| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000357 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 07/17/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| AXIOM HEALTHCARE OF MOUNT VERNON | 1700 WHITE STREET , MOUNT VERNON, Illinois, 62864 |

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| S0000 | Initial Comments<br><br>First Probationary Licensure Survey | S0000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations 1 of 3<br><br>300.625c)1)2)<br><br>300.625k)<br><br>Section 300.625 Identified Offender<br><br>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:<br><br>1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.<br><br>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.<br><br>k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act)<br><br>This requirement is not met as evidenced by:<br><br>Based on interview and record review the facility | S9999 | | |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S9999 | Continued from page 1<br>failed to obtain fingerprints within 72 hours of receiving the CHIRP (Criminal History Information Response Process) results and incorporate recommendations in the Care Plan for an Identified Offender for 1 of 5 (R6) residents reviewed for Identified Offenders in the sample of 6.<br><br>Findings Include:<br><br>R6's Admission Record with a print date of 7/16/25 documents R6 was admitted to the facility on 6/6/25 with diagnoses that include diabetes, chronic obstructive pulmonary disease, paraplegia, schizoaffective disorder, contracture of muscle, muscle wasting, liver disease, and a history of falls.<br><br>R6's Minimum Data Set dated 6/13/25 documents R6 has a Brief Interview for Mental Status score of 15, indicating R6 is cognitively intact.<br><br>R6's current Care Plan does not have a Focus area related to the results of the CHIRP.<br><br>R6's CHIRP dated 6/9/25 documents a "Hit," indicating R6 has a criminal history. This CHIRP documents R6 was incarcerated on 3/28/1980 and the arrest charges include rape, armed robbery, discharge of a firearm, and burglary. The facility was unable to provide reproducible evidence they had obtained fingerprints within 72 hours of receiving the CHIRP results.<br><br>On 7/16/25 at 12:21 PM, V13 (Business Office Manager) stated R6 had admitted to the facility the first part of June and they had not obtained fingerprints on him.<br><br>On 7/17/25 at 9:25 AM, V1 (Administrator) stated they had not obtained fingerprints within 72 hours of receiving R6's CHIRP results. V1 sated she was not aware of a Care Plan Focus area related to R6's criminal history. When asked why they hadn't obtained fingerprints, V1 stated, "I don't have a justifiable excuse for that. We just missed it."<br><br>The facility "Admission of Identified Offender-Illinois" policy dated 1/24/2018 documents, "Guidelines….2. Criminal History record information requested….5. Facility must develop a plan of care appropriate to the needs of the offender….7. The facility shall inform the division of Long-Term Care Field Operations in the Department's Office of Health Care Regulation within 48 hours after receiving verification from the Illinois State Police that a prospective or newly admitted resident is an identified offender. 8. No person who is an identified offender | S9999 | | |

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| S9999 | Continued from page 2<br>shall be admitted to or kept in a facility unless the requirements listed above are met. 9. For resident who are identified as offenders the facility must initiate a request for criminal history record information in accordance with the Uniform Conviction Information Act. 10. The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered as sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense who are residents of the facility…. j. The care planning of identified offenders shall include a description of the security measures necessary to protect facility residents from other residents….<br><br>"B"<br><br>Statement of Licensure Violations 2 of 3<br><br>300.670c)1)2)3)<br><br>Section 300.670 Disaster Preparedness<br><br>c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:<br><br>1) Ensure that all personnel on all shifts are trained to perform assigned tasks.<br><br>2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and<br><br>3) Evaluate the effectiveness of disaster plans and procedures.<br><br>This requirement is not met as evidenced by:<br><br>Based on interview and record review the facility failed to ensure fire drills were completed on each shift each quarter. This has the potential to affect all 38 residents currently residing at the facility.<br><br>Findings Include:<br><br>The facility Daily Census dated 7/14/25 documents there are 38 residents currently residing at the facility.<br><br>The facility Fire Drill Reports document the following drills were conducted. | S9999 | | |

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| S9999 | Continued from page 3<br><br>06/28/24: 10 PM - 6AM,<br><br>07/19/24: 6 AM - 2 PM,<br><br>08/27/24: 2 PM - 10 PM,<br><br>09/24/24: 10 PM - 6 AM,<br><br>10/02/24: 6 AM - 2 PM,<br><br>12/14/24: 6 AM - 2 PM,<br><br>01/30/25: 6 AM - 2 PM,<br><br>02/28/25: 10 PM - 6 AM,<br><br>06/03/25: 2 PM - 10 PM.<br><br>This indicates there was not a fire drill conducted on the 10 PM to 6 AM shift from 09/24/2024 until 02/28/25 and no fire drill conducted on the 2 PM to 10 PM shift from 08/27/24 until 06/03/25. The facility was unable to provide reproducible evidence any fire drill was conducted from 2/28/25 until 06/03/2025, indicating the facility did not conduct fire drills on each quarter on each shift.<br><br>On 7/17/25 at 9:25 AM, V1 (Administrator) stated she was not able to locate any more fire drill reports. V1 stated she knew they were done by the previous Maintenance Director but was unable to find them.<br><br>The facility's undated Fire Drill Schedule and Procedures documents, “…A fire drill must be performed at least once a month, covering all shifts in a quarter….”<br><br>"C"<br><br>Statement of Licensure Violations 3 of 3<br><br>300.1210d)4)A)B)5)<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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:<br><br>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be | S9999 | | |

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| S9999 | Continued from page 4<br>limited to, the following:<br><br>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.<br><br>B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene.<br><br>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.<br><br>This requirement is not met as evidenced by:<br><br>Based on observation, interview and record review, the facility failed to offer and provide showers and identify and treat an open wound for one of two residents (R3) reviewed for nursing and personal care in the sample of 5.<br><br>R3's Face Sheet in the Electronic Health Record (EHR) documents an admission date of 6/14/25. R3's EHR documents the following diagnoses including but not limited to pneumonia due to methicillin resistant staphylococcus aureus; acute respiratory failure with hypoxia; muscle wasting and atrophy; chronic obstructive pulmonary disease; and acute on chronic diastolic congestive heart failure.<br><br>R3's Minimum Data Set (MDS) dated 6/21/25 documents in section C a Brief Interview for Mental Status (BIMS) score of 7 indicating R3 had a moderate to severe cognitive deficit. Section GG of same MDS documents that upon admission R3 was a partial to moderate assist with showering/bathing. Section GG documents that R3 now uses a manual wheelchair for mobility. Section M of the same MDS documents that R3 is at risk for developing pressure ulcers. Section M documents no other areas of skin break down except moisture associated skin damage to the buttocks/coccyx region.<br><br>R3's current Care Plan dated 6/14/25 documents a focus area that R3 has an ADL self-care performance deficit | S9999 | | |

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| S9999 | Continued from page 5<br>related to chronic obstructive pulmonary disease, pneumonia, and weakness with an initiation date of 6/23/25. Interventions documented dated 6/23/25 for this focus area include, but are not limited, to discussion with resident/family/power of attorney any concerns related to loss of independence, decline in function, encouraging the resident to discuss feelings about self-care deficit, and encourage the resident to use bell to call for assistance and praising all efforts at self-care. R3's current Care Plan does not address showering/bathing in a focus area or intervention.<br><br>On 7/15/25 at 9:26 AM, R3 who was alert and oriented to person and place answers questions appropriately. R3 stated that she had been in the facility for approximately two months and had only gotten a shower twice in those two months. R3's legs were elevated in the wheelchair facing her recliner covered in a blanket. R3 has noted severe flaking, dry skin to all extremities with flakes that had fallen on her shirt. R3's fingernails on both hands were long and had a brown substance underneath them. During the interview with R3, she moved her legs from elevated to a lowered position at which time this surveyor looked down and noticed an open wound to her left lower leg. It was the approximate 1 inch in diameter at the widest point. The wound bed was beefy red in appearance and appeared moist. There was no purulent drainage noted or foul odor emanating from the wound. R3 stated she believed the open area had been there about a week. R3 stated staff didn't know about the open wound and were not treating it with anything. R3 stated since they didn't shower her regularly, they hadn't seen it. R3 stated she hadn't told them about the area because she forgets about it because it doesn't hurt or cause her discomfort.<br><br>On 7/15/25 at 10:00 AM, R3's physician's orders do not document an order/treatment for R3's left lower leg wound.<br><br>On 7/16/25 at 7:54 AM, R3 stated as soon as this surveyor entered the room, and without prompting, R3 said the last shower she received was two weeks ago. R3 is adamant she's only gotten a shower twice since being in the facility. R3 stated she requires help with showering because she is not strong enough to shower by herself without assistance. The wound to R3's left lower leg remained open to air. Wound appearance remained unchanged from 7/15/25. R3's skin remained extremely dry and flaky.<br><br>R3's EHR under the tasks tab documents on skin checks | S9999 | | |

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| S9999 | Continued from page 6<br>conducted from 6/17/25-7/15/25 R3 had no new skin conditions.<br><br>R3's Treatment Administration Record (TAR) for the months of June 2025 and July 1st-16th 2025 documented no treatment or dressing change for a wound to R3's left lower leg.<br><br>R3's shower sheets provided by V1, Administrator, documents R3 had showers documented on 6/25/25, Wed.; 6/28/25, Sat.; 7/2/25, Wed.; and 7/9/25, Wed. There are no showers/baths or refusal of showers/baths documented in either R3's EHR or on shower sheets for the dates in between those noted above. This indicates R3 received no shower/bath from 6/14/25-6/24/25 (10 days), 7/2/25-7/9/25 (7 days), and 7/9/25-7/16/25 (7 days) during those extended periods of time.<br><br>The undated shower schedule for residents provided by V1 documented R3 is scheduled to have a routine shower on Wednesdays and Saturdays, twice weekly.<br><br>On 7/16/25 at 11:09 AM, V11, Certified Nurse's Aide (CNA) stated she didn't remember the last time R3 received a shower. V11 also stated she wasn't aware of any other areas of skin break down except the documented pressure ulcer of the right elbow and the excoriation noted to the buttocks/coccyx region. V11 stated skin checks are to be conducted by staff assisting residents with showers. V11 stated showers for everyone in the building should be conducted twice weekly at regularly scheduled intervals. V11 stated R3 is probably a partial to moderate assist with her ADL's including showering/bathing. V11 stated that the CNA staff had not recently had difficulty completing routine showers for every resident in the building that wants one.<br><br>On 7/16/25 at 11:23 AM, V12, CNA stated he had never assisted R3 with showering/bathing. V12 stated he wasn't aware of any other skin conditions except the excoriation to R3's buttocks/coccyx region and pressure ulcer to R elbow. V12 stated R3 is a partial to moderate assist with the ADLs he's assisted her with.<br><br>On 7/16/25 at 11:35 AM, V16, CNA stated as far as she was aware R3 gets a shower when she is scheduled for one, but she can't remember last time R3 received a shower or a bath. V16 stated when she comes back from her days off R3 will tell her she doesn't get her showers while she is away from the facility. V16 stated she's certain that R3 has had a shower since the 7th of July but cannot tell this surveyor an exact date. V16 stated she was not aware of any skin conditions on R3 | S9999 | | |

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| S9999 | Continued from page 7<br>except the excoriation noted to R3's buttocks/coccyx region and the pressure ulcer on the right elbow.<br><br>On 7/16/25 at 11:48 AM, V10, Licensed Practical Nurse (LPN) stated she was not sure last time R3 has had a shower but doesn't usually assist with that part of R3's ADL's. V10 stated she has not recently come to her and reported they are unable, don't have time, or that R3 refused shower/bathing.<br><br>On 7/16/25 at 1:44 PM, this surveyor observed V10, LPN provide wound care to R3's buttocks and right elbow open areas. After completing dressing changes to these areas this surveyor asked if V10 knew of any other open areas/wounds to R3's body. V10 stated she did not. This surveyor pointed out the wound to R3's left lower leg, and V10 stated she was not aware of that open area. V10 stated the open area should have been observed and reported sooner if R3 was being showered twice weekly. V10 stated she would clean the area and cover it with a clean, dry dressing at this time and then notify R3's attending physician for treatment orders. V10 confirmed in R3's EHR her last skin check was documented on 7/9/25, 7 days ago. There is no documentation of a shower between 7/9/25 and 7/16/25 when this open area could possibly have been observed and treatment started sooner.<br><br>On 7/16/25 at 2:46 PM, V17, Registered Nurse (RN) stated 7-10 days between showers/baths is too long of a time to go between showers/baths. V17 stated that she would consider a shower no less than every 3-4 days or approximately twice weekly as an acceptable amount of time between showers.<br><br>On 7/16/25 at 2:48 PM, V16, CNA stated 7-10 days between showers/bathing is too long. V16 would consider a time of 3-4 days between showers to be an acceptable length of time between showers.<br><br>On 7/16/25 at 2:52 PM, V1, ADM stated 7-10 days between showers/bathing is too long. V1 would consider a time of 3-4 days between showers to be an acceptable length of time between showers or approximately twice weekly.<br><br>On 7/16/25 at 3:20 PM, V16, CNA and V3, CNA stated when CNA's perform showers/bathing for the residents or assist them with those ADL's they are supposed to conduct a skin check/assessment on the resident. If a new skin condition is found on the resident, they would report it immediately to the nurse for it to be addressed.<br><br>On 7/16/25 at 3:24 PM, V10, LPN stated new skin | S9999 | | |

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| S9999 | Continued from page 8<br>conditions would be caught between the nurse's weekly skin assessments of residents during the shower/bath skin assessments performed by CNA staff. V10 stated she would have expected CNA staff to have caught this new wound on R3's left lower leg if showers would have been being conducted as scheduled.<br><br>On 7/16/25 at 3:25 PM, V1 stated the CNA staff are supposed to conduct skin checks/assessments on residents while completing scheduled showers for every resident. V1 stated she would expect the CNA staff to notify the nurse immediately of any new skin condition or area of break down. V1 stated there are also skin checks ordered to be done every week by nursing staff on every resident in the facility. New skin conditions would be identified in between that weekly period by CNA staff performing showering/bathing ADL's. V1 stated she would have expected the CNA staff to catch this new wound to R3's left lower leg if they had been conducting showers on R3 as scheduled.<br><br>The facility's "Pressure Injury and Skin Condition Assessment" dated 11/28/12 documents, "Residents identified will have a weekly skin assessment by a licensed nurse. Each resident will be observed for skin break down daily during care and on the assigned bath day by the CNA. Changes will be promptly reported to the charge nurse who will perform the detailed assessment. Care givers are responsible for promptly notifying the charge nurse skin breakdown."<br><br>The facility's "Skin Condition Assessment and Monitoring- Pressure and Non-Pressure" dated 11/28/12 documents, "Each resident will be observed for skin breakdown daily during care and on the assigned bath day by the CNA. Changes shall be promptly reported to the charge nurse who will perform the detailed assessment. Care givers are responsible for promptly notifying the charge nurse of skin breakdown." "B" | S9999 | | |