STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002091	A. BUILDING: _____ B. WING _____	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWMAN REHAB & HEALTH CARE CTR	418 SOUTH MEMORIAL PARK DRIVE NEWMAN, IL 61942

(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 4 300.340c)3C)iii) PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE Section 300.340 Incorporated and Referenced Materials c) The following statutes and State regulations are referenced in this Part: 3) State of Illinois rules: C) Department of Public Health: iii) Food Code (77 Ill. Adm. Code 750) PART 750 FOOD CODE SUBPART A: GENERAL PROVISIONS c) The following materials are incorporated in this Part: 1) The FDA 2022 Food Code (January 18, 2023), Chapters 1 through 7 and Sections 8-103.10, 8-103.11, 8-103.12, 8-201.13, and 8-201.14 of Chapter 8 (except the terms "food employee" and "food establishment" in Section 1-201.10), U.S. Department of Health and Human Services, U.S. Food and Drug Administration, Public Health Service, College Park, MD 20740 The FDA 2022 Food Code (January 18, 2023) 6-501.111 Controlling Pests. The PREMISES shall be maintained free of insects, rodents, and other pests. The presence	S9999		

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of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by:
(A) Routinely inspecting incoming shipments of FOOD and supplies;
(B) Routinely inspecting the PREMISES for evidence of pests;
(C) Using methods, if pests are found, such as trapping devices or other means of pest control as specified under §§ 7-202.12, 7-206.12, and 7-206.13; Pf and
(D) Eliminating harborage conditions.

3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.
(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under § 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5ºC (41ºF) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.
(B) Except as specified in (E) - (G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in

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S9999	Continued From page 2 (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; Pf and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety. 4-5 Maintenance and Operation 4-501 Equipment 4-501.11 Good Repair and Proper Adjustment. (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts 4-1 and 4-2. (C) Cutting or piercing parts of can openers shall be kept sharp to minimize the creation of metal fragments that can contaminate FOOD when the container is opened. 6-5 Maintenance and Operation 6-501 Premises, Structures, Attachments, and Fixtures - Methods 6-501.12 Cleaning, Frequency and Restrictions. (A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. These requirements are NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to exclude and prevent flying insects in the facility food service areas, failed to date and label TCS (time/temperature control for safety) food, failed to prevent the potential for physical cross-contamination of food, and failed to maintain sanitary food service floor areas. These failures have the potential to affect all 43 residents residing in the facility.	S9999		

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S9999	Continued From page 3 Findings include: 1. On 3/11/2025 at 11:35AM, the dishwashing room flooring was soiled throughout with visible dirt. Fifteen or more pieces of discarded paper were located scattered on the floor along with silverware, plastic debris, and food particles. A floor mat adjacent to the dishwasher drainboard was soiled with food debris. Multiple dish racks were stored in direct contact with the soiled floor surfaces. Five or more fruit flies were flying around and resting on a food grinder attached to the dishwasher drainboard. A screen was positioned over the drain entrance to the food grinder. The underneath side of the drainboard and the food grinder surfaces were soiled with food debris and splatters. A floor drain was located on the floor adjacent to the food grinder and the flies were landing onto the soiled floor surfaces, dish racks, floor drain, and food grinder. V6 (Cook) was present and reported the food grinder had not been operational for the last year and staff have to scrape food off resident dishes into a trash receptacle and the above screen was installed to catch remaining food particles from going into the food grinder drain. When the screen was removed, accumulations of food debris were located inside of the inoperable food grinder drain. On 3/12/2025 at 12:05PM, the dishwashing room flooring remained as above. Numerous flies persisted around the floor drain, food grinder, and drainboard surfaces. V5 (Dietary Manager) was present and reported having "done everything" to try to eliminate the flies but they persist around the food grinder. V5 reported the food grinder has not been operational since V5 began working in the facility about six months ago.	S9999		

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S9999	Continued From page 4 2. On 3/11/2025 at 11:31AM, a pillow-pack of sliced ham deli meat was located in the kitchen reach-in cooler. The package was opened, partially used, and was not labeled with the date opened or a use-by date. On 3/12/2025 at 12:02PM, the ham from above remained in the cooler. V5 (Dietary Manager) was present and reported not knowing when the package was opened. V5 disposed of the ham and reported the package should have been labeled by staff with the date the package was opened. 3. On 3/11/2025 at 11:32AM, the kitchen table-mounted can opener was soiled with accumulations of metal shavings in the gear housing near the cutting blade and the opener's stationary receiver attached to the table was soiled with dark-colored food residue. On 3/12/2025 at 12:02PM, the above can opener remained soiled. V5 (Dietary Manager) was present and removed the opener to be cleaned. The facility resident roster (undated) documents 43 residents reside in the facility. (C) 2 of 4 300.625a) 300.625b) 300.625c)1)2) 300.625d) 300.625e) 300.625j)	S9999		

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S9999	Continued From page 5 Section 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending. c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal	S9999		

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history record information contained in its files.

d) The facility shall comply with all applicable provisions contained in the Uniform Conviction Information Act.

e) All name-based and fingerprint-based criminal history record inquiries shall be submitted to the Department of State Police electronically in the form and manner prescribed by the Department of State Police. The Department of State Police may charge the facility a fee for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Services Fund. The fee shall not exceed the actual cost of processing the inquiry. (Section 2-201.5(c) of the Act)

j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.

These requirements are NOT MET as evidenced by:

Based on interview and record review, the facility failed to arrange a fingerprint-based criminal history record inquiry for an identified offender within 72 hours of admission to the facility and failed to complete any care planning to ensure resident safety pending the results of the inquiry. This failure has the potential to affect all 43 residents residing in the facility.

Findings include:

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R8's census sheet (printed 3/13/2025) documents R8 admitted to the facility on 2/17/2025.

R8's resident background check documents a completion date of 2/17/2025. The same record documents R8 is an identified offender with multiple qualifying felony offenses as listed in Section 25 of the Health Care Worker Background Check Act.

On 3/12/2025 at 11:45AM, V14 (Business Office Manager) reported R8 had not yet received a required fingerprint-based criminal history record inquiry. V14 denied reporting R8's identified offender status to the nursing department when R8's resident background check determined R8 was an identified offender. V14 reported being unaware if any interventions or nursing care precautions have been implemented for R8 related to R8's identified offender status.

On 3/12/2025 at 12:00PM, V15 (Care Plan Coordinator) reported being "behind on (completing) care plans" and reported facility staff had not yet completed any care plans for R8.

The facility resident roster (undated) documents 43 residents reside in the facility.

(C)

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300.2500d)1)2)3)4)5)6)7)8)9)10)11)
300.2500e)
300.2500g)1)A)B)C)

Section 300.2050 Meal Planning

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Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.
d) Bread, Cereal, Rice and Pasta Group: Six or more servings of whole grain, enriched or restored products. One serving equals:

1) One slice of bread,
2) ½ cup of cooked cereal, rice, pasta, noodles, or grain product,
3) ¾ cup of dry, ready-to-eat cereal,
4) ½ hamburger or hotdog bun, bagel or English muffin,
5) One 4-inch diameter pancake,
6) One tortilla,
7) Three to four plain crackers (small),
8) ½ croissant (large), doughnut or danish (medium),
9) 1/16 cake,
10) Two cookies, or
11) 1/12 pie (2-crust, 8").

e) Butter or Margarine: To be used as a spread and in cooking

g) Meals for the day shall be planned to provide a variety of foods, variety in texture and good color balance. The following meal patterns shall be used.

1) Three meals a day plan:

A) Breakfast: Fruit or juice, cereal, meat (optional, but three to four times per week preferable), bread, butter or margarine, milk, and

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S9999	Continued From page 9 choice of additional beverage. B) Main Meal (may be served noon or evening): Soup or juice (optional), entree (quality protein), potato or potato substitute, vegetable or salad, dessert (preferably fruit unless fruit is served as a salad or will be served at another meal), bread, butter or margarine, and choice of beverage. C) Lunch or Supper: Soup or juice (optional), entree (quality protein), potato or potato substitute (optional if served at main meal), vegetable or salad, dessert, bread, butter or margarine, milk, and choice of additional beverage. These requirements are NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to serve the minimum required daily servings of foods from the bread, cereal, rice, and pasta food group. This failure has the potential to affect all 43 residents residing in the facility. Findings include: On 3/11/2025 at 11:45AM, no dinner rolls were present with the food items kitchen staff were preparing for the facility lunch meal. On 3/11/2025 at 11:48AM, V6 (Cook) reported the facility had recently used more bread items than anticipated and only had enough left to serve to residents during either the lunch meal or the supper meal, but not both as planned on the facility menu. On 3/11/2025 at the noon meal service, no roll or	S9999		

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other bread items were served to any resident.

The facility menu for 3/11/2025 documents dietary staff should have served all residents a roll with margarine during the lunch meal service.

On 3/12/2025 at 12:00PM, V5 (Dietary Manager) reported staff should have served bread/margarine to all residents during lunch on 3/11/2025. V5 reported bread was available as a substitute to the roll/margarine that was planned on the menu.

The facility resident roster (undated) documents 43 residents reside in the facility.

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300.696d)1)8)9)10)14)
300.696f)3)A)

Section 300.696 Infection Prevention and Control

d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):

1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections

8) The Core Elements of Antibiotic Stewardship for Nursing Homes

9) The Core Elements of Antibiotic

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S9999	Continued From page 11 Stewardship for Nursing Homes, Appendix A: Policy and Practice Actions to Improve Antibiotic Use 10) Nursing Home Antimicrobial Stewardship Guide 14) Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multi Drug Resistant Organisms (MDRO's) f) Infectious Disease Surveillance Testing and Outbreak Response 3) Documentation A) For residents, document in each resident's record any time a test was completed, including the result of the test, or whether testing was refused or contraindicated. This requirement is not met as evidenced by: Based on interview and record review the facility failed to follow their Enhanced Barrier Precaution (EBP) for one (R2) resident by not wearing the appropriate Personal Protective Equipment (PPE) while administering Intravenous (IV) antibiotic and the facility failed to follow their Antibiotic Stewardship policy for one (R4). These failures affect two (R2, R4) residents out of five residents reviewed for Infection Control in a sample of five residents. Findings include: 1. The facility policy titled Enhanced Barrier Precautions dated 12/1/24 documents Enhanced Barrier Precautions (EBP) should be utilized for	S9999		

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any resident with an indwelling medical device. EBP requires the use of gown and gloves during the use of high contact resident care activities that provide opportunities for the transfer of Multi Drug Resistant Organisms (MDRO) to staff hands and clothing. High contact care activities include caring for medical devices central lines and urinary catheters.

R2's undated Face Sheet documents medical diagnoses as Osteomyelitis of Lumbar Vertebrae, Anemia, Hypertension, Low Back Pain, Cervicalgia and Paroxysmal Vertigo.

R2's Minimum Data Set (MDS) dated 12/20/24 documents R2 as cognitively intact. This same MDS documents R2 as requiring supervision in eating, toileting, personal hygiene, transfers, bed mobility and moderate assistance with dressing.

R2's Physician Order Sheet (POS) dated March 2005 documents a physician order starting 2/28/25 to administer Nafcillin Sodium 12 Gram every 24 hours for infection. This same POS documents a physician order starting 2/28/25 to flush Normal Saline 10 milliliter (ml) before and after PICC line infusion of Nafcillin.

On 3/11/25 at 2:35 PM R2 did not have a sign outside his room designating R2 to be on Enhanced Barrier Precautions (EBP). R2 did not have any Personal Protective Equipment (PPE) nor any type of supply bin for PPE nor any type of disposal unit of contaminated PPE.

On 3/11/25 at 2:40 PM V2 Director of Nurses (DON) did not wear a gown when administering R2's Intravenous (IV) bag of Nafcillin Sodium 12 Gram per Peripherally Inserted Central Catheter (PICC) line in his Right Upper Arm.

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On 3/11/25 at 2:48 PM V2 Director of Nurses (DON) stated R1 does not have any Personal Protective Equipment (PPE) gowns to wear to administer his intravenous antibiotic. V2 DON stated R1 should be placed on EBP due to having a PICC line. V2 DON stated R2's infection could be worsened by not wearing the appropriate PPE.

2. The undated facility policy titled Catheter-Associated Urinary Tract Infection (CAUTI) documents the following criteria define CAUTI in long term care residents: One or more of the following: fever, rigors, new onset Hypotension, new onset confusion, new costovertebral angle pain, new or increased Suprapubic pain, pus around the catheter site AND an indwelling catheter urine culture positive with any number of organisms, at least one of which is bacteria of greater than 100, 000 Colony Forming Units (CFU)/milliliter (ml). This same policy documents staff should replace the indwelling urinary catheter prior to obtaining a urine sample.

The undated facility policy titled Algorithm for the Management of Catheter-Associated Urinary Tract Infections (CAUTI) documents if the symptoms of CAUTI are not present the facility should not treat asymptomatic bacteriuria, assess if the catheter is still required/remove if possible and monitor vital signs, fluid intake/urine output, signs/symptoms as needed.

R4's undated Face Sheet documents medical diagnoses of Dementia, Obstructive and Reflux Uropathy and Hypertension.

R4's Minimum Data Set (MDS) dated 12/26/24 documents R4 as severely cognitively impaired.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002091	A. BUILDING: _____ B. WING _____	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWMAN REHAB & HEALTH CARE CTR	418 SOUTH MEMORIAL PARK DRIVE NEWMAN, IL 61942

(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
S9999	Continued From page 14	S9999		

This same MDS documents R4 as being dependent on staff for toileting and maximum assistance for bathing, dressing, personal hygiene and bed mobility.

R4's Careplan intervention dated 3/13/24 instructs staff to Monitor/record/report to physician for signs/symptoms of Urinary Tract Infection (UTI): pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. This same careplan does not include R4's use of antibiotic for UTI.

R4's Physician Order Sheet (POS) dated March 2025 documents a physician order starting 3/9/25 and ending on 3/15/25 to administer Ciprofloxacin 500 milligrams (mg) twice daily for a Urinary Tract Infection (UTI). This same POS does not document a physician order to obtain a Urinalysis (U/A).

R4's Medication Administration Record (MAR) dated February 2025 documents R4 had no pain from 2/19/25-2/28/25. This same MAR documents R4's indwelling urinary catheter system was changed on 2/23/25 and 2/28/25.

R4's Medication Administration Record (MAR) dated March 2025 documents R4 was administered Ciprofloxacin 500 mg twice daily starting 3/9/25 at 8:00 AM and was signed out as being given through 3/13/25 8:00 AM. This same MAR documents R4 had no pain from 3/1/25-3/13/25.

R4's Electronic Medical Record (EMR) documents R4 was afebrile from 2/25/25-3/13/25.

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S9999	Continued From page 15	S9999		

R4's Nurse Progress Note dated 3/11/25 documents R4 started the antibiotic Ciprofloxacin 500 milligrams (mg) twice daily.

R4's Nurse Progress Notes with date ranges of 2/20/25-3/6/25 does not include any documentation of R4 having any urinary symptoms nor nonpharmacological interventions offered.

R4's Urinalysis Laboratory Report dated 3/5/25 documents R4's Urinalysis obtained 3/3/25 as 'probable contaminant' and included Escherichia Coli (E. Coli), Enterococcus Faecalis and Proteus Mirabilus all documented as under 100,000 colony forming units/milliliter (CFU/ml).

On 3/13/25 at 9:20 AM V13 Licensed Practical Nurse (LPN) stated V13 obtained R4's Urinalysis on 3/3/25. V13 LPN stated she clamped the tubing on R4's indwelling Urinary Catheter and then separated the catheter from the drainage bag to collect R4's urine for the Urinalysis sample. V13 LPN stated she did not change the indwelling urinary catheter system, nor did she use a needle to extract R4's urine from the port on the catheter. V13 LPN stated R4's first urine sample on 2/28/25 results documented that sample was 'probably contaminated'. V13 LPN stated R4's second Urinalysis sample obtained on 3/3/25 documented that it was also 'probably contaminated'. V13 LPN stated the facility utilizes a digital application (app) to notify the provider, submit test results and receive provider orders. V13 LPN stated R4's medical record does not include notifications to R4's Power of Attorney (POA), Provider nor any pharmacological interventions to prevent R4's Urinary Tract Infection (UTI) and/or antibiotic use. V13 LPN

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	IL6002091	A. BUILDING: _____ B. WING _____	03/13/2025

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S9999	Continued From page 16 stated, "I don't really understand why (R4) is even on an antibiotic, by the Urinalysis results she shouldn't be". On 3/13/25 at 9:30 AM V2 Director of Nurses (DON) stated the facility policy was not followed for R4 due to R4 had two separate Urinalysis completed which both documented results of less than 100, 000 CFU/ml. V2 DON stated she thought since R4 had more than one organism that would automatically be categorized as a Catheter Associated Urinary Tract Infection (CAUTI). V2 DON confirmed R4's medical record does not document any information about R4 having any urinary symptoms, two separate Urinalyses being obtained nor notifications to the provider or Power of Attorney (POA). V2 DON stated the digital notification app was utilized but the information was never inputted into R4's medical record. (B)	S9999		