STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009260	A. BUILDING: _____ B. WING _____	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VANDALIA HEALTHCARE & SENIOR LIVING	1500 WEST ST LOUIS AVENUE VANDALIA, IL 62471

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments First Probationary Licensure Survey Complaint Investigations 2552228/IL188069 and 2552227/IL188068	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.2860 c)1) 300.2860 c)2) Section 300.2860 Nursing Unit c) Resident Bedrooms 1) Single resident bedrooms shall contain at least l00 square feet. Multiple resident bedrooms shall contain at least 80 square feet per bed. Minimum usable floor area shall be exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, or clearly definable entryways. 2) Multiple resident bedrooms shall not have more than four beds nor more than three beds deep from an outside wall. All beds shall have a minimum clearance of three feet at the foot and sides of the bed. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide at least 80 square feet per bed in multiple resident bedrooms for 4 (R12, R13, R14, R15) of 4 residents reviewed for resident bedrooms in the sample of 21.	S9999		

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S9999	Continued From page 1 Findings include: On 3/18/2025 at 11:30am, R12 was observed residing in a double occupancy bedroom. This room contained two beds, a dresser, two bedside tables, and one over the bed table, and has limited area to move around inside the room. V6 (Maintenance Director) used a tape measure and measured R12's bedroom. The bedroom measured 136 inches by 151 inches which equals approximately 142.7 square feet. This leaves approximately 71.3 square feet per bed. On 3/18/2025 at 11:35am, R13 was observed residing in a double occupancy bedroom. This room contained two beds, two bedside tables, one over the bed table, three trash cans, one isolation supply cart, and one dresser, and has limited area to move around inside the room. V6 used a tape measure to measure R13s bedroom. The bedroom measured 141 inches by 151 inches which equals approximately 147.9 square feet. This leaves approximately 73.9 square feet per bed. On 3/18/2025 at 11:40am, R14 was observed residing in a double occupancy bedroom. This room contained two beds, two bedside tables, one over the bed table, a trash can, a geriatric reclining chair, and has limited area to move around inside the room. V6 used a tape measure to measure R14's bedroom. The bedroom measured 142 inches by 151 inches, which equals 148.9 square feet. This leaves approximately 74.5 square feet per bed. On 3/18/2025 at 11:45am, R15 was observed residing in a double occupancy bedroom. This room contained two beds, two bedside tables, one dresser, one supply cart for personal	S9999		

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S9999	Continued From page 2	S9999		

belongings, one trash can, and one wheelchair, with limited area to move around inside the room. V6 used a tape measure to measure R15's bedroom. The bedroom measured 143 inches by 150 inches, which equals approximately 149 square feet. This leaves approximately 74.5 square feet per bed.

On 3/18/2025 at approximately 11:50am, V1 (Administrator) was asked if residents were notified during admission that some of the rooms in the facility did not meet the requirement of having 80 square feet of floor space per resident, V1 stated no. V1 said rooms 1 through 16 did not meet the required 80 square feet of floor space per resident bed, and all are double occupancy rooms.

The facility's Matrix (undated) documents R12-R19 currently reside in the waivered rooms and none are interviewable.

Observations and measurements of these rooms completed during the survey determined adequate space exists to meet the medical and personal needs of the residents residing in the smaller rooms.

Review of Resident Council Minutes form the past 6 months indicated no concerns related to the size of the rooms included in the waiver.

No violation- room size waiver

2 of 2

300.610 a)
300.1210 b)
300.1210 d)4)B)

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S9999	Continued From page 3 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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 shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) 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: 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: 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. These requirements are not met as evidenced by:	S9999		

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Based on interview and record review, the facility failed to ensure residents who require assistance receive a shower for 3 (R2, R3, and R5) of 5 dependent residents reviewed for Activities of Daily Living assistance in the sample of 21.

1. R2's Admission Record documented an admission date of 12/17/24, and included diagnoses of unspecified intellectual disabilities and muscle weakness.

R2's Minimum Data Set (MDS), dated 12/23/24, documented a Brief Interview for Mental Status (BIMS) score of 00, indicating R2 has severe cognitive impairment. The MDS Section for Functional Abilities and Goals documented R2 as dependent for shower/bathing self.

R2's Care Plan documented a Focus Area of: "ADL's (Activities of Daily Living): Self care deficit-needs assist to complete quality care initiated on 12/28/24." Corresponding interventions include R2 will receive (showers) 2 times per week. Provide bathing, hygiene, dressing, and grooming per resident's preference as able.

R2's Shower/Abnormal Skin reports (paper documentation) from January 2025 through 3/19/25 document R2 did not receive a shower on 03/13/25 due to being at the hospital. R2 received showers on 03/04/25, 02/17/25, 02/13/25, 01/29/25, 01/23/25, 01/18/25, 01/15/25, 01/08/25, 01/01/25 (bed bath noted). The Shower/Abnormal Skin Report for 01/30/25 has a staff signature, but does not indicate a shower or bed bath was given. R2's Electronic Health Record (EHR) documented no extra showers were provided to R2 other than the paper documentation previously listed. There were also no shower

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sheets with documented refusals provided for this time period.

The undated facility shower schedule documents R2's showers are scheduled weekly on Monday in AM and Thursday in AM.

2. R3's Admission Record documented an admission date of 08/14/2015, and included diagnoses of hemiplegia and hemiparesis following cerebral infraction affecting left non-dominant side, Alzheimer's, and type 2 diabetes mellitus.

R3's MDS, dated 01/02/25, documented a BIMS score of 06, indicating R3 has severe cognitive impairment. The MDS Section for Functional Abilities and Goals documented R3 as dependent for shower/bathing self.

R3's Care Plan documented a Focus Area of: "ADL Function: Self care deficit-needs supervision and/or assist to complete quality care and/or poorly motivated to complete ADLs" initiated on 12/1/23. Corresponding interventions include in part: Will receive shower 2 times per week. Provide bathing, hygiene, dressing, and grooming per resident's preference as able.

R3's Shower/Abnormal Skin reports (paper documentation) from January 2025 through 3/19/25 document R3 received bed baths on 03/13/25 and 03/04/25. R3 received showers on 02/17/25, 02/13/25, 01/30/25, 01/29/25, 01/27/25, and 01/23/25. A bed bath was given on 01/20/25, and R3 received showers on 01/16/25, 01/13/25, and 01/09/25. R3's Electronic Health Record (EHR) documented no extra showers were provided to R3 other than the paper documentation previously listed. There were also

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no shower sheets with documented refusals provided for this time period.

The facility shower schedule undated documents R3's showers are scheduled on Monday in AM and Thursday in the AM.

3. R5's Admission Record documented an admission date of 10/08/24, and included diagnoses of unspecified dementia, type 2 diabetes mellitus, overactive bladder, and muscle wasting.

R5's MDS, dated 01/16/25, documented a BIMS score of 15, indicating R5 is cognitively intact. The MDS Section for Functional Abilities and Goals documented R5 as requiring partial/moderate assistance for shower/bathing self.

R5's Care Plan documented a Focus Area of: "ADL function/rehab: (R5) is usually able to perform ADL's with (specify assist level) hands on assist or weight bearing assist r/t (related to)..." with a revision date of 10/20/24. Interventions include in part: Provide supportive care, assistance with mobility as needed. R5's Care Plan did not include information regarding the specific level of assistance needed or the rationale for the need for assistance. R5's Care Plan also did not document the frequency of showers scheduled per week.

R5's Shower/Abnormal skin reports (paper documentation) from January 2025 through 3/19/25 document R5 received showers on 03/14/25, 02/28/25, 02/07/25, 01/30/25, 01/27/25, 01/23/25, 01/21/25, 01/18/25, 01/15/25, 01/08/25, and 01/01/25. R5's EHR regarding bathing self-performance was reviewed for the past 30

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days from 03/18/25 and indicated additional showers were provided on 02/25/25 and on 03/04/25. There were no shower sheets with documented refusals provided for this time period.

The undated facility document titled Shower Schedule documents R5's showers are scheduled on Tuesday in AM and Friday in AM.

On 03/17/25 at 10:35AM, R5 stated she thinks she maybe gets one shower a week right now. R5 said she used to get 2 showers a week, and then the facility changed it. R5 said she doesn't know why they changed it, and she would like to go back to two showers a week. R5 said she doesn't really feel dirty because she is able to wash up and keep herself clean, but said she felt a lot cleaner when she was getting two showers a week.

On 03/18/25 at 9:15AM, V7 (Certified Nurse Assistant/CNA) said all residents are supposed to get two showers weekly. V7 said when she is working, she tries to make sure her residents get their showers on their shower days. V7 said if she can't get it done, then she will pass it on to the next shift, or try to get it done that next day.

On 03/18/25 at 10:06AM, V9 (CNA) stated all residents are to receive a shower two times a week. V9 said there have been times when she wasn't able to get all the resident showers done because they were running behind or don't have as much staff. V9 said she will try to get the shower done later in the week if she isn't able to get one done. V9 said they are to fill out a shower sheet every time they give a shower or when someone refuses.

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S9999	Continued From page 8 On 03/18/25 at 10:10AM, V10 (CNA) stated they do the best they can to get all the resident showers done that are on the shower schedule for the day. V10 said there have been days when they weren't able to get all the showers done in the day. V10 said they try to get the showers that weren't done completed on a different day in the week, but that doesn't always happen. On 03/18/25 at 11:30AM, V1 (Administrator) stated they didn't have any more shower sheets for R2, R3, and R5. V1 said without those shower sheets that document the shower was completed, it is possible the showers weren't done for those residents on those days. On 03/18/25 at 11:35AM, V2 (Regional Nurse) stated the facility does not have any more shower sheets on R2, R3, and R5. V2 said the shower sheets document when the showers were completed. V2 said without those shower sheets, it is possible that R2, R3, and R5's showers were not completed on the days that are missing. The facility policy titled "Bath/Shower", with a revised date of 03/20/23, documents, "To ensure adequate hygiene needs are met. A bath/shower is scheduled for all residents in the facility at least weekly." (B)	S9999		