STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000780	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEARDSTOWN HEALTH & REHAB CTR	8306 ST LUKES DRIVE BEARDSTOWN, IL 62618

(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 Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210a) 300.1210b) 300.1210c) 300.1210d)5) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000780	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEARDSTOWN HEALTH & REHAB CTR	8306 ST LUKES DRIVE BEARDSTOWN, IL 62618

(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 1	S9999		

care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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.

These requirements were not met as evidenced by:

Based on observation, interview, and record review the facility failed to update pressure relieving interventions to the care plan and implement pressure relieving interventions to prevent facility acquired pressure ulcer for two of two residents (R11 and R42) reviewed for pressure ulcers in the sample of 37. These failures resulted in R11 developing a painful stage three facility acquired pressure ulcer to the coccyx and R42 developing a stage three facility acquired pressure ulcer to the left third fingertip.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000780	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEARDSTOWN HEALTH & REHAB CTR	8306 ST LUKES DRIVE BEARDSTOWN, IL 62618

(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 2 Findings include: The Pressure Ulcer Prevention, Identification and Treatment policy dated 10/16/23 documents "Purpose: To provide guidelines that will assist nursing staff in prevention, identification, and appropriate treatment of pressure ulcers. Policy: Prevention program including turning and positioning, will be utilized for all residents who have been identified of being at risk for developing pressure ulcers. The facility will initiate an aggressive treatment program for those residents who have pressure ulcers. Responsibility: A pressure ulcer is defined as any lesion caused by unrelieved pressure those results in damage to underlying tissue. Pressure ulcers usually occur over bony prominence and are graded or staged to classify the degree of tissue damage observed. The staging method is one method of describing the extent of the tissue damage in the pressure sore. Stage III: Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. Procedure: 3. When a pressure ulcer is identified whether in-house, or upon or resident's admission, the area will be assessed using the Skin & (and) Wound assessment and initial treatment started per physician's orders. 4. The physician is to be notified when A) pressure ulcer develops, B) when there is a noted lack of improvement after a reasonable amount of time, C) and/or upon signs of deterioration. 5. If Pressure Ulcer is found initiate a treatment sheet and complete the skin inspection assessment in (computer). Nurse will complete the Skin & Wound Assessment in (computer)."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000780	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEARDSTOWN HEALTH & REHAB CTR	8306 ST LUKES DRIVE BEARDSTOWN, IL 62618

(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 3	S9999		

1. R11's Order Summary Report dated 4-8-25 documents R11 is an 88-year-old that was admitted to the facility on 1-22-25 with the diagnoses of Hemiplegia and Hemiparesis following Cerebral Infarction Affecting the Left Dominant Side, Difficulty in Walking, Abnormalities of Gait and Mobility, and Lack of Coordination.

R11's Admission MDS (Minimum Data Set) Assessment dated 1-29-25 documents R11 is cognitively intact, is dependent on staff for sitting, transferring, and rolling left and right. This same MDS documents R11 had no pressure ulcers on admission.

R11's Care Plan dated 1-22-25 documents, "Bed Mobility-Assist to turn and reposition every two hours in bed and wheelchair. Bed Mobility-One-person physical assist. Needs assist to roll side to side in bed."

R11's Care Plan dated 3-24-25 documents, "Actual Pressure Ulcer Site: Coccyx stage three. Interventions: Daily Skin Checks. Provide off-loading of ulcer site."

R11's Braden Scale for Predicting Pressure Sore Risk dated 3-12-25 documents, "Moisture: Very Moist. Activity: Chairfast. Friction and Shear: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets if impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation leads to almost constant friction. Moderate risk for development of pressure ulcers."

R11's Health Status Note dated 3-19-25 and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000780	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEARDSTOWN HEALTH & REHAB CTR	8306 ST LUKES DRIVE BEARDSTOWN, IL 62618

(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 4	S9999		

signed by V8 (LPN/Licensed Practical Nurse) documents, "Facility wound sweep completed. Pressure area to coccyx. Wound MD (Medical Doctor) here to assess area. N.O. (New Order) hydrocolloid (gel bandage) dressing to area. MD and POA (Power of Attorney) aware."

R11's Skin and Wound Evaluation dated 3-19-25 documents, "Type: Pressure. Stage three full-thickness skin loss. Location: Coccyx. Acquired: In-House Acquired. How long has the wound been present: Exact date-3-19-25. Wound Measurements: 0.2 cm (centimeters) by 0.6 cm by 0.4 cm. Wound bed: 100 percent granulation. Exudate: Light serous. Treatment: Hydrocolloid."

R11's Wound Assessment and Plan dated 3-19-25 and signed by V20 (Wound Physician) documents, "Wound Location: Coccyx. Wound Type: Pressure Injury. Pressure Injury Stage: Three. Wound Onset Date: 3-19-25. Wound Measurement 1.5 cm by 1.0 cm by 0.1 cm depth. Peri-wound: Erythema. Treatment: Hydrocolloid."

R11's Skin and Wound Evaluation dated 4-2-25 documents, "Type: Pressure. Stage three full-thickness skin loss. Location: Coccyx. Acquired: In-House Acquired. How long has the wound been present: Exact date-3-19-25. Wound Measurements: 0.3 cm (centimeters) by 0.8 cm by 0.5 cm. Wound bed: 80 percent granulation. Exudate: None. Treatment: Hydrocolloid."

On 4-7-25 at 11:14 AM R11 was lying in bed with a low-air-loss mattress. R11 was lying on her back with her coccyx directly on the mattress. R11 stated, "The sore on my tailbone is very sore.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000780	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEARDSTOWN HEALTH & REHAB CTR	8306 ST LUKES DRIVE BEARDSTOWN, IL 62618

(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 5	S9999		

I am up in my wheelchair for over four hours almost every morning and at dinnertime. I am sure that is why I got the sore to my bottom. I would prefer to lay down more often. When I am up in the wheelchair it hurts my tailbone."

On 4-7-25 at 12:05 PM V10 (CNA/Certified Nursing Assistant) and V12 (CNA) provided R11 with incontinence cares. After incontinence cares, V10 and V12 positioned R11 in the bed, onto her back, with her coccyx directly on the mattress. V10 and V12 did not provide off-loading of pressure to R11's coccyx.

On 4-8-25 at 11:00 AM R11 was lying in bed on her right side. V8 (LPN/) provided wound care to R11's coccyx pressure ulcer. R11's coccyx pressure ulcer was approximately 0.3 cm by 0.8 cm by 0.5 cm and had a small amount of yellow drainage. V8 applied a hydrocolloid dressing to R11's coccyx.

On 4-8-25 at 11:05 AM V8 (LPN) stated, "The facility does a quarterly skin sweep of all residents. I found the wound to (R11's) coccyx when I did the skin sweep on 3-12-25 and the pressure ulcer was a stage three when I found it. (R11) was supposed to have skin checks done every shift. I am not sure why staff did not find the pressure ulcer prior to me finding the pressure ulcer during the skin sweep. The wound to (R11's) coccyx was caused by pressure. R11 should always have off-loading of pressure to the coccyx wound. I do the weekly wound rounds and assessments in the facility."

On 4-8-25 at 3:30 PM V20 (Wound Physician) stated, "(R11's) wound to the coccyx was caused by pressure. (R11's) wound to the coccyx should have off-loading. (R11's) pressure ulcer was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000780	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEARDSTOWN HEALTH & REHAB CTR	8306 ST LUKES DRIVE BEARDSTOWN, IL 62618

(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 6	S9999		

avoidable."

2. R42's Order Summary Report dated 4-8-25 documents R42 is an 87-year-old admitted to the facility on 4-19-22.

R42's Braden Scale for Predicting Pressure Sore Risk documents, "Moisture: Very moist. Activity: Chair fast. Mobility: Slightly limited. Friction and Shear: Potential Problem. At risk for development of pressure ulcers."

R42's MDS Assessment dated 1-28-25 documents R42 is cognitively intact, is dependent on staff for all ADLs, has a functional limitation in range of motion to one side of the upper extremity, and does not receive splint or brace assistance.

R42's Care Plan dated 2-20-25 through 4-9-25 does not include pressure relieving interventions to prevent pressure of R42's left hand/left fingers.

R42's Wound Documentation Assessment documents, "In-House development. Date identified: 2-14-25. Location: Left middle finger. Type: Pressure. Pressure Ulcer Staging: Stage Three. Wound Bed: Moist. Drainage: Minimal bloody. Wound measurements: 1.0 cm by 0.7 cm by 0.1 cm."

R42's Initial Wound Assessment and Plan dated 2-20-25 and signed by V20 (Wound Physician) documents, "Wound Location: Left third finger. Wound Type: Pressure Injury. Pressure Injury Stage: Three. Wound Onset Date: 2-14-25. Wound Measurement 1.0 cm by 0.7 cm by 0.1 cm depth. 50 percent granulation tissue and 50 percent granulation. Treatment: Rolled abdomen (pad) in palm. (Foam) dressing under tip of thirds

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000780	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEARDSTOWN HEALTH & REHAB CTR	8306 ST LUKES DRIVE BEARDSTOWN, IL 62618

(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 7	S9999		

finger. Change if saturates every three days and as needed."

R42's Wound Assessment and Plan dated 4-2-25 and signed by V20 documents, "Wound Location: Left third finger. Wound Type: Pressure Injury. Pressure Injury Stage: Three. Wound Onset Date: 2-14-25. Wound Measurement 0.6 cm by 0.3 cm by 0.1 cm depth. 100 percent granulation tissue. Treatment: Rolled abdomen (pad) in palm. Essential to ensure no contact of fingertip with palm. Discontinue (foam) dressing."

On 4-7-25 at 1:24 PM R42 was sitting in her wheelchair in her room. R42 had an abdominal pad rolled up in the left hand that was improperly positioned, allowing R42's left third fingertip pressure ulcer to press against R42's palm. R42 stated, "It hurts." During this time R42 verified that the staff did not place a roll or any device in her palm of her left hand prior to R42 developing the pressure ulcer to the left third fingertip. R42's left third fingertip had a reddened 0.6 cm round wound and the area surrounding the wound was red.

On 4-8-25 at 10:42 AM R42 was lying in bed. R42 had an abdominal pad rolled up in the left hand that was improperly positioned, allowing R42's left third fingertip pressure ulcer to press against R42's palm.

On 4-9-25 at 12:30 PM V2 (Director of Nursing) stated, "On (2-14-25) (R42) was sitting at the nurses' desk and asked me to look at her finger because it was hurting. That is when I found the pressure ulcer to (R42's) finger. (R42's) current care plan does not include pressure relieving interventions to address (R42's) left third finger pressure ulcer."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000780	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEARDSTOWN HEALTH & REHAB CTR	8306 ST LUKES DRIVE BEARDSTOWN, IL 62618

(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 8 On 4-8-25 at 11:05 AM V8 (LPN) stated, "The wound to (R42's) left third finger was caused by pressure." On 4-8-25 at 3:30 PM V20 (Wound Physician) stated, "I ordered (R42) abdominal pads for the staff to roll up and place in (R42's) palms to prevent pressure. (R42's) wound to the left third finger was caused by pressure. (R42) had a contracture and the left third finger was pressing against (R42's) palm. (R42) did not have anything rolled up in her left palm when I assessed the wound originally." "B"	S9999		