STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057109	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN VILLAGE HEALTHCARE	2202 NORTH KICKAPOO STREET , LINCOLN, Illinois, 62656

(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 Complaint Investigations: Original Complaint Investigation 2527677/2590734. Final Observations	S0000		
S9999	Statement of Licensure Violation: 300.610a) 300.1010h) 300.1210b) 300.1210d)4)A)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. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician 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	S9999		

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

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S9999	Continued from page 1 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: 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: A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. 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 regulations were not met as evidence by: Based on interview and record review the Facility failed to protect a wound from insect contamination and failed to provide appropriate physician ordered wound care leading to a decline in the Resident’s physical	S9999		

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S9999	Continued from page 2 well-being for one of three Residents (R1) reviewed in sample of five. This failure resulted in R1 requiring emergent transport to the local hospital and hospitalization. Findings include: The Facility Pressure/Skin Breakdown-Clinical Protocol Policy, reviewed 1/2025, documents: document the individual's significant risk factors; nurse must document/report a full assessment of skin condition; identify factors contributing or predisposing Residents for skin breakdown such as co-morbidities; document signs/symptoms of infection, skin condition assessment and the impact of co-morbid conditions on wound healing; and the physician will authorize pertinent orders related to wound treatments. The Facility Resident Rights for People in Long-Term Care Facilities, dated 11/2018, documents: the Facility must provide services to keep your physical and mental health, at their highest practical levels; and the Facility must be safe, clean, comfortable and homelike. The Facility Licensed Practical Nurse/LPN Job Description, undated, documents: to provide nursing care to Residents under the supervision of a Registered Nurse/RN and in accordance with federal, state and Facility standards; responsible for administering medications, performing treatments, monitoring Resident's health status and supporting the overall care plan to promote optimal health outcomes; administer treatments as prescribed in accordance with Facility policies and state regulations; monitor Resident's health status, observe for changes in condition and promptly report finding to the Registered Nurse or Physician; follow infection prevention and control procedures; maintain a safe environment for Residents; and comply with all state, federal and Facility regulations. R1's Physician Order Report, dated 8/1/25 through 8/31/25, documents diagnoses including Chronic Osteomyelitis, Anxiety, Anemia, Type Two Diabetes Mellitus with other skin complications, Atherosclerotic Heart Disease, Chronic combined Systolic and Diastolic (Congestive) Heart Failure, Alcohol dependence with withdrawal, Hypertension and Hyperlipidemia. The Physician Order Report documents Physician orders for: arterial ultrasound to bilateral feet for non-healing wounds (dated 7/24/25); Enhanced Barrier Precaution (dated 7/23/25); Left Foot and Right Foot cleanse with wound cleanser, dry well, apply skin barrier to necrotic areas, place topical medication (Calcium	S9999		

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S9999	Continued from page 3 Alginate) to open area on Left Posterior Ankle and Right Medical Second Toe and Great Toe, and cover with dry dressing (Army Battle Dressing/ABD and Kerlix) every day (start date 7/1/25 and end date 8/4/25); and Bilateral Foot wounds topical medication (betadine) and open to air every day (start date 7/25/25 and end date 9/4/25). The Physician Order Report does not document a dry dressing order for 8/7/25 or 8/8/25. R1's Treatment Administration Record/TAR, dated 8/1/25 through 8/31/25, documents an order to R1's Right Foot and Left Foot to cleanse area with wound cleanser, dry well, apply skin barrier to necrotic areas, place topical medication (Calcium Alginate) on open area between right medial second toe and great toe and Left Posterior Ankle) and cover with dry dressing (ABD and Kerlix wrap) every shift (start date 7/1/25 and end date 8/4/25). R1's Treatment Administration Record/TAR, dated 8/1/25 through 8/31/25, documents an order to R1's bilateral foot wounds for topical medication (Betadine) and open to air every day (start date 7/25/25 and end date 9/4/25). R1's Nursing Progress Note, dated 8/8/25 at 4:10 am, documents that R1 requires staff assistance with transfers, does not like to get out of bed, appetite poor and refused shower. On 8/8/25 at 6:00 am, V6's (Licensed Practical Nurse/Wound Nurse) Nursing Progress Note documents "myiasis (maggots/larva) observed in the wound bed during treatment" and located primarily in the base of the wound, within necrotic tissue. R1 was transported to the local emergency department (Lincoln). On 8/8/25 at 6:06 am, V6's (Wound Nurse) Nursing Progress Note documents R1 "being transferred" to the local hospital (Lincoln) by Emergency Services for evaluation due to complications related to bilateral foot wounds. R1's Nursing Note, dated 8/8/25 at 10:30 am, documents R1 being transferred from the local hospital (Lincoln) to a larger area hospital (Springfield). R1's Nursing Note, dated 9/4/25 at 12:36 pm, documents hospital (Springfield) report to the Facility for R1's return from the hospital back to the Facility. R1 was admitted to the larger area hospital (Springfield) on 8/9/25 for a Urinary Tract Infection, Sepsis and Osteomyelitis. R1 underwent a Right above-the-knee amputation on 8/20/25, was placed on a feeding tube,	S9999		

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S9999	Continued from page 4 insertion of an indwelling urinary catheter. On 9/2/25 R1 became unresponsive and a stroke alert was initiated, then R1 was recommended for Hospice services. R1's Paramedic Report/EMS, dated 8/8/25 at 7:21 am, documents that EMS was dispatched for complaints of foot ulcers with maggots. Staff (V6/LPN Wound Nurse) reported that V6 had started to change R1's foot dressings, approximately 30 minutes prior, and R1's diabetic ulcers were covered in maggots. R1 stated that R1 had the diabetic ulcers since approximately January or February (2025) and the Facility changed the dressings approximately one time a week, and the Facility did not notify R1 of the condition of R1's feet. R1 was transported to the local hospital (Lincoln). R1's local Hospital Triage notes (Lincoln) dated 8/8/25 at 6:37 am, documents R1 presented with Right Foot and Left Foot wounds and that when the Nursing Home staff attempted to redress the wounds, maggots were found in R1's Right Foot wound. Antibiotic was initiated for the infected wounds and an indwelling urinary catheter was placed. The Hospital Triage notes document that on 8/8/25 at 2:29 pm R1 was transported to a larger hospital (Springfield) for treatment. R1's Hospital Notes (Springfield), dated 9/2/25, document that when R1 presented to the Emergency Department "for bilateral foot wounds, one of which was found to have maggots." The Hospital notes document that R1 had a new diagnoses including Right Above-the-Knee amputation. R1's Nursing Notes, dated 8/4/25, do not document V8 (Licensed Practical Nurse/LPN) applying a dry dressing to R1's Right Foot drainage. On 9/9/25 at 2:01 pm, V5 (Former Infection Preventionist) stated, "(V6/Former Wound Nurse) told me that when (V5) was doing (R1's) Right Foot treatment, that (V6) found a ton of maggots in it. Apparently, the wrong treatment was also on it. (V8/Licensed Practical Nurse) did the dressing prior to (V6) doing it and put a dry dressing (Kerlix) on it because (V8) said that (R1's) Right Foot had drainage. (R1) was sent out immediately to the local hospital (Lincoln) for the maggots and was then transported to a larger hospital (Springfield) for admission." On 9/10/25 at 10:12 am, V6 (Former Wound Nurse/LPN) stated, "I came in around 3:00 am on 8/8/25 to do an entire facility skin sweep and around 5:00 am, when I	S9999		

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S9999	Continued from page 5 started to do the treatment on (R1's) right foot it had a dry dressing (Kerlix) wrapped around it. I knew this was the wrong treatment, because (V10/Wound Physician) had just changed the foot treatments a few days prior, on 8/4/25, to Betadine topical and leave open to air, so I was immediately concerned when I saw that. Then I began to remove the Right Foot dressing and immediately saw that the Right Foot was covered with over fifty maggots. Honestly, I had never seen that before and I kind of freaked out. I have no knowledge on treating maggots and I was not sure if we even had the right supplies. I tried to call (V5/Infection Preventionist) but could not get ahold of (V5), because I think(V5) was still sleeping. So I called the Physician and ended up sending (R1) out by ambulance to the hospital in Lincoln. Once (R1) got there, they sent (R1) to the big hospital in Springfield." On 9/9/25 at 1:26 pm, V10 (Wound Physician) stated, "I understand that (R1) had multiple maggots in (R1's) Right Foot wound a few days after I had just seen (R1) on 8/4/25, and changed the Right Foot treatment order to Betadine and open to air because it was dry eschar at that time. I saw no signs of infection at that time. The only way the maggots would have approved is if they would have been medical maggots ordered by a physician. I did not get notified by the Facility of (R1's) Right Foot drainage and I did not order a dressing on the Right Foot for the drainage. The Facility could have called and sent me pictures or used telehealth (video calls) to notify me of the change. I cannot verify that the wound should or should not have been covered again at this point. I am not sure that (R1's) Primary Physician was notified of the change in the wound or exactly ordered the dressing." (A)	S9999		