

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000624		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/11/2025	
NAME OF PROVIDER OR SUPPLIER MONMOUTH REHAB AND NURSING				STREET ADDRESS, CITY, STATE, ZIP CODE 117 SOUTH I STREET , MONMOUTH, Illinois, 61462			
(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) COMPLETION DATE	
S0000	Initial Comments		S0000				
	First Probationary Licensure Survey						
S9999	Final Observations		S9999				
	Statement of Licensure Violations (1 of 5)						
	300.696d)1)						
	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						
	These requirements were not met as evidenced by:						
	Based on observation, interview and record review the facility failed to ensure a resident's ability to perform his own indwelling catheter care and indwelling catheter flushes as ordered by the physician in a way that does not cross contaminate the indwelling catheter for one resident (R2) of one resident reviewed for self-care of a catheter in a total sample of eighteen. These failures led to R2 performing catheter care and flushes in a way that encourages contamination of the indwelling catheter.						
	Findings Include:						
	The Center for Disease Control and Prevention website documents "Guideline for Prevention of Catheter Associated Urinary Tract Infection" documents "A. Perform hand hygiene immediately before and after insertion or any manipulation of the catheter device or site" and "C. Use Standard Precautions, including the use of gloves and gown as appropriate, during any manipulation of the catheter or collecting system."						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued from page 1</p> <p>The Facility's "Hand Washing" policy dated 10/28/2024 documents "Hand washing is an integral part of an effective infection control program. Its purpose is to reduce the risk of blood borne illness and prevent cross contamination." "Hands should be washed before resident care, after resident cares, after breaks, after using the restroom, after smoking or eating, after blowing nose, after disposing of trash, after handling dirty dishes, after picking anything up from the floor, and at any other time deemed necessary."</p> <p>R2's Medical Record documents that he was admitted to the facility on 12/26/2024 with diagnosis to include but not limited to peripheral vascular disease, metabolic encephalopathy, bilateral below the knee amputations, and indwelling catheter for obstructive uropathy.</p> <p>R2's Physician Order Sheet dated June 2025 documents "Indwelling catheter 20 fr (french) 10 ml (milliliter) balloon. Change monthly and PRN (As Needed) for occlusion."</p> <p>R2's Physician Order Sheet dated June 2025 documents "Acetic Acid Irrigation Solution 0.25% use 50 ml (milliliter) one time a day for (indwelling catheter) irrigation." "Acetic Acid Irrigation Solution 0.25% use 50 ml (milliliter) as needed for occlusion."</p> <p>R2's MDS (Minimum Data Set) documents R2's BIMS (Brief Interview for Mental Status) score of 15 of possible 15 points, indicating R2 is cognitively intact.</p> <p>On 6/10/25 at 11:30 AM R2 stated that he does his own catheter care and flushes as ordered by the physician. "Other than this constant infection that wipes me out, I have been doing ok. I can do most of my own cares and once we figure out why I can't get rid of the infection I hope to go home."</p> <p>On 6/10/25 at 1:30 PM V2 (Director of Nursing) confirmed that R2 performs his own flushes and does his own indwelling catheter care. V2 could not provide any documentation of any education provided to R2 about how to perform these cares using Standard Precautions. V2 stated "I don't know" if R2 had ever been witnessed doing his own cares to assess his ability to perform the cares without cross contamination.</p> <p>On 6/10/25 at 12:00 PM V9 (Licensed Practical Nurse) confirmed that R2 did his own catheter care and his own flushes. "We change (the indwelling catheter) when he needs but otherwise, he does all of it."</p>		S9999				

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S9999	<p>Continued from page 2</p> <p>On 6/11/25 at 9:30 AM V12 and V13 (Certified Nurse Aide) both stated that R2 did his own catheter care and flushed his own catheter. Both stated that they laid out towels for R2 and he did the rest of his cares.</p> <p>On 6/10/25 at 12:30 PM R2 prepared to perform a flush of Acetic Acid to his catheter. R2 did not perform any hand hygiene. R2 took a syringe that was in an undated and unlabeled graduated cylinder and pulled up approximately 50 ccs (Cubic Centimeters) of clear fluid. R2 stated "That is the citric acid" and he laid the full, uncapped syringe on the bed between his legs. R2 disconnected his catheter drainage tubing from the catheter and laid it on the bed and held it down to the bed with the top of his left leg/stump. R2 then picked up the syringe and pushed the fluid into his catheter and put the syringe back in the undated/unlabeled graduated cylinder. R2 then lifted his left leg/stump and took the catheter drainage tubing reconnected it to the catheter.</p> <p>On 6/11/25 at 11:00 AM V12 and V13 (Certified Nurse Aide) provided R2 with a soapy washcloth, a plain wet washcloth and a towel. V12 and V13 remained in the room during his self-care. R2 did not perform any hand hygiene. R2 pulled down his adult undergarment with both hands and took the soapy washcloth in his right hand and scrubbed back and forth in his general groin area and then used his left hand to hold the catheter tubing outward. R2 used the same soapy washcloth and washed back and forth towards the insertion site. R2 repeated these motions with the plain washcloth and the towel.</p> <p>On 6/11/25 at 11:10 AM V12 (Certified Nurse Aide) confirmed that R2 did not wash his hands prior to or after performing catheter care and that he washed towards the catheter insertion site while performing cares.</p> <p>R2's "Urine Culture" dated 5/1/25 documents "Culture Results: Greater than 1000,000 CFU (Colony Forming Units) per ml (milliliter)."</p> <p>R2's Physician Order Sheet for May 2025 documents R2 received Ceftriaxone 1 Gram every day for Urinary Tract Infection 5/2/25-5/8/25.</p> <p>(B)</p> <p>Statement of Licensure Violations (2 of 5)</p> <p>300.2040b)2)</p>		S9999				

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S9999	<p>Continued from page 3 300.2040f)</p> <p>300.32102A)C)</p> <p>Section 300.2040 Diet Orders</p> <p>b) Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian.</p> <p>2) The diet shall be served as ordered.</p> <p>f) The kinds and variations of prescribed therapeutic diets must be available in the kitchen. If separate menus are not planned for each specific diet, information for each specific type, in a form easily understood by staff, shall be available in a convenient location in the kitchen.</p> <p>Section 300.3210 General</p> <p>2) Residents shall have their basic human needs, including but not limited to water, food, medication, toileting, and personal hygiene, accommodated in a timely manner, as defined by the person and agreed upon by the interdisciplinary team.</p> <p>A) A facility shall treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of the resident's quality of life, recognizing each resident's individuality.</p> <p>C) Residents have the right to reside in and receive services in the facility with reasonable accommodation of their needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to have condiments to meet the specialty diet expectations for all eleven diabetic residents (R7, R8, R9, R11, R12, R13, R14, R15, R16, R17, and R18) observed during meal observation in a total sample of eighteen.</p> <p>Findings Include:</p> <p>The Facility's "Resident Council Meeting Minutes" dated 4/25/25 documents "A concern was mentioned from several of the residents that they are not always getting</p>			S9999			

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S9999	<p>Continued from page 4 things like condiments, salt, pepper, coffee and juices on their trays."</p> <p>The Facility's "Diet Type Report" dated 6/11/25 lists the following residents as being diabetic and on a "Carb (Carbohydrate) Controlled Diet)" R7, R8, R9, R11, R12, R13, R14, R15, R16, R17 and R18.</p> <p>The Facility's posted meal for 6/11/25 "Breakfast" documents "assorted juice, choice of hot or cold cereal, french toast casserole, sausage patty, margarine/syrup, milk/beverage."</p> <p>On 6/11/25 at 8:15 AM R11 was served her meal and she requested sugar free syrup from the staff member. That staff member walked to the kitchen and V3 (Dietary Manager) went to R11's table and told her that there was no sugar free syrup available. R11 was upset and stated "How do I eat french toast with no syrup? My blood sugars have been so high, I don't want to risk regular syrup."</p> <p>On 6/11/25 at 8:30 AM R11 stated "Since this new company took over it is like pulling teeth to get anything extra or even the basics from the kitchen. Somebody has slashed their budget or something." R11 declined to elaborate on any other instances of condiments not available to her. "I am tired of complaining. It gets me nowhere."</p> <p>On 6/11/25 at 9:00 AM R15 confirmed that she is on a carbohydrate controlled diet and had french toast casserole served to her this morning for breakfast. R15 stated "I couldn't eat it because we didn't have any sugar free syrup. I am no angel with my diet, but I could not justify dumping liquid sugar onto breakfast. My blood sugar would have went sky high and then dropped out."</p> <p>On 6/11/25 at 11:00 AM V3 (Dietary Manager) stated "The recipe (for french toast casserole) called for regular sugar to be used therefore the dietary requirements were met." V3 confirmed there was no sugar free syrup or any other condiment for residents on a controlled carbohydrate diet to put on their french toast that would have met the expectations of a controlled carbohydrate diet. V3 confirmed that there was regular syrup passed out on the meal tray for everyone except the controlled carbohydrate diet residents (R7, R8, R9, R11, R12, R13, R14, R15, R16, R17 and R18.) "My (food delivery) is tomorrow."</p> <p>(B)</p>			S9999			

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S9999	<p>Continued from page 5 Statement of Licensure Violations (3 of 5)</p> <p>300.610a)</p> <p>300.1210a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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)</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to develop a comprehensive care plan for anticoagulant use for one (R5) of five residents reviewed for care plans in a sample of seventeen.</p> <p>Findings include:</p> <p>The Facility's "Care Plans" policy revised November 6, 2019, documents, "Our facility's Care Planning/Interdisciplinary Team is responsible for the</p>			S9999			

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S9999	<p>Continued from page 6 development of an individualized comprehensive care plan for each resident. 1. A comprehensive care plan for each resident is developed within seven (7) days of completion of the resident assessment (Minimum Data Set/MDS). 2. The care plan is based on the resident's comprehensive assessment and is developed by a care planning/interdisciplinary team..."</p> <p>R5's Admission record documents that R5's date of admission to the facility was 3/13/24 and his diagnoses include Acute Kidney Failure with Tubular Necrosis, Obstructive and Reflux Uropathy, and Chronic Kidney Disease Stage 3A.</p> <p>R5's Physician Orders dated 2/18/25, documents R5 has an order for Warfarin Sodium (anticoagulant) give 3mg (milligrams) by mouth in the evening every other day for Unspecified Atrial Fibrillation and Warfarin Sodium give 4mg by mouth in the evening every other day for Unspecified Atrial Fibrillation.</p> <p>R5's Minimum Data Set (MDS) assessment dated 3/21/25, documents R5 is currently on an anticoagulant.</p> <p>R5's current care plan has no anticoagulation use documented.</p> <p>On 6/10/25 at 2:30pm, V5 (Licensed Practical Nurse/LPN) stated that R5 should have an anticoagulant care plan and verified he does not.</p> <p>(C)</p> <p>Statement of Licensure Violations (4 of 5)</p> <p>300.1610a)1)</p> <p>300.1630a)</p> <p>Section 300.1610 Medication Policies and Procedures</p> <p>a) Development of Medication Policies</p> <p>1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.</p> <p>Section 300.1630 Administration of Medication</p>			S9999			

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S9999	<p>Continued from page 7</p> <p>a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to have licensed personnel administer medication to one (R7) of six residents reviewed for medication administration in a sample of seventeen.</p> <p>Findings include:</p> <p>The Facility's "Administering Medication" policy revised October 15, 2023, documents, "To ensure safe and effective administration of medication in accordance with physician orders and state/federal regulations. 1. Only persons licensed or permitted by this State may prepare, administer, or record the administration of medications. Nursing personnel who are authorized to administer medications include: Registered Nurses and Licensed Practical Nurses."</p> <p>R7's Admission record documents that R7's date of admission to the facility was 2/9/24 and her diagnoses include Acute on Chronic Respiratory Failure with Hypoxia, Obstructive Sleep Apnea, and Idiopathic Sleep Related Nonobstructive Alveolar Hypoventilation.</p> <p>R7's Physician Orders dated 10/11/24, documents R7 has an order for Albuterol Sulfate Nebulization Solution (2.5 mg/milligram per 3ml/milliliter) 0.083% 3ml inhale orally via nebulizer every 4 hours as needed for Shortness of Breath and Physician orders dated 5/30/25 documents R7 has an order for Albuterol Sulfate Inhalation Nebulization Solution (Albuterol Sulfate) 3mg/ml inhale orally via nebulizer two times a day for COPD/Chronic Obstructive Pulmonary Disease.</p> <p>On 6/10/25 at 11:30am, V4 (Licensed Practical Nurse) noted handing R7's family member (V10) a vial of medication for a nebulizer machine. R7's family member (V10) went to R7's room where she was observed putting the vial of medication into R7's nebulizer machine, handing R7 the nebulizer inhalation device and turning machine on. V4 stated, "I did give (R7's family member/V10) (R7's) Albuterol (for (R7's) nebulizer machine and let (V10) give it to (R7). I know I</p>		S9999				

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S9999	<p>Continued from page 8 shouldn't have; it was a onetime thing."</p> <p>(B)</p> <p>Statement of Licensure Violations (5 of 5)</p> <p>300.610a)</p> <p>300.3220k)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.3220 Medical Care</p> <p>k) A resident shall be permitted respect and privacy in his or her medical and personal care program. Every resident's case discussion, consultation, examination and treatment shall be confidential and shall be conducted discreetly, and those persons not directly involved in the resident's care must have his or her permission to be present. (Section 2-105 of the Act)</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure urinary collection bag was placed in a dignity bag when hanging at bedside for one (R5) of two residents reviewed for indwelling urinary catheters in a sample of seventeen.</p> <p>Findings include:</p> <p>The Facility's "Indwelling Catheter" policy dated December 29, 2023, documents, "To provide for and maintain constant urinary drainage, to monitor the kidney functions of the seriously ill resident, and to obtain a urine specimen for diagnostic purposes. Generally, urinary catheterization is indicated: 1. To relieve urinary tract obstruction (Obstructive Uropathy). 2. To permit urinary drainage in patients with Neurogenic bladder dysfunction and Urinary</p>			S9999			

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S9999	<p>Continued from page 9 retention. 3. To aid in urologic surgery or other surgery on contiguous structures...The two types of drainage bags are a leg bag and a bedside bag. A leg bag is smaller and holds less urine than a bedside drainage bag. Both bags are used to collect urine from a urinary catheter. Catheter bags should be replaced monthly unless the provider orders otherwise...8. Open new bag and place in dignity cover and hook to bed frame or fasten to leg for leg bag."</p> <p>R5's Admission record documents that R5's date of admission to the facility was 3/13/24 and his diagnoses include Acute Kidney Failure with Tubular Necrosis, Obstructive and Reflux Uropathy, and Chronic Kidney Disease Stage 3A.</p> <p>R5's Minimum Data Set (MDS) assessment dated 3/21/25, documents R5 has an indwelling urinary catheter.</p> <p>R5's current care plan documents, "(R5) has, suprapubic Catheter: r/t (related to) dx (diagnosis) of obstructed uropathy."</p> <p>On 6/10/25 at 9:40am, R5 was noted to be lying in bed on his left side with a cover pulled up to chest, urinary collection bag hanging on door side of the bed with no dignity bag in place.</p> <p>On 6/11/25 at 10:20am, R5 was lying in bed with urinary collection bag hanging on door side of bed in view from the hallway with no dignity bag in place. V7 (Licensed Practical Nurse/LPN) stated, "You're right his (R5) urinary collection bag should be in a dignity bag, I'll go get him one."</p> <p>(C)</p>		S9999				