STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0011643	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET HOME	418 WASHINGTON STREET , QUINCY, Illinois, 62301

(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 Annual Licensure and Certification Survey Complaint Investigation 2529700/2634874	S0000		12/12/2025
S9999	Final Observations Statement of Licensure Violations: (1 of 2) 300.690b) 300.690c) Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. These requirements were not met as evidenced by: Based on record review and interview the facility failed to report a fall with major physical injury to the State Agency within 24 hours for one of five residents (R31) reviewed for falls in the sample of 39. Findings include:	S9999		12/12/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 R31's Progress Notes dated 11/6/25 at 4:45 AM documents R31 was found at the end of the footrest of her recliner on the ground with a gash measuring approximately three cm (centimeters) by 0.5 cm to R31's right temple. R31's Progress Notes dated 11/6/25 at 5:02 AM documents R31 was sent to the emergency room to receive stitches to the laceration to R31's right temple. R31's Hospital Emergency Room Visit Summary dated 11/6/25 documents R31 was treated at the emergency room for the diagnoses of Facial Laceration and Closed Head Injury without loss of consciousness after a fall and was treated with stiches to close the facial laceration. R31's Electronic Health Record and the facility IDPH (Illinois Department of Public Health) Investigation Reports do not include evidence of R31's fall with a head laceration on 11/6/25 being reported to IDPH. On 11/19/25 at 10:40 AM V1 (Administrator) stated, "I should have followed the Administrative Code 300.690 Incidents and Accidents and reported R31's fall (on 11/6/25) to IDPH (Illinois Department of Public Health) since (R31) required stitches for a laceration. I did not report (R31's) fall with injury to IDPH. That is on me." (B) (2 of 2) 300.610a) 300.1210b) 300.3210t) 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.	S9999		

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S9999	Continued from page 2 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. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide timely toileting assistance and failed to honor a resident's dignity and self determination for one (R53) of three residents reviewed for resident rights in a sample of 39. These failures resulted in R53 becoming incontinent of urine on multiple occasions and lying in her own urine for over two hours, which resulted in R53 experiencing embarrassment and disgust. Findings include: The facility's Certified Nursing Assistant job description reviewed 2/14/13, documents the primary purpose of your job description is to provide your assigned residents with routine daily nursing care procedures, and as may be directed by your supervisor. Record all entries on flow sheets, notes, charts, ect., in an informative and descriptive manner. Assist resident with bowel and bladder functions (i.e., take to bathroom, offer bed pan/urinal, portable commode, etc.). Maintain intake and output records as instructed. Keep residents dry (i.e., change gown, clothing, linen, etc., whenever it becomes wet or soiled). Keep incontinent residents clean and dry. R53's current care plan documents R53 will have reduced episodes of incontinence. This same care plan documents R53 requires assistance of two staff members for	S9999		

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S9999	Continued from page 3 toileting. R53's Minimum Data Set (MDS) Assessment dated 10/1/25 documents R53 requires two assist for toilet transfers. R53's medical record does not contain documentation of toileting R53, or if R53 is continent or incontinent when staff assist R53 with toileting. On 11/18/25 at 9:15 AM, R53 was sitting in her wheelchair in the hallway outside of the communal resident bathroom. On 11/18/2025 at 9:25 AM V9 (R53's Family Member) stated the facility does not have enough people to take the residents to the bathroom especially after breakfast in the morning. All the staff are in dining room, and nobody is on the floor to assist residents so by the time R53 can use the toilet she has already soiled herself. This upsets R53 a lot because she does not want to soil herself and understands she needs to use the restroom. V9 stated she has spoken with V1 (Administrator) several times who says, "we are trying to get people trained," but nothing changes. Instead, they keep giving R53 medications to keep her quite because she gets upset about not receiving the correct care. Over the weekend they (facility staff) didn't put an adult brief on her at bedtime and when R53 woke up, she was wet and had to lay in urine for two hours before anyone helped her. On 11/18/25 at 9:45 AM, R53 stated "The staff are not taking me to the bathroom. They tell me 'I'll take you in a minute.' I must wait 30 minutes to an hour normally to go to the restroom. This weekend the staff didn't put an adult brief on me, and I laid in bed for a couple of hours needing to go to the bathroom. I had my call light on, and I pounded on my bedside table with the call light, and nobody came. I don't pee the bed. I am not that person, but I couldn't help it, so I had to pee the bed and lay in my urine for over two hours. I was embarrassed and it was disgusting." On 11/18/25 at 11:00 AM, V22 (Ombudsman) stated V22 has had complaints of call lights not being answered and the lights are being turned off every right at 8:00 PM and after that the call lights are not answered. On 11/18/25 at 10:42 AM, V14 (CNA/Certified Nursing Assistant) stated R53 lets us know when she needs to use the restroom. R53 will get someone or let us know. R53 is continent and only is incontinent if she must wait too long to use the restroom. V14 stated we do not have enough staff here to provide cares especially	S9999		

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S9999	Continued from page 4 after breakfast. The past two weeks we have two aides after 2:00 PM. Thursday and Friday of last week it was only (V14) and V19 (CNA) as the only aides on the floor and it was very hard to get all the residents toileted and laid down in between meals. On 11/18/25 at 11:50 AM, V2 (Director of Nursing) stated that the facility does not have documentation whether a resident was continent or incontinent and they only paper document resident bowel movements. V2 stated we used to document in electronic charting but V1 (Administrator) prefers to document. V2 confirms she has no documentation of R53's toileting record. V2 further stated R53 will verbalize to staff when she needs to use the restroom and will wheel herself to the resident bathroom in the hallway and wait for assistance. V2 stated that staff is expected to answer call lights timely and assist residents with toileting. (B)	S9999		