STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002109	A. BUILDING: _____ B. WING _____	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM GARDEN OF MATTOON	1000 PALM MATTOON, IL 61938

(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	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2: 300.1210b) 300.1210d)3) 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to adequately monitor bowel movements for	S9999		

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S9999	Continued From page 1	S9999		

two (R54 and R75) of three residents reviewed for the use of opioid medications from a total sample list of 43 residents.

Findings include:

1.) R54's Medication Administration Record (MAR) documents that R54 has an as needed order for Hydrocodone-Acetaminophen 5-325 milligrams (mg), 1-2 tablets in the AM and at HS and every 6 hours as needed for pain. R54's MAR documents that R54 took Hydrocodone-Acetaminophen 56 times in February of 2025 and 11 times in March of 2025. R54's bowel elimination tracking report documents that R54 had no bowel movements from 2/22/25 to 3/4/25.

2.) R75's MAR dated February 2025 documents an order for Hydrocodone-Acetaminophen 5-325 milligrams (mg), 2 tablets every 6 hours as needed for pain. R75's MAR documents that R75 took Hydrocodone-Acetaminophen four times in February of 2025. R75's bowel elimination tracking report documents that R75 had no bowel movements from 2/22/25 to 3/4/25.

On 3/5/25 at 12:10 PM, V3 (Registered Nurse Manager) stated there was no other bowel elimination documentation for R54 and R75. V3 stated that the expectation is that staff will document bowel elimination for R54 and R75 every day.

On 3/6/25 at 8:52 AM, V8 (Certified Nursing Assistant) stated that she assists residents with toileting tasks and that staff are to document in the resident's electronic medical record every day. V8 stated staff are to document size and consistency of each bowel movement including if

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S9999	Continued From page 2 there was no elimination. "B" Statement of Licensure Violations 2 of 2: 300.700a) 300.700b)1)2)3) Section 300.700 Testing for Legionella Bacteria a) A facility shall develop a policy for testing its water supply for Legionella bacteria. The policy shall include the frequency with which testing is conducted. The policy and the results of any tests and corrective actions taken shall be made available to the Department upon request. (Section 3-206.06 of the Act) b) The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's" Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include, at a minimum: 1) A procedure to conduct a facility risk assessment to identify potential Legionella and other waterborne pathogens in the facility water system; 2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and 3) A system to document the results of testing and corrective actions taken. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to develop a water management plan that included a detailed physical assessment of the facility's water	S9999		

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S9999	Continued From page 3	S9999		

system, specific testing protocols, acceptable ranges for control measures, and corrective actions when control limits are not maintained to reduce the risk of growth of Legionella and other pathogens in the facility's water system. This failure has the potential to affect 34 residents (R3, R5, R10-40, R54, R75) of 84 reviewed for waterborne infections on the sample list of 43.

Findings include:

On 3/6/2025 at 10:30AM, the facility water management plan (undated) failed to document the required physical assessment of the facility's water distribution system including a detailed diagram and written description of the system to assist with the identification of potential areas of risk for waterborne infections where Legionella and other pathogens could grow and spread in the facility's water system. The plan did not identify any specific testing protocols, acceptable ranges for control measures, or any corrective actions when control limits are not maintained to reduce the risk of waterborne pathogens in the facility's water system.

On 3/6/2025 at 11:45AM, V5 (Maintenance Director) reported the facility did not have any additional policies or records related to the above plan.

On 3/6/2025 at 10:30AM, no residents were residing on the closed Southeast Hall in the facility. V5 was present and reported the Southeast and Southwest hallways shared a re-circulating water supply. V5 reported limited hand washing is the only water used from water supply fixtures located on the closed Southeast hallway.

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S9999	Continued From page 4 The facility resident roster (undated) documents R3, R5, R10-40, R54, and R75 reside on the Southeast Hall. "C"	S9999		