STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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SHELBYVILLE HEALTHCARE & SENIOR LIVIN(	2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565

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S 000	Initial Comments First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 9 : 300.610a) 300.696d)6) 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 300.696 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): 6) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings This REQUIREMENT is not met as evidenced by:	S9999		

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Based on observation, interview, and record review the facility failed to maintain transmission-based precautions for one resident (R3) of seven residents reviewed for infection control in a sample list of seven residents.

Findings include:

R3's Infection Note dated 2/1/2025 at 1:10PM documents IV (Intravenous Antibiotics) continued for sepsis. No adverse reactions noted from antibiotics. Isolation precautions maintained for Vancomycin Resistant Enterococcus, Methicillin Resistant Staphylococcus Aureus, & Extended Spectrum Beta Lactamase. Jackson Pratt drain in place to Abdomen with small amt gray output. IV (intravenous) site right chest free of symptoms of infection/infiltration. Antibiotic eye gtts (drops) continued. (R3) has no complaint itching or burning eyes. No drainage from eyes.

R3's current physician's orders printed 3/18/25 at 10:42AM document an active physician's order for "Contact Isolation."

On 3/17/25 at 10:00AM R3 was resting in bed. Cholecystostomy drain in place right abdomen small amount bilious yellow drainage noted. No sign was post on R3's door indicating precautions of any kind. No supply of personal protective equipment or linen/trash containers were observed in R3's room or near R3's room. R3 stated ""I had my gall bladder out last November and I got an abscess. I had a bulb drain in, but they changed it to that when I was in the hospital with pneumonia." R3 pointed to Cholecystostomy bag to the right abdomen. "They did wear gowns and stuff for a while, but they don't now."

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S9999	Continued From page 2 On 3/18/25 at 11:00AM V3 (Regional Administrator) verified R3 has a current order for contact precautions and should have a sign on the door and Personal Protective Equipment readily available. V3 stated "R3 recently was moved, and I think the isolation was not continued after the move." The facility's policy Enhanced Barrier Precautions dated 7/13/23 states: "Purpose: To reduce transmission of multidrug-resistant organisms. Enhance Barrier Precautions (EBP) should be used when contact precautions do not apply, for residents with any of the following: Open wounds that require a dressing change; Indwelling Medical Devices; Infection or colonized with a MDRO. "B" Statement of Licensure Violations 2 of 9 : 300.610a) 300.1210b)4) 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.	S9999		

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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.

4) 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.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review the facility failed to provide assistance with shaving and oral care for one resident (R4) of seven residents reviewed for Activities of Daily Living (ADL's) in a sample list of seven.

Findings include:

On 3/17/25 at 1:00PM R4 was resting in bed. R4 was noted to be alert, orientated and verbally appropriate. R4 had long unkept facial hair. R4 stated "I need help bushing my teeth and they won't help me. It's important to me." Resident denies he is growing out his beard and stated

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"they don't help me shave either. I would feel a lot better if they helped me shave. I have a mustache, but I don't want a beard. I like to shave every day."

On 3/18/25 at 11:30AM V3 (Administrator) verified it is the expectation of the facility "all residents should be offered assistance brushing their teeth and shaving at least daily."

R4's care plan summary dated 3/17/25 documents "currently needs substantial/maximal assistance with ADL's."

The facility's policy Shaving Male/Female reviewed 9/7/23 states "Resident will be free of facial hair-male and female. If the resident is alert and oriented and requests not to be shaved, this will be noted in the care plan. Responsibility: All nursing assistants, monitored by the charge nurse."

"B"

Statement of Licensure Violations 3 of 9:
300.610a)
300.1210d)5)

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

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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
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:
5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review the facility failed to implement interventions to prevent a new facility acquired pressure sore for one resident (R7) of five residents reviewed for pressure ulcers in a sample list of seven residents.

Findings include:

R7's admission skin risk assessment dated 3/14/25 documents R7 has no pressure areas and was admitted 3/6/25. This assessment documents R7 is at risk for pressure sores and documents the following interventions should be

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in place: Pressure Relieving device for bed and pressure relieving device for chair.

On 3/17/25 at 9:30AM R7 was resting in bed. (R7) was alert, orientated and verbally appropriate. No special mattress was noted on R7's bed. No pad was noted in R7's wheelchair. R7 stated " I have some new sores on my butt from scooting across the sheets."

On 3/18/25 at 11:30AM V3 (Administrator) verified it is the expectation of the facility residents at high risk for skin breakdown have interventions in place to prevent skin breakdown and all residents are assessed regularly for new skin breakdowns.

On 3/17/25 at 3:00PM R7 was assisted to stand with gait belt by V7 (Licensed Practical Nurse/LPN) and V13 (Certified Occupational Therapy Assistance/COTA). R7's pants were soaked with urine. A beefy red open area approximately 4 inch in diameter was noted on R7's buttocks. R7 stated "It Hurts especially when I slide across the sheets." V7 stated "I was not aware of this. I will notify the doctor and get a treatment started."

The facility policy Decubitus Care/Pressure Ulcers revised 1/2018 states "Upon notification of skin breakdown, the QA form for Newly Acquired Skin Condition will be completed and forwarded to the Director of Nurses. The pressure area will be assessed and documented on the Treatment Administration Record or the Wound Documentation Record."

"B"

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Statement of Licensure Violations 4 of 9: 300.1220a)1)2)

Section 300.1220 Supervision of Nursing Services
a) Each facility shall have a director of nursing services (DON) who shall be a registered nurse.
1) This person shall have knowledge and training in nursing service administration and restorative/rehabilitative nursing. This person shall also have some knowledge and training in the care of the type of residents the facility cares for (e.g., geriatric or psychiatric residents). This does not mean that the director of nursing must have completed a specific course or a specific number of hours of training in restorative/rehabilitative nursing unless this person is in charge of the restorative/rehabilitative nursing program. (See Section 300.1210(a).)
2) This person shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. At least 50 percent of this person's hours shall be regularly scheduled between 7 A.M. and 7 P.M.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility does not employ a full time Director of Nursing. This failure has the potential to affect all residents who reside at the facility.

Findings include:

The Facility Midnight Census Report dated 3/17/25 documents 38 residents currently reside at the facility. A current facility assessment was requested. V3 (Corporate Administrator) stated "I

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don't have a hard copy of the facility assessment and I am unable to find the current facility assessment on the computer."

On 3/18/25 at 2:00PM V3 stated the facility has not had a Director of Nursing since "the beginning of February 2025." V3 verified the facility houses residents with a variety of skilled nursing needs.

"C"

Statement of Licensure Violations 5 of 9: 300.696b)1)

Section 300.696 Infection Prevention and Control
b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code.
1) All staff shall be trained at least annually on basic infection prevention and control practices based on job responsibilities. Training records shall be maintained for three years. For the purposes of this Section, "staff" means those individuals who work in the facility on a regular (that is, at least once a week) basis, including individuals who may not be physically in the facility for a period of time due to illness,

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disability, or scheduled time off, but who are expected to return to work. This also includes individuals under contract or arrangement, including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, or volunteers, who are in the facility on a regular basis.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to provide staff education on infection control for the last twelve months. This failure has the potential to affect all 38 residents who reside in the facility.

The findings include:

The facility census dated 3/17/25 documents 38 residents currently reside in the facility.

The facility infection control policy dated 3/10/2022 documents that the policy is to monitor the effectiveness of the facility work practices and protective equipment including but not limited to improvement in training and work practices and an annual review of all policies, procedures, and programs related to infection control.

On 3/19/25 at 9:00AM, V6 (Infection Preventionist) stated that the facility could not provide infection prevention education for staff over the past twelve months.

On 3/19/25 at 9:45AM, V3 (Regional Administrator) stated that she would expect infection control education for staff to be done annually or more often.

"C"

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Statement of Licensure Violations 6 of 9:
300.610a)
300.1060a)
300.1060b)
300.1060c)
300.1060d)

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 300.1060 Vaccinations
a) A facility shall annually administer or arrange for administration of a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu

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season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213(a) of the Act)

b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, arranged, refused or medically contraindicated. (Section 2-213(a) of the Act)

c) A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213(b) of the Act)

d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213(b) of the Act)

This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to provide and document influenza and pneumococcal vaccinations for three (R2, R3, and R4) of five residents reviewed for immunizations from a total sample list of seven residents.

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S9999	Continued From page 12 The findings include: The facility Immunization of Residents Policy dated 4/21/22 documents that the facility will offer immunizations and vaccination that aid in the prevention of infectious diseases unless medically contraindicated or otherwise ordered by the resident's attending physician or the facility's medical director. The facility will educate the resident or representative about the importance of vaccinations such as influenza and pneumonia, the facility will obtain consent or refusal by the resident or his representative and provide the vaccination as appropriate. 1.) R2's resident pneumonia vaccine consent documents a request for a pneumonia vaccine dated 1/24/25, but R2's medical record does not document a pneumonia vaccine administered. 2.) R3's resident pneumonia vaccine consent documents a request for a pneumonia vaccine dated 1/28/25, but R3's medical record does not document a pneumonia vaccine administered. R3's resident influenza vaccine consent documents a request for a pneumonia vaccine dated 1/8/25, but R3's medical record does not document an influenza vaccine administered. 3.) R4's medical record does not document education, a consent, refusal, nor administration of the pneumonia and influenza vaccinations. On 3/19/25 at 8:55AM, V5 (Minimum Data Set Coordinator) stated that R2, R3, and R4 do not have completed vaccination education, consents, administrations or refusals and they are supposed to be completed upon admission.	S9999		

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SHELBYVILLE HEALTHCARE & SENIOR LIVIN(	2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565

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S9999	Continued From page 13 "B" Statement of Licensure Violations 7 of 9: 300.1410a) 300.1410b) 300.1410c)1) 300.1410g) Section 300.1410 Activity Program a) The facility shall provide an ongoing program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident, in accordance with the resident's comprehensive assessment. The activities shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents. b) Activity personnel shall be provided to meet the needs of the residents and the program. Activity staff time each week shall total not less than 45 minutes multiplied by the number of residents in the facility. This time shall be spent in providing activity programming as well as planning and directing the program. The time spent in the performance of other duties not related to the activity program shall not be counted as part of the required activity staff time. c) Activity Director and Consultation 1) A trained staff person shall be designated as activity director and shall be responsible for planning and directing the activities program. This person shall be regularly scheduled to be on duty in the facility at least four days per week. g) The facility shall provide a specific, planned program of individual (including self-initiated) and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008536	A. BUILDING: _____ B. WING _____	03/19/2025

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S9999	Continued From page 14	S9999		

group activities that are aimed at improving, maintaining, or minimizing decline in the resident's functional status, and at promoting well-being. The program shall be designed in accordance with the individual resident's needs, based on past and present lifestyle, cultural/ethnic background, interests, capabilities, and tolerance. Activities shall be daily and shall reflect the schedules, choices, and rights of the residents (e.g., morning, afternoon, evenings and weekends). The residents shall be given opportunities to contribute to planning, preparing, conducting, concluding and evaluating the activity program.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review the facility failed to employ an activity director and failed to assign a staff member to provide activities for residents. This failure has the potential to affect all residents who reside in the facility.

Findings include:

The facility provided census dated 3/17/25 documents 38 residents reside in the facility.

The facility policy dated 9/2017 documents that it is the policy of Shelbyville Rehabilitation and Healthcare Center to provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. The program is under the direction of an Activity Director, who shall have a specific planned program of group and individual activities based upon the resident 's needs and

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S9999	Continued From page 15	S9999		

interests.

On 3/17/25 from 9am-4pm observed residents in the common area. No activities were observed throughout the day.

On 3/18/25 at 11:30AM, R6 stated that she directed activities because they didn't have an activity director. "I try to do them every other day. This afternoon I'm going to call BINGO."

On 3/18/25 at 2:30PM, R6 was observed calling BINGO using her personal cellular phone without staff assistance or participation.

On 3/18/25 at 11:35AM, V10 (Licensed Practical Nurse) stated that no staff assist with activities and that when they have them, R6 does them since the activity director left.

On 3/18/25 at 1:34PM, V3 (Regional Administrator) stated, "We should have activities daily and we've been without an activity director since 2/26/25."

"C"

Statement of Licensure Violations 8 of 9:
300.1640a)
300.1640b)

Section 300.1640 Labeling and Storage of Medications
a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage. (See subsections (f) and (g) of this

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S9999	Continued From page 16 Section.) b) All medications for external use shall be kept in a separate area in the medicine cabinet, medicine room, or mobile medication cart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to store refrigerated medications separate from employee drinks. This failure has the potential to affect all 38 residents who reside in the facility. Findings include: The facility provided census dated 3/17/25 documents 38 residents reside in the facility. On 3/19/25 at 10:15AM when reviewing the medication room refrigerator within the nurses' station, 2 large (restaurant name) iced teas were in the refrigerator next to insulin pens, and suppositories. On 3/19/25 at 10:17AM, V5 (Minimum Data Set Coordinator) stated that the suppositories were stock items and could be used for any resident and that the teas were not supposed to be stored in the medication refrigerator. On 3/19/25 at 12:15PM V10 (Licensed Practical Nurse) confirmed that the two iced teas were hers. "C" Statement of Licensure Violations 9 of 9: 300.3250a)	S9999		

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S9999	Continued From page 17 Section 300.3250 Communication and Visitation a) Every resident shall be permitted unimpeded, private and uncensored communication of his choice by mail, public telephone or visitation. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide daily mail to residents. This failure has the potential to affect all 38 residents who reside in the facility. Findings include: The facility census dated 3/17/25 documents 38 residents in the facility. On 3/17/25 at 3:38PM, R5 stated, "They don't provide the mail every day, sometimes it is just twice a week and I want my mail every day. I get a paper twice a week and I didn't get it at all in the month of February. At the end of the month, they just brought in a big pile of mail." On 3/18/25 at 1:30PM, V3 (Regional Administrator) stated that mail releases are given out at admission to ensure that mail is handled appropriately, and that mail should be delivered to residents as it comes into the facility and that R5's mail form could not be found. V3 stated "We will get this addressed." "C"	S9999		