

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049718		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/03/2025	
NAME OF PROVIDER OR SUPPLIER GALENA STAUSS NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 215 SUMMIT STREET , GALENA, Illinois, 61036			
(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			01/16/2026	
	Annual Licensure and Certification						
S9999	Final Observations		S9999			01/16/2026	
	Statement of Licensure Violations:						
	1 of 5						
	300.615f)						
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information						
	f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.						
	This REQUIREMENT was not met as evidenced by:						
	Based on interview and record review the facility failed to check the Illinois Department of Corrections (IDOC) website for new admissions. This applies to 5 of 5 residents (R8, R28, R32, R40 & R41) reviewed for identified offenders in the sample of 17.						
	The findings include:						
	R8's face sheet shows, he was admitted on 9/11/25. The facility did not check the IDOC website.						
	R28's face sheet shows, she was admitted on 11/14/25. The facility did not check the IDOC website.						
	R32's face sheet shows, she was admitted on 11/3/25. The facility did not check the IDOC website.						
	R40's face sheet shows, he was admitted on 9/17/25. The facility did not check the IDOC website.						
	R41's face sheet shows, he was admitted on 11/18/25. The facility did not check the IDOC website.						

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	Continued from page 1 ON 12/1/25 at 2:03 PM, V1 Administrator stated, she only checks the Federal Bureau of Prisons Inmate locator for new admissions and not the IDOC website. She stated, she didn't know she had too. The facility's resident background checks (no date) shows, "...The background checks will be to determine if the individual is a registered sex offender via the Illinois State Police Sex Offender Registration File along with the Federal Bureau of Prisons Inmate Locator and in addition to any Criminal Conviction Records via the Illinois State Police CHIRP." The policy does not show they are supposed to check the IDOC sex registrant website. (C) 2 of 5 300.626c) Section 300.626 Discharge Planning for Identified Offenders c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department. This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to notify the Illinois Identified Offender program that a resident was discharged from the facility. This applies to 4 of 4 residents (R42, R43, R44 & R45) reviewed for identified offenders in the sample of 17. The findings include: The Illinois Department of Public Health identified offenders program facility report for the facility shows, the facility has 4 residents (R42, R43, R44 & R45) residing in the facility. On 12/1/25 at 2:03 PM, V1 Administrator stated, she didn't even know who R42, R43, R44 or R45 was. They have never been in the facility while she has been working there. R42's face sheet shows, he was admitted to the facility on 7/9/2020 and discharged on 9/27/20. R43's face sheet shows, he was admitted to the facility		S9999				

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S9999	Continued from page 2 on 5/2/17 and discharged on 2/2/19. R44's face sheet shows, he was admitted to the facility on 7/6/20 and discharged on 7/9/16. R45's face sheet shows, he was admitted to the facility on 6/1/15 and discharged on 6/13/15. On 12/3/25 at 2:25 PM, V1 Administrator stated, the facility did not have a policy on identified offenders. The facility did not provide a policy and/or a procedure for identified offenders admitted to/discharged from the facility. (C) 3 of 5 300.690b) 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. This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to notify the state agency of a resident's fall that resulted in a major injury. This applies to 1 of 17 residents (R5) reviewed for accident/incidents in the sample of 17.		S9999				

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S9999	Continued from page 3 The findings include: R5's Admission Record dated 12/2/25 shows she was admitted to the facility on 3/18/25 with diagnoses including depression, anxiety, non-traumatic subarachnoid hemorrhage, weakness, and unsteadiness on her feet. R5's Progress Note dated 8/14/25 shows R5 fell as she went to sit down for lunch. R5's Incident Note dated 8/14/25 shows, R5 was taken by ambulance to the local emergency room for evaluation. R5 had a fracture of her left hip. On 12/3/25 at 10:07 AM, V12 Registered Nurse said R5 was sent to the emergency room after her fall. V12 said R5 had a skilled stay at the hospital due to fracturing her hip after the fall. V12 said R5's fall was not reported to the state agency. V12 said the facility reports falls with fractures or significant injuries. The facility's policy that was provided in regards to reporting incidents, did not include anything in regards to reporting accident/incidents. (C) 4 of 5 300.610a) 300.610c)2) 300.1210b)2)4)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 the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. c) The written policies shall include, at a minimum the following provisions:			S9999			

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S9999	Continued from page 4 2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray); 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. Restorative measures shall include, at a minimum, the following procedures: 2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. 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. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. These Requirements were not met as evidenced by: Based on observation, interview and record review the	S9999					

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S9999	Continued from page 5 facility failed to provide a restorative program for a resident with limited mobility. This failure resulted in R22 experiencing a decline in mobility. This applies to 1 of 6 residents (R22) reviewed for range of motion/mobility in the sample of 17. The findings include: R22's Admission Record dated 12/2/25, shows she was admitted to the facility on 6/25/25, with diagnoses including osteoarthritis, abnormalities of gait and mobility, morbid obesity, pain in right knee, localized edema, and anxiety disorder. An order for physical therapy was entered on June 25, 2025. On 12/1/25, at 10:57 AM, R22 was observed sitting in her wheelchair. R22 said she is not able to stand. R22 said she does exercises when the exercise room is opened, but it's not opened every day. R22 said when the exercise room is opened, she does exercise to her right leg which is her weaker leg. R22 said no one walks her in the facility. R22 said facility staff have to use the stand lift in order for her to use the bathroom. R22 said she wanted to do enough exercises to allow her to go back home. On 12/3/25, at 9:10 AM, V10 Certified Nursing Assistant (CNA) said when residents get restorative therapy, the minutes are documented in the facility's computer charting program. At 9:12 AM, V11 Restorative CNA said she is working the floor today as a certified nursing assistant. V11 said R22 goes to the exercise room and does exercises with her right leg. V11 said the exercise room is opened at various times. V11 said the exercise room is only opened if there is enough staff because staff has to stay in the exercise room when residents are in there. V11 said the last day the exercise room was opened was on 11/26/25. V11 said she mostly works Monday Friday and every third weekend. V11 said she is usually able to do restorative exercises with the residents 1-2 days per week and the rest of the time she is working on the floor as a CNA because there is not enough staff to allow her to do restorative therapy. At 9:40 AM, V3 Licensed Practical Nurse (LPN) said the facility has a restorative nurse. V3 said the restorative nurse works the floor at times so she is unable to do restorative exercises with the residents. V3 said there is an exercise room that residents can use, but it's not always opened because staff have to be in there, and there are not always staff available to be there. V3 said the purpose of restorative therapy is to keep residents stabilized in their movements, keep their health and weight stable. R22's Minimum Data Set dated 7/8/25, shows that she was using a walker and a wheelchair. R22's Minimum Data Set dated 9/30/25, shows she was only using the wheelchair. R22's Rehab Form dated 6/30/25, shows, "Presents to outpatient physical therapy with		S9999				

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S9999	Continued from page 6 generalized weakness and impaired functional mobility which is not impairing her ability to transfer from her reclining lift chair and also to mobilize with use of her four-wheeled walker and use of the wheelchair. It is patient's desire to return to home alone in her single-story home." R22's Outpatient Therapy discharge note dated 7/25/25, shows, R22 performed all of her exercises with physical therapy and was discharged from physical therapy. "Education provided for home exercise program and continued work on transfers and mobility with restorative therapy. She will continue to work with restorative therapy on strengthening and sit to stand transfers from her wheelchair within the parallel bars or with use of her front wheel walker. She has progressed with transfers from transferring with maximum assistance of one to transferring with minimum to moderate assistance of one with use of front wheel walker. She is able to stand approximately 60 seconds with standby assistance with use of the front wheel walker and is standing more upright without assistance. She is independent with her home exercise program and will continue with strengthening with restorative therapy." R22's Restorative documentation group exercises shows R22 has received 195 minutes of restorative therapy in the last 30 days. There was five days where R22 did not receive any restorative therapy. On 12/3/25, the facility said they did not have a policy in regard to Restorative Therapy. (B) 5 of 5300.610a) 300.1010h) 300.1210b) 300.1210d)1)2) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician		S9999				

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S9999	Continued from page 7 of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. These Requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to obtain and monitor weights for a resident (R6) with recent significant weight loss. The facility failed to inform the dietician of a decreased oral intake for a resident (R6) with recent significant weight loss. The facility also failed to notify the dietician that a resident's (R7) nutritional supplement was discontinued. These failures contributed to R6 and R7's continued weight loss. This applies to 2 of 3 residents (R6, R7) reviewed for weight loss in the sample of 17. The findings include: 1. R6's care plan revised on 7/21/24 showed R6 was at risk for weight loss related to her diagnosis of Multiple Sclerosis. The plan showed R6 required staff assistance to complete all activities of daily living. R6 was cognitively intact. R6's Weight Summary report showed R6 weighed 237.5 lbs		S9999				

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S9999	Continued from page 8 (pounds) on 8/12/25, 218.9 lbs on 9/24/25 and 206 lbs on 11/5/25. The report showed no documented weight in October 2025 for R6. The report showed R6 sustained a significant weight loss of 13.3% from August 2025 to November 2025. The report showed no documented weights for R6 after 11/5/25. A Dietary Progress Note dated 11/12/25 showed R6 was seen and assessed by V7 Dietician. The note showed R6 had a "13% weight loss in 3 months related to her diagnosis of MS (Multiple Sclerosis) and consuming less than 50% of meals and skipping meals..." R6 also had "slow healing" wounds to both buttocks. The note showed, "Nutrition interventions... Recommend start 2 Cal (liquid protein supplement) three times a day, weights to be monitored weekly... monitor oral intake..." On 12/1/25 at 9:52 AM, R6 was in bed. R6 stated she had been losing weight. R6 stated, "No my weight loss wasn't something I was trying to do. I haven't been hungry." When V6 was asked when she was last weighed, V6 stated, "It's been a little awhile." R6's Nutrition/Meal Intake report dated 11/12/25-12/2/25 showed R6 primarily consumed only 0-25% of her meals during that time. The report showed R6 refused to eat 12 meals during that time. On 12/2/25 at 10:37 AM, R6 was weighed by V6 Certified Nursing Assistant (CNA) with this surveyor present. The scale showed R6's weight was 199 lbs. This showed R6 had sustained an additional 3.4% weight loss from 11/5/25-12/2/25. On 12/2/25 at 9:55 AM, V4 Registered Nurse (RN) stated staff monitor residents for weight loss by weighing residents and monitoring how much residents eat. V4 stated staff are to notify the dietician as soon as possible, via note or phone call, if a resident is losing weight and/or not eating. On 12/2/25 at 11:35 AM, V7 Dietician stated she monitors residents for weight loss by monitoring residents' weights and their oral intake. V7 stated, "I expect staff would notify me if a resident, with a history of weight loss, continued to lose weight and/or if that resident wasn't eating." V7 stated she assessed R6 on 11/12/25 after she had sustained a significant weight loss. V7 stated, "I recommended starting her on a protein supplement for the weight loss. I also requested (R6) be weighed weekly and staff were to monitor her oral intake." V7 stated she was not aware R6 had not been weighed since 11/5/25. V7 stated, "She was to be weighed once a week starting November 12,		S9999				

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S9999	Continued from page 9 2025." R6's meal intake record dated 11/2/25-12/2/25 was reviewed with V7. V7 stated she had not been notified by facility staff that R6's oral intake had continued to be poor from 11/2/25-12/2/25. V7 stated, "The expectation was that (R6) was weighed as I had recommended. If she had continued to not eat or continued to have a poor appetite, I should have been notified." 2. R7's Admission Record shows she was admitted to the facility on 8/30/22, with diagnoses including paraplegia, dementia, and dysphagia. R7's Weights and Vitals Summary dated 12/2/25, shows R7 weighed 166.1 on 3/2/25. R7 weighed 145.5 on 9/3/25. This was a 12.4% weight loss over six months. V7's Dietitian Note dated 9/12/25, shows, "Resident with fair to good oral intakes; has been noted to be eating less at meals by staff. Significant weight loss per minimum data set. Recommend starting 60ml Two Cal (liquid nutritional supplement) three times per day and monitoring weekly weights. Recommendations to be faxed to primary care provider. Goal for weight to remain within 5 pounds of 145 pounds." R7's Medication Administration Record (MAR) dated 9/1/25-9/30/25, shows an order for nutritional supplement 60 ml three times per day. R7's MAR shows she received the supplement 15 out of 18 times. R7's MAR dated 10/1/25-10/31/25, shows she received the supplement 13 out of 16 times. R7's MAR shows the nutritional supplement was discontinued on 10/6/25. R7's Progress Note dated 10/6/25, entered by V3 Licensed Practical Nurse (LPN) shows that R7 disliked the nutritional supplement, refused to drink it, and the order was discontinued. R7's Weights and Vitals Summary dated 12/2/25, shows R7 weighed 161.4 pounds on 6/3/25. On 12/1/25, R7 weighed 135 pounds with is a 16% weight loss in six months. R7 weighed 145 pounds on 11/4/25, and on 12/1/25, R7 weighed 135 pounds which is a 6.9% weight loss in one month. On 12/2/25, at 11:34 AM, V7 Dietitian said she started the nutritional supplement in September 2025 due to her weight loss. On 12/3/25, at 9:40 AM, V3 LPN said when residents refuse nutritional supplements, it is documented in the residents' MAR. V3 said the dietitian should be notified if residents are refusing nutritional supplements so the dietitian can try something else. V3 said if residents do not take their nutritional			S9999			

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S9999	Continued from page 10 supplements, then the resident can continue to lose weight and not get the nutritional value that they need. V3 said that V7 Dietitian was aware that R7 was not taking her supplement and did not know if V7 tried any other dietary supplement. On 12/3/25, at 10:20 AM, V7 Dietitian said she was not aware that R7's nutritional supplement was discontinued in October. V7 said if she had known that R7's nutritional supplement was discontinued, then V7 would have implemented other interventions to prevent further weight loss. V7 said R7 likes chocolate, so chocolate could have been added to the nutritional supplement. V7 said there are other options for nutritional supplements. V7 said she would want to know if a resident if refusing their nutritional supplement. The facility's Dietary Policy: Obtaining Accurate Height/Weight revised 1/6/11, shows, "All weekly weight will be completed on Monday of each week. Registered Dietitian and Physician will be notified of any significant weight change." The facility's Significant Weight Loss policy implemented 10/1/07, shows, "The goal of medical nutrition therapy is to stabilize the weight, identify underlying causes or factors contributing to the significant unplanned weight loss, and intervene as appropriate to resolve the problem." (B)		S9999				