. V2 told V7 that R2 would eatment and they will make areas covered better with the appreciative and stated he is ting better as she was ed "her rash is much improved t of Permethrin."					
	admission date of 2 diagnoses of Alzhei Diabetes Mellitus ty Disorder, and Anxie 10/25/2024 include	Record documents an 2/10/2024 and includes imer Disease, Hypoglycemia, /pe 2, Major Depressive ety. R3's MDS dated s a BIMS score of 00, evere cognition impairment.					
		50AM, R3 was assessed by V2 g), and an observation of a	2				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005441	· ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 11/12/2024	
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	• • • •	
PINCKNI	EYVILLE NURSING &	REHAB 708 VIRG	GINIA COURT EYVILLE, IL 62			
				PROVIDER'S PLAN OF (()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 9	S9999			
	rash noted to left ar the left arm with slig with small scabs ar between some of th lines were noted to There are red bins equipment in the bi room. V2 stated th Precautions (EBP) R3's Progress Note documents orders f R3's November 202 for Permethrin crea administered on 11. On 11/7/2024 at 12 being assessed by noted to the rash. and R3 stated "No" some confusion. V	arms and abdomen with worse rm. R3 observed scratching ght bleeding noted. All areas nd linear lines were noted he areas to the abdomen. The be shiny in color in the light. inside room and protective ns outside the door of R3's at R3 is on Enhanced Barrier due to R3 having a wound. e dated 11/1/2024 at 5:57 PM, for Permethrin Creme. 24 TAR documented the order im and was initialed as being /1/2024. :51PM, R3 was observed V2 and improvement was V2 asked if R3 was still itching but R3 was observed to have '2 stated "her rash is finally e was no further scratching				
	-	us Report dated 11/1/24 resides in the same room as				
	admission date of 1 diagnoses of Unspe Disease, Anxiety, a 8/17/2024 documer	Record documents an 11/1/2022 and includes ecified Dementia, Alzheimer Ind Anemia. R4's MDS dated Ints a BIMS score of 00, evere cognition impairment.				
	sitting up in a whee	:22 AM, R4 was observed Ichair scratching her arms and ted to have small scabs and	ł			

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PINCKNI	EYVILLE NURSING &	REHAR	GINIA COURT EYVILLE, IL 62	2274		
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S9999	Continued From pa	age 10	S9999			
	with scratch marks have some bleedin fingernails. R4 is c answer any questic					
		::10PM, V2 said he was not a rash to her arms.				
	Record" dated 11/1	d "Treatment Administration /2024-11/30/2024, documents was administered on				
	assessing R4's ras	:55PM, V2 was observed h. R4's rash was observed to cratching noted. V2 stated wed."				
		us Report dated 11/1/24 and R4 reside in the same				
	admission date of 8 diagnoses of Alzhe Unspecified Demer Disorder, and Hype	Record documents an 8/14/2014 and includes imer Disease, Anxiety, ntia, Major Depressive ertension. R5's MDS dated a BIMS score of 00, indicating nitive impairment.	9			
	assessing residents observed to arms, a noted to be the area	35 PM, V4 was observed s including R5. R5 had a rash abdomen and back, arms are as with scratches and cattered scabbed areas noted back, and arms.				
		/1/2024-11/30/2024 documents was administered on	S			

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NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
PINCKN	EYVILLE NURSING &	RFHAB	INIA COURT	2274		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 11	S9999			
	11/1/2024.					
	scraping was done hospital. V2 stated (Medical Director). separate areas. V2 hospital to see if the were not completed specimen and can results. V2 stated F Permethrin cream t to waiting on scrapi On 11/7/2024 at 12	:58PM, V2 was observed				
	observed to R5's ar red in color with sca not get treated with due to waiting until	after a shower. A rash was rms and abdomen and are still abs noted. V2 stated R5 did Permethrin until 11/4/2024 after skin scrapes were oom was not observed to have r signs posted.				
	checked, and the la requisition was filled on the requisition h	05PM, V2 stated he just ab reported to him that R5's lab d out wrong as the diagnosis ad rash instead of scabies and s used but it would be run to				
	not have results fro about R5's Treatme documenting the Pe administered on 11 scrapings were obta why they did that ar wrong but V2 stated matter." V2 stated	48PM, V2 stated he still did m the lab. V2 was asked ent Administration Record ermethrin cream being /1/2024 which was before the ained. V2 stated "I don't know nd maybe they charted it d he would look into that we held R5's Permethrin ason of getting the scrapings				

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		IL6005441	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
PINCKNI	EYVILLE NURSING &	REHAR	GINIA COURT EYVILLE, IL 62	2274		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 12	S9999			
	so the results would	d be more accurate."				
	documents that the skin scraping from was a fungal stain There were no orde	a print date of 11/11/24 specimen received was a the abdomen and ordered test with no fungus observed. ered test or results for a skin scabies documented on R5's	t			
	admission date of 2 of Chronic Obstruc Unspecified Demer Dysphagia, and De	Record documents an I2/4/2019 including diagnoses tive Pulmonary Disease, ntia, Legal Blindness, pression. R6's MDS dated a BIMS score of 00, indicating nition impairment.				
	completed the 100 and added 2 more list of residents hav	33AM, V2 stated they % skin audit on all residents residents, R6 and R7, to the ring rashes. V2 stated that R6 d to the list for treatment with				
	R6's Progress Note orders for Permeth	e dated 11/1/2024 documents rin 5% cream.				
		/1/2024-11/30/2024 documents was administered on M.	5			
	Permethrin treatme better now. A ras	:45 PM, V2 stated R6 received ent and R6's rash looks much h was observed to R6's s with noted scattered small ng noted.	ł			
		Record documents an 12/29/2017 and includes				

STATEMEN	DEPARTMENT OF Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6005441	B. WING			C 1 2/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
PINCKNI	EYVILLE NURSING &	REHAR	RGINIA COURT NEYVILLE, IL 62	2274		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 13	S9999			
	Dementia, Dysphag Hypertension. R7's documents a BIMS severe cognitive im					
		/1/2024-11/30/2024 documer eam was administered on	nts			
	assessing R7 and a abdomen, arms an observed to have ti stated that R7 has	247PM, V2 was observed a rash was noted to R7's d back. R7's rash was ny scabs on both arms. V2 received the Permethrin s well. V2 stated R7's rash now.				
		us Report dated 11/1/24 and R7 reside in the same				
	the residents were stated "No because	:12AM, V2 was asked if any separated due to rash and h e all the ones with a rash had rash except one and that n by himself."	e			
	stated with the imp believe we are hea stated he ordered f second treatment in	:26AM, V4 (Medical Director rovement of the rashes I ding in the right direction. V ² or the residents to have a n a week to make sure all t applied and to make sure th	1			
	residents with rash Isolation. V2 stated	::00PM, V2 stated none of the es were placed on Contact d he instructed the staff to a that the residents had on ar				

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		IL6005441	B. WING			C 12/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PINCKN	EYVILLE NURSING &	REHAR	GINIA COURT EYVILLE, IL 6	2274		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From pa	ge 14	S9999			
	and in hot water. V	undry to be washed separately '2 stated none of the residents est was rewashed or bagged				
	Assistant/CNA) star wasn't the same as her doctor stated he stated the residents than a week that sh was aware of 2 staf rash as the residen there. V15 stated t couple of weeks no resident with a rash V15 stated she wor 11/2/24 and 11/3/20 were on Contact Iso were not told to bag V15 stated I have no	08PM, V15 (Certified Nurse ted she had a rash, but it what the residents have, and er rash was from a virus. V15 s have had this rash for more he knows of. V15 stated she ff CNA's that had the same ts, but they no longer work hey have been gone for a tw. V15 stated we had anothe h, but she has passed away. Ked this past weekend on 024 and none of the residents plation precautions and we g or separate their laundry. noticed this rash is spreading and there are 2 halls now with es.	r			
	she did not work thi R1's clothes were s before her treatmer the 18th of October 11/4/2024 and there any of the resident V8 stated she was	15 PM, V8 (Laundry) stated is past weekend. V8 stated separated 2-3 weeks ago nt, she believes it was before r. V8 stated she worked on e was no separate laundry for and has not been this week. told a few weeks back that R1 at was why we was doing her				
	Nurse) stated the ra been on the resider of the residents we	34PM, V16 (Licensed Practical ashes she has seen have nts' arms and torso and some re scratching and scratching rmethrin cream was applied				

	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _ B. WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			B. WING 11/12/202 EET ADDRESS, CITY, STATE, ZIP CODE 11/12/202				
NAME OF	PROVIDER OR SUPPLIER		ADDRESS, CITY, S [.] Ginia Court	TATE, ZIP CODE			
PINCKN	EYVILLE NURSING &	REHAR	IEYVILLE, IL 6	2274			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	E APPROPRIATE	COMPLETE DATE	
S9999	Continued From pa	ige 15	S9999				
	of any staff with ras are being done eith with a rash. V16 st on shower days wh stated there was ar she passed away a On 11/7/2024 at 2:1 she worked 11/2/20 did not do any launa anything extra like I high heat. V12 said separate is the one Precautions and the while. V12 stated t received in red bag and R7's clothes we everyone else's. V1 are always in a red Enhanced Barrier F	 V16 stated she was not aware shes. V16 stated skins check her daily or weekly on the ones ated she does her skin check ich are twice a week. V16 nother resident with a rash but while back. 11PM, V12 (Laundry) stated 024 from 6AM to 6PM and she dry separate or was told to do hot water or dry clothes on a the only laundry done is on Enhanced Barrier ey have been doing those for hat is the only laundry s. V12 stated R2, R4, R5, R6 ere done as normal with 2 stated R1 and R3's clothes bag together as R3 is on Precautions and they just was a they are roommates. 	s s s t				
	Nurse) stated she w from 6AM to 6PM a had not been done been delivered yet. on Contact Isolation aware of. V18 state clothes and bed line water after the treat knows R1 and R3's together as R3 is of Precautions for a w On 11/7/2024 at 2:4 Practical Nurse) state rashes are, but she	25PM, V18 (Licensed Practical worked Saturday 11/2/2024 and she knew the treatment yet as the medicine had not V18 stated no residents wer n precautions that she was ed she was not aware that the ens had to be washed in hot tment either. V18 stated she is laundry is always done n Enhanced Barrier yound. 43 PM, V19 (Licensed ated she was not sure what the e did work this past weekend /2024 6AM-6PM. V19 stated	e				

nois Department of Public H	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
D PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
	IL6005441	B. WING		C 11/12/2024	
ME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NCKNEYVILLE NURSING &	REHAR	GINIA COURT EYVILLE, IL 62	2274		
X4) ID SUMMARY STAT			PROVIDER'S PLAN OF		(X5)
REFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
S9999 Continued From pag	ge 16	S9999			
night shift. V19 stat treatment was on C and R3 and they are Enhanced Barrier P and they are roomm	recautions for a wound on R3 nates. V19 stated she wasn't y on the others being done				
Housekeeping Supe Sunday 11/3/2024. in laundry and there had come to laundry there were no instru- washing anything in heat. V20 stated the and R7 were not str either. V20 stated the to be cleaned thorou done as they were r stated for a while the	0PM, V20 (Laundry and ervisor) stated she worked on V20 stated she was working were no isolation bags that y on 11/3/2024. V20 stated ctions given to us about hot water and high dryer e beds for R2, R4, R5, R6, ipped and sent to laundry he beds would have needed ughly too but they were not not instructed to do so. V20 ey were doing R1's laundry in separate from others but we a while.				
dated 11/1/24 docur the "Other Infection onset date of 9/30/2 documents "closed no documentation o infection that R2 or no documentation o the Infection Surveil having an infection o	Surveillance Monthly Report nents for R2 and R5 under Category" with an infection 4. Under "Status" it (10/8/24)-resolved" There is r description of what type of R5 had on the report. There i f R1, R3, R4, R6, or R7 on lance Monthly Report of under the "Other Infection and Soft Tissue Infection				
The facility policy titl Infections" (revision					

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COMI	E SURVEY PLETED
		IL6005441	B. WING	ING1		12/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
PINCKNE	EYVILLE NURSING &	RFHAB	INIA COURT	2274		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)		COMPLET DATE
S9999	Continued From pa	ge 17	S9999			
	documents that the	Infection Preventionist will				
	conduct ongoing su					
	0 0	ated Infections (HAIs) and				
		ally significant infections that				
	have substantial im	pact on potential resident				
	outcome and that n	nay require				
		l precautions and other				
		entions. 3. Infections that will				
		ne surveillance include those				
	with: d. Pathogens associated with serious					
	outbreaks (e.g., invasive Streptococcus Group A,					
	acute hepatitis, norovirus, scabies, and					
	influenzas.)					
	The facility policy titled "Scabies Identification,					
		Treatment and Environmental Cleaning" (revision date August 2016), documents under General				
		ies is spread by skin-to-skin				
		ected area, or through contact				
		ng, privacy curtains and some				
		osis may be established by				
		from its burrow and				
		copically. Failure to identify				
	scrapings as positiv	e does not necessarily				
	exclude the diagnos	sis. It is difficult to obtain a				
		ecause only one or two mites				
		lesions. Often diagnosis is				
		nd symptoms and treatment				
		rapings, although scrapings				
	•	ffected residents should				
		Precautions until 24 hours (24)				
		1. A resident sharing a room				
		ted with scabies should be				
		for scabies. If signs and ent, the resident should be				
		ce with these procedures. If				
		present, daily assessments				
		til the case has resolved. 12.				
		ne into contact with the				
		with potentially contaminated				
	tment of Public Health	man potentiany containinated				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 706 VIRGINIA COURT PINCKNEYVILLE NURSING & REHAB 706 VIRGINIA COURT PINCKNEYVILLE, LUSSING & REHAB 706 VIRGINIA COURT PINCKNEYVILLE, LL 62274 708 VIRGINIA COURT PINCKNEYVILLE, LL 62274 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WOR IS CIDENTIFYING INFORMATION) PREFIX PREVIX PROVIDER'S PLAN OF CORRECTION (EACH ORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO HEAD POINT PARTY AND POINT ACTION SHOULD BE CROSS-REFERENCED TO HEAD POINT (EACH ORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) OVER DEFICIENCY S9999 Continued From page 18 Bedding or clothing should wear a gown and gloves or other protective clothing as established by the facility's infection and exposure control programs." Under the section titled "Environmental Control: Typical Scabies" it documents "1. Place residents with typical scabies on contact precautions during the 4 days prior to initiation of treatment in plastic bags inside the resident's room, handled by gloved and gowned staff without sorting, and washed in hot water for at 10-20 minutes. 6. Place non-washable blankets and articles in a plastic bag for at least 72 hours. These items can also be dry cleaned or tumbled in a hot dryer for 20 minutes. 7. Change all bed linens, towels and clothes daily. 8. Disinfect multiple residents-use items, such as walking blets, blood pressure cuffs, stethoscopes, wheelchairs, etc., before using on other residents. 9. Discard all creams, lotions or ointments used prior to effective treatment. 10. Vacuum mattresses, upholstered furniture and carpeting. Wrap vacuum cleaner bag in a plastic bag and discard. a. General cleaning and through vacuuming of furnitu	STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	COMPLETED		
MUNCKNETVILLE NURSING & REHAB Tog Stream 00010 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULTORY OR LS: DEMTIFYING INFORMATION) PREFIX PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OWN DEFICIENCY S9999 Continued From page 18 S9999 bedding or clothing should wear a gown and gloves or other protective clothing as established by the facility's infection and exposure control programs." Under the section tilled S9999 Terminomental Control: Typical Scabies' it documents "1. Pace residents with typical scabies on contact precautions during the treatment period; 24 hours after application of 5% permethrin cream or 24 hours after last application of scabicides requiring more than one application			IL6005441	B. WING				
NACKNEYVILLE, IL 62274 (X4) ID TAG SUMMARY STATEMENT OF DEFICENCIES RECULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION PAGE ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PROPEDED BY PLIL RECULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PAGE PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) ID PREFIX PAGE PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY ON SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X2 PAGE S9999 Continued From page 18 S9999 S9999 Continued From page 18 S9999 bedding or clothing should wear a gown and gloves or other protective clothing as established by the facility's intection and exposure control programs." Under the section titled "Environmental Control: Typical Scabies" it documents "1. Place residents with typical scables on contact precautions during the treatment period; 24 hours after last application of scabicides requiring more than one application4. Place bed linens, towels and clothing used by an affected person during the 4 days prior to initiation of treatment in plastic bags inside the resident's room, handled by gloved and gowned staff without sorting, and washed in hot water for at lo-20 minutes of . Place non-washable blankets and articles in a plastic bag for at least 10-20 minutes of . Place non-washable blankets and articles in a plastic bag for at least 10-20 minutes, for 20 minutes, 7. Change all bed linens, towels and clothes daily 8. Disinfect multiple residents-use items, such as walking belts, blood pressure curfis, stethoscopes, wheelchairs, etc., before using on other residents. 9. Discard all creams, lotions or onitments used prior to	NAME OF F	PROVIDER OR SUPPLIER	STREET AI					
OWID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH ORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 18 S9999 bedding or clothing should wear a gown and gloves or other protective clothing as established by the facility's infection and exposure control programs." Under the section tilled S999 ''Environmental Control: Typical Scabies' it documents ''1. Place residents with typical scabies on contract precautions during the treatment period; 24 hours after last application of scabicides requiring more than one application as the stolicate requiring and washed in hot water for at I0-20 minutes. 5. Use the hot cycle of the dryer for at least I0-20 minutes. 5. Use the hot cycle of the dryer for at least I0-20 minutes. 6. Place non-washable blankets and articles in a plastic bag for at least 72 hours. These items can also be dry cleaned or tumbled in a hot dryer for 20 minutes. 7. Change all bed linens, towels and clothes daily A. Disineert multiple residents-use items, such as walking bets, blood pressure cuffs, stethoscopes, wheelchairs, etc., before using on other residents. 9. Discard all creams, lotions or ointments used prior to effective treatment. 10. Vacuum mattresses, upholstered furniture and carpeting. Wrap vacuum cleaner bag in a plastic bag and disca			708 VIRG					
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The facility policy titled "Isolation- Initiating Transmission-Based Precautions" (revision date October 2018) documents "1. If a resident is		gloves or other prof by the facility's infer programs." Under t "Environmental Con documents "1. Place scabies on contact treatment period; 2 permethrin cream of application of scabie application of scabie application4. Pla clothing used by an days prior to initiation inside the resident's gowned staff without water for at I0-20 m the dryer for at leas non-washable bland bag for at least 72 f be dry cleaned or the minutes. 7. Change clothes daily. 8. Dis- items, such as walk cuffs, stethoscopes using on other reside lotions or ointments treatment. IO. Vacu furniture and carpe bag in a plastic bag cleaning and thorout mattresses or rug is Fumigation is not n items, routine disint adequate."	tective clothing as established ction and exposure control he section titled ntrol: Typical Scabies" it ce residents with typical precautions during the 4 hours after application of 5% or 24 hours after last icides requiring more than one ce bed linens, towels and a affected person during the 4 on of treatment in plastic bags is room, handled by gloved and ut sorting, and washed in hot ninutes. 5. Use the hot cycle of st 10-20 minutes. 6. Place kets and articles in a plastic hours. These items can also umbled in a hot dryer for 20 e all bed linens, towels and sinfect multiple residents-use king belts, blood pressure s, wheelchairs, etc., before dents. 9. Discard all creams, s used prior to effective um mattresses, upholstered ting. Wrap vacuum cleaner g and discard. a. General ugh vacuuming of furniture, s recommended. b. ecessary. 11. For non-fabric fection procedures are	k				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED C		
		IL6005441	B. WING 1'		12/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 708 VIRGINIA COURT							
PINCKNI	EYVILLE NURSING &	REHAB	GINIA COURT EYVILLE, IL 62	2274			
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ge 19	S9999				
	Preventionist and the Physician for evaluate Transmission-Base The Center for Dise (https://www.cdc.go rategy/index.html) of titled "Prevention" the and implementation infection control pra- preventing scabies maintain a high inder undiagnosed skin ra- scabies, even if cha- of scabies are abse- patients/residents a screened carefully a conditions that coul When there is co- skin scrapings should carefully by a perso- experienced in idem Appropriate isolation practices (e.g., glow direct skin-to-skin co- when providing ham patients/residents w Epidemiologic and of patients/residents w scabies should be of systematic review in	d Precautions." ease Control (CDC) website by/scabies/php/public-health-st documents under the section hat "Early detection, treatment of appropriate isolation and actices are essential in outbreaks. Institutions should ex of suspicion that ashes and conditions may be aracteristic signs or symptoms ent (e.g. no itching). New and employees should be and evaluated for any skin d be compatible with scabies oncern for scabies in a person, and be obtained and examined on who is trained and tifying scabies mites. n and infection control res, gowns, avoidance of contact, etc.) should be used	t ,,				
		us Report dated 11/1/24 re are 41 residents that reside					

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6005441	B. WING			C 11/12/2024	
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST				
PINCKN	EYVILLE NURSING &	REHAR	RGINIA COURT NEYVILLE, IL 62	2274			
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	tment of Public Health						