STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0004234	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Scott County Nursing Center	**RURAL ROUTE 2 , WINCHESTER, Illinois, 62694**

(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 Investigation of Facility Reported Incident of September 18,2025/2622320	S0000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210a) 300.1210b)4) 300.1210d)3) 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 and record the physician's plan of care for the care or treatment of such accident, injury or change in	S9999		

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

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S9999	Continued from page 1 condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.	S9999		

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S9999	Continued from page 2 This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to assess and notify the physician after R2 experienced choking incident on 9/13/2025 for 1 of 3 residents reviewed for choking (R2) in the sample of 4. This failure resulted in R2 developing pneumonia which required antibiotic treatment and experiencing an additional choking episode on 9/18/2025 with R2 requiring Heimlich maneuver both times. Findings Include: R2's video swallow study dated 9/5/2025 at 13:23 documents multiple consistencies of food and liquids mixed with barium were fed to R2 by the speech pathologist and the swallowing mechanism was observed under fluoroscopy. The study documents penetration with spontaneous clearing of thin and mildly thick liquids. R2's Progress notes dated 9/13/2025 at 12:55PM documents B/P 144/62, P-54, R-18, SP02 90% room air. R2's notes document during lunch R2 was eating a pulled pork sandwich, and began to choke, Certified Nursing Assistant (CNA) performed Heimlich maneuver on R2. Notes documents food became dislodged and R2 able to speak. R2's notes document R2 took drinks of water and continued to eat lunch. Notes document R2 states she is fine now. Will continue to monitor. R2's Progress notes dated 9/17/2025 at 11:59AM documents R2 complained of productive cough with yellowish sputum, and occasional hemoptysis. Documents R2 reports the blood is bright red. R2's notes document the cough has been ongoing for a few days; the hemoptysis onset is today. R2's progress notes document R2 also complaining of a sore throat and ear pain. Afebrile. Lung sounds clear throughout. R2's progress notes document reached out to Primary care physician, recommend cetirizine for rhinitis and congestion and asking for chest x-ray due to hemoptysis. R2's chest x ray report dated 9/17/2025 documents impression: moderate hiatal hernia, bilateral multifocal infiltrates in both lungs, low lung volumes, follow up imaging recommended after treatment to document resolution. R2's progress notes dated 9/18/2025 10:45am documents	S9999		

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S9999	Continued from page 3 Physician Assistant (PA) here for follow up post chest X-ray done yesterday. Notes document new orders received for antibiotic therapy for pneumonia, follow up chest Xray 2 weeks (10/2.) R2's progress notes dated 9/18/2025 at 7:00PM documents writer called to the dining room with reports resident is having difficulty. Notes document writer enters to witness other nurse on duty post Heimlich maneuver. R2's progress notes document it is reported to writer that table mates alerted staff in the dining room that R2 was choking, other nurse approached and performed the Heimlich maneuver and R2 able to speak with raspy voice. Notes document when writer arrived R2 was breathing, skin was pink, no signs/symptoms of distress at that time. Notes document R2 consumed all her chicken and dumplings and a bite of her biscuit. Vital signs post event T98.2, P55, R20 B/P 176/88 sp02 90%. Notes document R2 informed writer she does not feel as if there is any remaining blockage in her airway and her airway is visually clear. Notes document R2 declines further evaluation outside the facility. Notes document R2 is able to drink thin liquids without difficulty or episode. Notes document R2 does not want any more to eat this evening. Notes document episode reported to administrator and primary care physician (PCP), R2's progress notes document new order received for speech therapy to evaluate and treat and to be on pureed diet until that time. R2's Physician Order (PO) date 9/19/2025 documents Azithromycin 250mg 2 tabs today then 1-tab daily days 2-5. F/u chest x-ray 2 weeks. On 9/24/2025 at 10:39AM V5 (Licensed practical Nurse/LPN) stated she was on duty on 9/18 when R2 choked. R2 stated when she got to the dining room V3 (Registered Nurse/RN) was standing behind R2 and had performed the Heimlich on R2. V5 stated one of the CNAs had checked R2's mouth. V5 stated R2 was talking. V5 stated she had not known R2 to have difficulties with swallowing but eating problems were more related to her arthritis. V5 stated on 9/18 after her choking incident she notified the physician an order received for pureed diet and speech therapy evaluation. V5 stated R2 returned to the facility on 9/6 from a hospital stay in which R2 had a stroke. V5 stated she had a swallowing study while at the hospital and R2 returned to the facility on a regular diet with honey consistency liquids. V5 stated that had been upgraded to thin liquids by therapy. R2's Minimum Data Sheet (MDS) dated 9/13/2025 documents R2 is cognitively intact with a Brief Interview of	S9999		

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S9999	Continued from page 4 Mental Status (BIMS) of 14. R2's care plan dated 6/26/2025, documents R2 has a regular diet with thin liquids, k-cups with straws. Height 61" weight 134. Ideal Body Weight (IBW) rang 95-115#. Body Mass Index (BMI)I 25.3, weight trends July 132#, Aug 131# and Sept 132#. R2 has no known food allergies. Monthly weight. Diagnosis, major depression, anxiety insomnia, GERD, Alert and orientated able to voice her wants/needs, feeds/hydrates herself in the large dining room. Places her own order for all meals. not a very picky eater and likes most foods. Has her own teeth in good condition, her intake/appetite is good for most meals. Care plan documents the following interventions dated 6/26/2025 monitor monthly weight and intake, serve foods of choice, serve diet as ordered, notify physician of weight loss/gain of 5% in 30 days 7.5% in 90 days, 10% in 180 days, assist with tray set up and placement of clothing protector as needed, monitor for signs and symptoms of edema, diet-regular, thin liquids, k-cups with straw encourage intake at all meals. R2's care plan documents 9/18/2025 R2 had an incident in the dining room. R2 had trouble swallowing and Heimlich was performed. R2 had order for Speech Therapy to evaluate, and resident will be monitored by staff during all meals. On 9/24/2025 at 1:24PM R2 in recliner in area across from the nurse's station. R2 stated she did choke 2 times, and her diet has now been changed to pureed diet. R2 stated does not like the diet. R2 stated the meats are not good. R2 stated she did eat pureed carrots, potatoes and gravy and pureed apple crisp at lunch. R2 stated when she gets choked the food goes down but then feels like it gets stuck. R2 stated the second time she choked it was worse than the first time. On 9/24/2025 at 2:43PM, V1 (Administrator) stated she did not become aware of R2's choking incident on 9/13 until the choking episode on 9/18. V1 stated R2 remained on the same diet of regular diet with thin liquids after choking on 9/13 until choking episode on 9/18 and after that R2 was placed on pureed diet and thin liquids until could be evaluated by speech. V1 stated the physician should have been notified of choking incident on 9/13. R2's physician progress notes dated 9/24/2025 at 4:00PM. Progress notes R2 being seen due to 2 events of choking. 1 on 9/13 and 1 on 9/18. Documents Heimlich maneuver was performed during both episodes. Review of systems documents R2 is alert. Assessment and plan documents choking initial encounter, poor historian; please obtain speech eval, please downgrade to pureed	S9999		

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S9999	Continued from page 5 diet, please monitor for further choking episodes and perform Heimlich maneuver if further choking episodes is witnessed manifested by signs of sever obstruction like weak or unable to cough, inability to speak, inability to breathe, of if the patient is witnessed clutching the throat, cyanosis is seen. Please do not perform the Heimlich maneuver if the patient is coughing forcibly, breathing or talking to avoid intervening with abdominal thrusts. Also order for Floroscopic Esophagram double contrast, Reason: swallowing problems, choking. On 9/25/2025 at 8:32AM, V10 (Speech Language Pathologist/SLP) stated she was not aware of R2's choking incident on 9/13/2025. V10 stated she became aware when the evaluation order came for the choking episode 9/18. V10 stated received order for evaluation on 9/19 and did come in and do on the 19th. V10 stated when R2 returned to the facility R2 was on a regular diet with moderate thick liquids. V10 stated she recommended change to thin liquids on 9/9. V10 stated R2 had no signs or symptoms of aspiration. V10 stated when looking at video swallow R2 had on 9/5 while in the hospital it documented penetration which means the food goes down to the level of the trachea and spontaneously comes back out. V10 stated she seen R2 on 9/9, 9/11 and 9/16. V10 stated she was seeing R2 to evaluate her liquids and discharged her on 9/16. V10 stated R2 was on a regular diet with thin liquids from 9/9-9/18 and diet changed after choking on 9/18. V10 asked surveyor if she had seen chest Xray results, V10 stated recent chest x-ray showed a moderate hiatal hernia which could lead to esophageal dysphagia which could be causing her problem. Surveyor referred V10 back to Xray regarding bilateral infiltrates in lungs with diagnosis of pneumonia and V10 agreed R2 could have possibly aspirated. V10 stated she should have been notified of choking incident on 9/13. V10 stated interview with R2's table mates they said R2 was still talking. V10 stated R2 reported she would swallow her food and then pointed to chest area below throat and stated feels like food is there. V10 stated would make sense if esophagus involved. V10 stated she had talked with R2 about a Barium swallow as last test on 9/5 was a modified Barium swallow. V10 stated the physician was at the facility last evening and did not know at this time if any new orders. On 9/25/2026 at 10:50AM R2 stated when she chokes, she is still getting air and can breathe. R2 stated she can talk and ask for help. R2 consistently points at chest below throat and states feel like food just sits there. R2 stated when staff intervene "it is sure a relief" because feels like food won't go down. R2 stated staff	S9999		

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S9999	Continued from page 6 had spoken to her about another swallow study and she would not be against that. On 9/25/2025 at11:00AM V2 (Director of Nursing/DON) stated she was not aware of the first choking incident until after the second incident. V2 stated that she followed up to ensure there was a speech eval after the second episode. V2 stated staff are to be close by when R2 is eating. V2 stated would question if true choking episode as no documentation of any food being expelled and R2 can still talk. On 9/25/20025 at 11:15AM V10 (SLP) stated based on her evaluation on 9/19/2025 she will analyze diet, liquids, signs and symptoms of aspiration and choking, and different diet textures. V10 stated right now looking at minced and moist consistency. V10 stated R2 did well with a banana today. V10 stated she will be working with R2 twice a week. V10 did state she had spoken with R2 and the physician in regard to barium swallow. V10 stated will not increase diet consistency too much until a barium swallow. V10 stated would question if true choking incident because R2 can call for help. On 9/25/2025 at 11:15AM V11 (LPN) per phone interview stated on 9/13/2025 she was not in the dining room when R2 choked. V11 stated she was coming up the hall from passing medications and was told R2 got choked and CNA did Heimlich. V11 stated R2 was eating again when she seen her. V11 stated that R2 stated the pulled pork was stringy. V11 stated she did not do a lung assessment on R2 or notify the physician of a change in condition. On 9/25/2025 at 1:02PM per phone interview V12 (Physician), V12 stated he had been notified of both choking incidents on 9/18/2025. V12 stated R2 had remained on the same diet after choking on 9/13 and diet changed on 9/18 after informed of choking incidents. V12 stated he was at the facility last night to see R2. V12 stated may not be a true choking as speech stated R2 can clear food. V12 stated in regard to use of Heimlich maneuver if not really choking? V12 stated "better safe than sorry." V12 stated the plan is to refer R2 to GI and have speech therapy continue to work with R2. On 9/25/2025 at 1:43PM per phone interview with V12 (Physician). V12 stated if he had been notified of choking incident on 9/13/2025 at that time V12 stated he would have downgraded R2's diet and ordered a speech eval. V12 stated the Heimlich maneuver irritation to the ribs. V12 stated performing Heimlich maneuver if not true choking, the benefits outweigh the risks. V12 stated the Heimlich maneuver can cause aspiration	S9999		

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S9999	Continued from page 7 pneumonia if the resident vomits. On 9/25/2025 at 1:52 PM V3 (RN) stated she performed the Heimlich on R2 on 9/18/2025. V3 stated she did x2. V3 stated she was not nurse assigned to R2, but V3 stated she was pushing her med cart from dining room and said a resident told her R2 was choking. V3 stated R2 was not talking and had been eating chicken and noodles and after doing Heimlich was able to clear food. V3 stated R2 was drinking liquids when she left dining room. On 9/25/2025 at 2:25PM V1 (Administrator) stated the Heimlich maneuver should not be used if resident not actually choking. V1stated the Heimlich can cause rib fractures and choking. On 9/25/2025 at 3:01PM V8 (CNA) stated on 9/13 when R2 choking in dining room R2 was coughing, and table mate yelled and pointed to R2. V8 stated R2 was gasping when V8 did Heimlich. The facility policy Resident Condition Change/Policy on Contacting a Physician dated, revised 8/14/2018 documents when a change in condition (depending on severity) occurs in a resident, the resident's personal physician or the on-call physician will be contacted. The policy documents change may exist if the resident is beyond usual baseline/predicted or obvious acute changes in health. "A"	S9999		