STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008528	A. BUILDING: _____ B. WING _____	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHAWNEE SENIOR LIVING	1901 13TH STREET HERRIN, IL 62948

(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 Complaint Investigations 2350977/IL156074 and 2351131/IL156247	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)4)C) 300.3240 a) 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 300.1210 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	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008528	A. BUILDING: _____ B. WING _____	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHAWNEE SENIOR LIVING	1901 13TH STREET HERRIN, IL 62948

(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 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: 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. ~~These requirements are not met as evidenced by:~~ Based on observation, interview, and record review, the facility failed to protect a resident's right to be free from neglect by facility staff (R1), failed to assist residents with incontinence care in a timely manner (R1 and R5), and failed to assist residents out of bed prior to meals for 2 out of 5 residents (R1 and R5) reviewed for activities of daily living and neglect in a sample of 34 residents. These failures resulted in R1 being left in a soiled urine soaked adult incontinent brief in a public area for approximately 5 hours and 52 minutes. This would cause a reasonable person to experience feelings of discomfort, shame, humiliation, and/or embarrassment.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008528	A. BUILDING: _____ B. WING _____	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHAWNEE SENIOR LIVING	1901 13TH STREET HERRIN, IL 62948

(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: 1. R1's face sheet documented an admission date of 7/15/22, and diagnoses including: Alzheimer's disease with late onset, dementia, atherosclerotic heart disease, hypertension, dysphasia, muscle weakness. R1's 12/16/22 Minimum Data Set (MDS) documented a Brief Interview for Mental Status (BIMS) score of 00, indicating R1 was severely cognitively impaired, and section G documented R1 required extensive two person assist with transfer and toilet use, and section H documented R1 is frequently incontinent of urine. R1's Care Plan documented in part, " Focus (R1) has frequent episodes of incontinence noted r/t Alzheimer's. Will expose self when needing toilet.. Date initiated 07/18/22.. Interventions/Tasks: Incontinence: Check and change as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN (as needed) after incontinence episodes. Date initiated: 7/18/22." R1's Care Plan also documents, "Focus (R1) has impaired skin integrity and is at risk for pressure r/t impaired mobility, incontinence ... Date initiated: 7/18/22." "Focus (R1) is at risk for falls r/t (related to) confusion, incontinence, impulsive, non complaint psychoactive drug use, poor safety awareness.. Date initiated: 7/18/22.. Interventions/Tasks: 1/2/23 assist and offer toileting during rounds. Date initiated 01/10/23." "Focus (R1) requires assist with ADL's (activities of daily living) r/t (related to) Alzheimer's, weakness, impaired balance, Date initiated: 07/18/22.. Interventions/Task: Grooming and hygiene requires depended on staff.. Toileting requires ext (extensive) assist of 2. Date initiated: 07/18/22.."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008528	A. BUILDING: _____ B. WING _____	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHAWNEE SENIOR LIVING	1901 13TH STREET HERRIN, IL 62948

(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 On 2/8/23 at 5:40 AM, R1 was sleeping in a chair in the common area by the nurse's station and dining area, in full view of the hall, and had pulled his pants and incontinent brief down around his thighs. R1's incontinent brief was observed to be wet with yellow urine. V3 (Certified Nursing Assistant/CNA) and V7 (Agency Licensed Practical Nurse /LPN) were observed to assist R1 to stand, and pulled up the soiled incontinent brief and R1's pants, then assisted R1 back into the chair. At that time, V3 and V7 walked away from R1. On 2/8/23 at 5:53 AM, 7:20 AM, and 8:02 AM, R1 was again observed sitting in a chair in the common area by the nurse's station and dining area, in full view of the hall, and with his incontinent brief bulging. Several staff walked by R1 due to the chair being placed in an area staff had to pass by to get to the nurse's station or into the dining room, and was in the direct line of site from the nurse's station. On 2/8/23 at 8:02 AM, R1 was served breakfast by unknown nursing staff sitting in a chair in the common area by the nurse's station and dining area, in full view of the hall, and with his incontinent brief bulging. On 2/8/23 at 8:46 AM, 9:07 AM, and 9:16 AM, R1 was again observed sitting in a chair in the common area by the nurse's station and dining area, in full view of the hall, and with his incontinent brief bulging. On 2/8/23 at 9:56 AM, R1 was observed to be sitting in the chair by the nurse's station with the front of his incontinent brief bulging and hanging down the inside of his right pant leg.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008528	A. BUILDING: _____ B. WING _____	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHAWNEE SENIOR LIVING	1901 13TH STREET HERRIN, IL 62948

(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 On 2/8/23 at 10:14 AM, R1 was observed to be sitting in the chair by the nurse's station with his pants wet with urine from his groin down to his ankles and a puddle of urine on the floor under him. On 2/8/23 at 10:24 AM, V17, Licensed Practical Nurse (LPN), walked past R1 and sat down at the nurse's station. On 2/8/23 at 10:27 AM, V16 (CNA) pushed another resident in a wheelchair through R1's urine splattered on the floor. On 2/8/23 at 10:32 AM, an unknown facility staff member alerted V17 (LPN) R1's pants were wet, and there was puddle of urine in the floor under R1. At that time, V17 found V16; both assisted R1 to the bathroom. Both stated at that time, they had not noticed R1 needed incontinence care. From the time of the first observation of R1 sitting in a soiled incontinence brief at 5:40 AM to 10:32 AM, when R1 was finally taken to be assisted in changing, R1's soiled brief R1 had been sitting in a soiled incontinence brief for approximately 5 hours and 52 minutes without assistance. During the times of these observations of R1, several staff including nursing and housekeeping were observed to be walking by R1 going about their duties. On 2/8/23 at 11:00AM, after a discussion with V1 (Administrator) about the observations made regarding R1, V1 stated she expected V3 and V7 to have assisted R1 with incontinence care when they saw R1 ' s incontinence brief was soiled. V1 said she expected staff to provide incontinence care for R1 every two hours, or any time they saw	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008528	A. BUILDING: _____ B. WING _____	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHAWNEE SENIOR LIVING	1901 13TH STREET HERRIN, IL 62948

(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 or suspected he was soiled. V1 said R1 should not have been in need of incontinence care for almost six hours, and that was unacceptable. V1 then stated V3 (CNA) would be suspended for neglect for three days, due to putting the wet incontinence brief back on R1. V1 said V7 (LPN) was an agency nurse, and V1 was not able to suspend her but would be notifying the staffing agency of her neglect. On 2/8/23 at 1:47 PM, V3 (CNA) said there were two CNA's working on the hall in the facility where R1 resided on 2/7/23 at 6:00 PM to 2/8/23 at 6:00 AM. V3 said two CNAs are not able to complete all the care tasks residents require. V3 said during the 6PM to 6AM shift, residents should be assisted with incontinent care at 12:00 AM, 2:00 AM, and 4:00 AM and that was it. On 2/8/23 at 12:45 PM, V8 (CNA) said residents should be assisted with incontinent care every two hours. V8 said the 6:00 PM - 6:00 AM shift should complete rounds on incontinent residents around 5:00 AM and the 6:00 AM - 6:00 PM shift should complete rounds on incontinent residents around 7:00 AM and every two hours throughout the day. V8 said residents should be assessed for incontinence on the odd hours throughout the day. V8 said if a resident can not tell you if they need incontinence care staff have to check their incontinence product. On 2/8/22 at 1:47 PM, when asked why V3 (CNA) did not offer R1 incontinence care at 5:40 AM when she assisted R1 to pull his pants and incontinent brief back up, she stated she did not see that his incontinence brief was soiled. On 2/14/23 at 4:12 PM, V2, Director of Nursing (DON), said she expected CNA's to round every	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008528	A. BUILDING: _____ B. WING _____	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHAWNEE SENIOR LIVING	1901 13TH STREET HERRIN, IL 62948

(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 two hours to provide toileting assistance or incontinent care for residents. V2 said if a resident is not interviewable, the staff should physically check the resident for being soiled. On 2/9/23 at 9:52 AM, V10 (Licensed Practical Nurse (LPN) / Wound Nurse) said a resident sitting in urine for almost six hours could cause skin breakdown. V10 said CNAs should be completing rounds every 2 hours checking resident's for incontinence and assisting with perineal care if needed. On 2/8/23 at 3:00 PM, V11 (Wound Physician) said a resident sitting in urine for long periods of time could cause skin irritation or dermatitis. The facility's August 2008 Perineal Care policy documented in part " ...Purpose ... the purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition ... Preparation ... 1. review the resident's care plan to assess for any special needs of the resident ..." 2. R5's face sheet documented an admission date of 7/3/21, and diagnoses including: quadriplegia, fracture of neck, neuromuscular dysfunction of bladder, chronic embolism and thrombosis of unspecified deep veins of lower extremity bilateral, recurrent depressive disorders, anxiety disorder, need for assistance with personal care. R5's MDS, dated 1/17/23, documented a BIMS score of 15, indicating no cognitive impairment. This same MDS documented in section G that R5 was totally dependent for all Activities of Daily Living (ADLs), including transfers. R5's initially	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008528	A. BUILDING: _____ B. WING _____	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHAWNEE SENIOR LIVING	1901 13TH STREET HERRIN, IL 62948

(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 dated 7/19/21 care plan documented R5 " ...has ADL self-care deficiency related to: paralysis ..." On 2/8/23 at 8:22 AM, R5 was observed to be assisted by unknown nursing staff to eat breakfast in bed. On 2/8/23 at 11:44 AM, R5 said he prefers to be assisted out of bed around 5:00 AM - 5:30 AM. R5 said he required the use of a mechanical lift; he was not always able to be assisted out of bed until after breakfast because the mechanical lift needed two staff to operate. R5 said if there is not enough staff to assist him out of bed at 5:00 AM - 5:30 AM, he has to stay in bed until approximately 8:30 AM, when the staff have completed breakfast tasks. On 2/8/23 at 3:15 PM, V6 (CNA) said R5 prefers to be assisted out of bed around 5:00 AM. V6 said when staff start their shift in the morning, they are expected to get residents up, assist with any incontinence care, and assist them to the dining room if they choose. V6 said because of the workload, if R5 is not assisted out of bed before 6:00 AM, there is not enough time for staff to assist R5 out of bed before breakfast. V6 said there are several days R5 is not assisted out of bed before breakfast. On 2/8/23 at 1:47 PM, V3 (CNA) said she usually worked the hall R5 resided on. V3 said R5 preferred to be assisted out of bed around 5:00 AM. V3 said the facility had been changing the halls staff work on to educate staff on all the residents residing in the facility. V3 stated, "it has been chaotic" switching staff to different halls. V3 said when a staff works with the same residents regularly, staff will know the specific resident schedules and needs.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008528	A. BUILDING: _____ B. WING _____	C 02/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHAWNEE SENIOR LIVING	1901 13TH STREET HERRIN, IL 62948

(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 2/14/23 at 4:12 PM, V2 (DON) said she expected staff to assist residents out of bed when they asked. (B)	S9999		