

Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0054940</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>02/10/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>DOCTORS NURSING &amp; REHAB CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1201 HAWTHORN ROAD , SALEM, Illinois, 62881</b>                              |  |                                                 |  |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                      |  |
| S0000                                                                     | Initial Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         | S0000               |                                                                                                                          |  | 02/16/2026                                      |  |
|                                                                           | Complaint Investigation: 2650514/2716586                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                     |                                                                                                                          |  |                                                 |  |
| S9999                                                                     | Final Observations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | S9999               |                                                                                                                          |  | 02/16/2026                                      |  |
|                                                                           | Statement of Licensure Violations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                           | 300.610a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                           | 300.1010h)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                           | 300. 1210a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                           | 300.1210d)2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                           | Section 300.610 Resident Care Policies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                           | a) The facility shall have written policies and<br>procedures governing all services provided by the<br>facility. The written policies and procedures shall be<br>formulated by a Resident Care Policy Committee<br>consisting of at least the administrator, the advisory<br>physician or the medical advisory committee, and<br>representatives of nursing and other services in the<br>facility. The policies shall comply with the Act and<br>this Part. The written policies shall be followed in<br>operating the facility and shall be reviewed at least<br>annually by this committee, documented by written,<br>signed and dated minutes of the meeting. |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                           | Section 300.1010 Medical Care Policies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                           | h) The facility shall notify the resident's physician<br>of any accident, injury, or significant change in a<br>resident's condition that threatens the health, safety<br>or welfare of a resident, including, but not limited<br>to, the presence of incipient or manifest decubitus<br>ulcers or a weight loss or gain of five percent or more<br>within a period of 30 days. The facility shall obtain<br>and record the physician's plan of care for the care or<br>treatment of such accident, injury or change in<br>condition at the time of notification                                                                                                  |                                                                         |                     |                                                                                                                          |  |                                                 |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois State Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><b>DOCTORS NURSING &amp; REHAB CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1201 HAWTHORN ROAD , SALEM, Illinois, 62881</b> |  |                                                 |  |
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| S9999                                                                     | <p>Continued from page 1<br/>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) 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.</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow physician's orders and monitor resident's declining conditions for 2 of 3 residents (R1 and R3) reviewed for resident death in a sample of 8.</p> <p>A. This failure resulted in worsening of R1's infection of bilateral lower leg venous wounds causing sepsis and subsequent death.</p> <p>B. This failure resulted in exacerbation of R3's congestive heart failure resulting in hospitalization and subsequent death.</p> <p>The findings include:</p> <p>1. R1's Face Sheet documents an admission date of 10/26/16 and a discharge date of 12/9/2025 with diagnoses including in part lymphedema, toxic encephalopathy, cellulitis of right lower limb, cellulitis of left lower limb, methicillin resistant staphylococcus aureus infection, pseudomonas, muscle weakness, severe sepsis with septic shock, type 2 diabetes mellitus with diabetic neuropathy, localized edema, long term use of insulin, and urinary tract infection.</p> <p>R1's Minimum Data Set (MDS) dated 10/20/25 documents a Brief Interview of Mental Status (BIMS) score of 15, indicating R1's cognition was intact. In the same MDS it documents under Section I that R1 had an active</p> | S9999                                                                   |                                                                                                                          |                                                                                             |  |                                                 |  |

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| S9999                                                                         | <p>Continued from page 2<br/>diagnosis in the last 7 days of wound infection.<br/>Section M in the same MDS documents R1 had venous and arterial ulcers.</p> <p>R1's Care Plan documents R1 has a diagnosis of sepsis and history of wounds to bilateral lower extremities related to edema and a history of cellulitis, lymphedema, and current wounds with approach's dated 2/28/24 documenting treatment as ordered and dated 12/30/22 documenting medications and antibiotics per order. The same Care Plan documents R1 has a history of infection of the wounds with approach's dated 3/20/25 documenting R1 is to get antibiotics as ordered and to report to the physician if ineffective or any adverse effects and 2/24/25 documenting R1 is to have treatments per order.</p> <p>R1's Physician's Orders provided by the consulting wound clinic dated 9/24/25 documents an order for Vancomycin 1gram (gm) intravenous piggyback to be given twice a day for 14 days. Written to the side of that order is an unsigned note documenting "we don't do BID (twice a day) IV (intravenous) notified (V3, consulting wound doctor)."</p> <p>R1's Progress Note dated 9/25/25 at 10:58 AM, documents V13 (RN) notified V3's office that the facility would not be able to do the vancomycin order because they do not do IV medications every 12 hours because they don't have Registered Nurses (RN) on night shift to give the IV antibiotic and V3's office stated they would inform V3 that they don't have RN's on night shift to do IV antibiotics and would see what V3 wanted to do.</p> <p>R1's Progress Note dated 9/25/25 at 3:00 PM, authored by V13, documents V3 ordered the vancomycin order to be changed to vancomycin 1 gm, once a day for 14 days.</p> <p>R1's Progress Note dated 10/8/25 at 5:08 AM by V28 (LPN) documents a new order was received to increase IV vancomycin from 1gm to 1.5 gm once a day.</p> <p>R1's Medication Administration Record (MAR) dated 9/1/25 to 9/30/25 documents an order for Vancomycin in 0.9 % sodium chl (chloride) solution; 1 gram/250 mL (milliliters); Amount to Administer: 1 gm; intravenous once a day with a start date of 9/26/25 and an end date of 10/2/25. This is documented as not administered on 9/26/25 with a corresponding note of "Not Administered: Resident Unavailable" and not administered on 9/27/25, 9/28/25, 9/29/25, and 9/30/25 with a note of "Not Administered: On Hold." R1's MAR dated 10/1/25 to 10/31/25 documents the same Vancomycin order and documents the order is on hold on 10/2/25 at 5:00PM.</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                         | <p>Continued from page 3</p> <p>The same Vancomycin order is documented with a start date of 10/2/25 and an end date of 10/8/25 and documents that the order was on hold from 10/2/25 until 10/3/25 at 4:00PM. The same MAR documents an order for vancomycin in 0.9 % sodium chl solution; 1.5 gram/500 mL; Amount to Administer: 1.5g; intravenous once a day with a start date of 10/8/25 and an end date of 10/21/25.</p> <p>R1's Physician Orders provided by the consulting wound clinic dated 10/17/25 documents start Bumex 2.5 milligram (mg) once a day by mouth to be given with furosemide dose, Levaquin 750 mg once a day for 14 days, and Cipro 500 mg twice a day for 14 days.</p> <p>R1's MAR dated 10/1/25 to 10/31/25 does not document any orders for Bumex, Levaquin, or Cipro.</p> <p>R1's POS dated 9/1/25-2/9/26 was reviewed, and it does not document any orders for Bumex, Levaquin, or Cipro.</p> <p>R1's Progress Note dated 10/20/25 at 10:30 PM documents "CNA (Certified Nursing Assistant) notified signee earlier in evening of res (R1) BLE (Bilateral Lower Extremities) having increased weeping through drsgs (dressing), explained that puddle in front of res (R1) while sitting in recliner from the weeping. CNA cleaned floor &amp; laid down bath blanket to manage weeping until signee could perform tx (treatment). Upon entering res (R1) room, bath blanket almost completely saturated w (with) weeping from BLE after CNA had just laid down approx (approximately) 1.5 hrs (hours) prior. Res (R1) crying in pain, BLE drsgs completely saturated but intact. Admin (administered) meds (medications)- including PRN (as needed) norco. Signee then performed tx as ordered. Res (R1) continued to cry in pain while attempting to perform txs. Signee req (requested) other noc (night) shift nurse to administer prn morphine IM (intramuscular) dose. Txs finished, res (R1) tolerated better after MS (morphine) admin. BLE remain extremely red w mod (moderate) bleeding to some areas, purulent drainage noted to gauze when cleaned. Area to L (left) ankle/lower shin noted to have greenish drainage &amp; res (R1) c/o (complained of) increased pain to specific area. RLE (right lower extremity) xeroform left in place due to skin graft started, dark black/green noted to xeroform. Mod bleeding &amp; purulent drainage contin [sic] to areas around xeroform. Signee notified DON (Director of Nursing) of consistent worsening of BLE &amp; worsening pain as well. Res (R1) has (Consult wound clinic name) app (appointment) this a.m. Awaiting potential N.Os (new orders)."</p> <p>R1's physician order provided by the consulting wound</p> |                                                                         |  | S9999                                                                                           |                                                                                                                          |                                                 |                            |

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| S9999                                                                     | <p>Continued from page 4<br/>clinic dated 10/29/25 documents Levofloxacin 750 mg once a day for 10 days and Medrol pak 4 mg oral tablets for 6 days, take 6 tabs on day 1, 5 tabs on day 2, 4 tabs on day 3, 3 tabs on day 4, 2 tabs on day 5, and 1 tab on day 6.</p> <p>R1's Progress Note dated 10/30/25 at 1:12 AM documents a new treatment order for R1's bilateral lower extremities was received via fax from V3's office. New order to change dressings to bilateral lower extremities daily and as needed. Left lower extremity: cover wound with Dakins solution-soaked gauze wet to dry dressing, cover with abdominal pad and rolled gauze then wrap with Ace bandage from foot to knee with graduated compression. Right lower extremity: leave xeroform in place to protect amniotic graft, apply abdominal pad over wound areas, cover with rolled gauze, then apply ace wraps from foot to knee with graduated compression. Treatment orders per V3 were placed into R1's electronic chart. New order for antibiotics and steroid dose pak related to bilateral lower extremity wounds received as well, levofloxacin 750 mg by mouth daily for 10 days, signee aware of resident allergy to ordered medication and unsure if R1 has taken medication in the past. A fax was sent to V3's office requesting clarification on the order due to R1's allergy, awaiting reply. Author notified dayshift nurse of possibly needing to call for new orders. Medrol dose pak was placed into R1's electronic chart.</p> <p>R1's Progress Note dated 10/31/25 at 5:49 AM by V10 (RN) documents V3's office ordered Levofloxacin for R1's lower extremity wounds and they have not replied to the fax regarding R1 being allergic to the medication. V3's office needs to clarify the antibiotic order at R1's appointment.</p> <p>R1's MAR for 10/1/25 to 10/31/25 and MAR for 11/1/25 to 11/30/25 did not document an order for the Levofloxacin ordered on 10/29/25.</p> <p>R1's POS dated 9/1/25-2/9/26 did not document an order for the Levofloxacin that was ordered on 10/29/25.</p> <p>R1's Physician's Orders provided by the consulting wound clinic documents an order dated 11/7/25 to "Start Invanz 1 gram once daily for 14 days for ESBL (Extended Spectrum Beta Lactamase Producing Bacteria) in the urine."</p> <p>R1's MAR dated 11/1/25 to 11/30/25 did not document an order for invanz as ordered by V3 on 11/7/25.</p> | S9999                                                                   |                                                                                                                          |                                                                                             |  |                                                 |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOCTORS NURSING &amp; REHAB CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1201 HAWTHORN ROAD , SALEM, Illinois, 62881</b>                          |  |                                                 |  |
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| S9999                                                                         | <p>Continued from page 5</p> <p>R1's POS dated 9/1/25-2/9/26 did not document an order for invanz that was ordered on 11/7/25.</p> <p>R1's Progress Noted date 11/7/25 at 5:44 PM by V6 (RN) documents "received new orders from (Consultant wound clinic name) to change dressings to bilat (bilateral) lower extremities with gauze soaked with Dakins quarter strength solution. then cover with gauze and abd (abdominal) pads. then wrap legs with kerlix and ace bandages. Change dressings daily. also ordered to remove foley catheter x 1 (for 1) week and start Invanz 1 gram for 1 week r/t (related to) UTI (urinary tract infection) ESBL (Extended Spectrum Beta Lactamase Producing Bacteria) of the urine. They are faxing prescription to (pharmacy name)."</p> <p>On 1/28/26 at 9:50 AM, V6 stated she doesn't remember R1 taking Levofloxacin or Invanz, but she remembers her taking Medrol dose pack. V6 stated she remembers seeing order sheets for R1 that were sent from (consulting wound clinic) but she doesn't know where they came from. V6 stated she worked night shift on 11/7/25 and she charted a note about the order for Invanz for R1, but she did it for the day shift nurse but doesn't remember who it was, and she doesn't know where they got it from, stated it was written down on a piece of paper. V6 stated she called the pharmacy to see if they had received R1's Invanz order yet and they hadn't so she was going to see if it came in the next night, and it didn't. V6 stated she wasn't following it anymore after that and she doesn't know who was supposed to follow up on it, but she did not follow up on it. V6 stated she said something to the Assistant Director of Nursing (ADON) about it and she thought she was going to take care of it.</p> <p>R1's Progress Notes dated 11/8/25 at 1:23 PM by V15 (RN) documents "Called Pharmacy and spoke with (name) re: (regarding) Invanz order and that (consulting wound clinic) was supposed to fax over order for it. (Name) states they rec'd (received) no order for medication."</p> <p>R1's Progress Note dated 11/9/25 at 2:12 AM by V10 (RN) documents "foley catheter removed tonight x 1 week r/t (related to) ESBL (Extended Spectrum Beta Lactamase Producing Bacteria). Will monitor for output/any issues. Need to clarify abx (antibiotics) order with (consulting wound clinic name) Monday r/t receiving no orders/pharmacy unaware of any new orders. Res (resident) resting quietly in bed at this time. Call light within reach."</p> <p>R1's Progress Note dated 11/10/25 at 1:00 AM by V10 documents "foley (urinary) catheter remains out r/t</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                     | <p>Continued from page 6</p> <p>ESBL of urine. Call (consulting wound clinic name) later today to clarify foley (urinary catheter) is supposed to be out for 1 week &amp; also clarify abx order. Res not c/o (complaining of) any difficulties voiding, no dysuria (painful urination). PRN (as needed) morphine injection admin (administered) tonight prior to BLE tx (treatment). Res (R1) grimacing &amp; holding on to the chair while changing BLE drsgs. Reordered morphine r/t used the rest of vial. Res (R1) now resting in bed. Will continue to monitor needs &amp; safety. Call light within reach at this time."</p> <p>R1's Progress note dated 11/11/25 at 12:33 AM by V15 documents "Still awaiting ABT (antibiotic) order to be clarified. Dressings d/I (dry and intact) at this time. Foley remains out@ (at) this time, voiding w/o (without) difficulty. Pain meds cont (continue) as ordered."</p> <p>R1's Progress Note dated 11/12/25 at 9:11 AM by V2 (Assistant Director of Nursing) documents "Resident (R1) out of facility to appointment at (consulting wound clinic), this facility transport to appointment, Dressing changes to be done at appointment today."</p> <p>R1's Progress Note dated 11/11/25 at 9:41 AM by V11 (Licensed Practical Nurse/LPN) documents "Spoke to (consulting wound clinic) in (town) aware we have not received atb (antibiotic) order spoke with (name) and will send script to us today provided fax number. Called (pharmacy) related need Norco refilled spoke with (name) and will send out medication. Next apt (appointment) in (town) at 10 am tomo (tomorrow) transportation aware of apt. Resident (R1) aware of all and questions answered [sic]."</p> <p>On 1/27/26 at 1:41 PM, V11 stated she called the consulting wound clinic for R1 on 11/11/25 at 9:41 AM and told them they didn't have the order for Invanz for R1 and they told her they would fax it that day. V11 stated she doesn't remember if she followed up on it or who she passed the follow up along to, stated she didn't chart anything else so she must have not done anything else with it.</p> <p>R1's Physician Order Report dated 11/21/25-12/9/25 documents treatment orders as follows; change dressings to bilateral lower extremities daily and as needed, cover with Dakin's solution soaked gauze wet to dry dressing, cover with abdominal pads, wrap with kerlix and then ace wraps from foot to knee once a day with a start date of 11/10/25 and an end date of 12/2/25 and change dressing to bilateral lower extremities daily and prn, cover with Dakin's solution soaked gauze wet</p> | S9999                                                                   |                                                                                                                          |                                                                                             |  |                                                 |  |

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| S9999                                                                     | <p>Continued from page 7<br/>to dry dressing, cover with abdominal pads, wrap with<br/>kerlix then ace wraps from foot to knee with a start<br/>date of 12/2/25 and an end date of 12/13/25.</p> <p>R1's Medication Administration Record (MAR) dated<br/>11/1/25-11/30/25 documents the following treatment<br/>orders to R1's bilateral lower extremities:</p> <p>A treatment order of "cleanse bilateral lower legs with<br/>Vashe. Pat dry. Apply exufiber to the affected areas<br/>with wounds. Cover with ABD (abdominal pads, thick<br/>absorbent pad) pads and secure with roll gauze daily<br/>and as needed until wounds are healed" with a start<br/>date of 11/28/25 and an end date of 12/3/25. This<br/>treatment was documented as not administered with a<br/>corresponding note of "Not Administered: other comment:<br/>cleaned with wound cleanser, wrapped w (with) abds<br/>(abdominal pads) and kerlix" and not administered on<br/>11/30/25 with a note of "Not administered: drug/item<br/>unavailable comment: cleaned legs with wound cleanser,<br/>wrapped with abs (abdominal pads) and kerlix. Dakins,<br/>Vashe, and exufiber unavailab [sic]."</p> <p>An order of "Change drsgs (dressings) to BLE (bilateral<br/>lower extremities) daily &amp; prn (as needed). BLE cover<br/>with Dakins-solution soaked gauze W/D (wet to dry) drsg<br/>(dressing). Cover with ABD's. Wrap with kerlix &amp; then<br/>ACE wraps from foot to knee" with a start date of<br/>11/10/25 and an end date of 12/2/25. This treatment is<br/>documented as not being administered on 11/16/25 with a<br/>note of "Not Administered: Drug/Item Unavailable<br/>Comment: DAKINS and KERLIX unavailable. removed old<br/>dressing, cleaned with wound cleanser and rewrapped<br/>w/ace," not administered on 11/17/25 and 11/18/25 with<br/>a note of "Not Administered: Drug/Item Unavailable,"<br/>not administered on 11/29/25 with a note of "Not<br/>Administered: Other Comment: cleaned with wound<br/>cleanser, wrapped w (with) ABD's and kerlix," and not<br/>administered on 11/30/25 with a note of "Not<br/>Administered: Drug/Item Unavailable Comment: cleaned<br/>legs with wound cleanser, wrapped with ABD and kerlix.<br/>Dakins, Vashe, and exufiber unavailab [sic]."</p> <p>An order for Dakin's solution 0.25%, once a day, apply<br/>to wet-to-dry dressings to bilateral lower extremities<br/>daily with a start date of 11/19/25 and an end date of<br/>12/2/25. This treatment is documented as not<br/>administered on 11/29/25 with a note of "Not<br/>Administered: Drug/Item unavailable" and not<br/>administered on 11/30/25 with a note of "Not<br/>Administered: Drug/Item Unavailable Comment: cleaned<br/>legs with wound cleanser, wrapped with abs [sic] and<br/>kerlix. Dakin's, Vashe, and exufiber unavailab [sic]."</p> | S9999                                                                   |                                                                                                                          |                                                                                             |  |                                                 |  |

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| S9999                                                                     | <p>Continued from page 8</p> <p>R1's MAR dated 12/1/25-12/31/25 documents the following treatment orders to R1's bilateral lower extremities:</p> <p>A treatment order of "Change drsgs to BLE daily &amp; prn. BLE cover with Dakins-solution soaked gauze W/D drsg Cover with ABD's. Wrap with kerlix &amp; then ACE wraps from foot to knee" with a start date of 11/10/25 and an end date of 12/2/25. This treatment is documented as not administered on 12/1/25 with a corresponding note of "Not Administered: Other Comment: placed gauze soaked in Vershe [sic] on right leg and half of left leg, wrapped w (with) ABD's, kerlix, ace wraps."</p> <p>An order for Dakin's solution 0.25%, once a day, apply to wet-to-dry dressings to bilateral lower extremities daily with a start date of 11/19/25 and an end date of 12/2/25. This treatment is documented as not administered on 12/1/25 with a corresponding note of "Not Administered: Other Comment: placed gauze soaked in Vershe [sic] on right leg and half of left leg, wrapped w (with) ABD's, kerlix, ace wraps."</p> <p>A treatment order of "Cleanse bilateral lower legs with Vashe. Pat dry. Apply exufiber to the affected areas with wounds. Cover with ABD pads and secure with roll gauze daily and as needed until wounds are healed" with a start date of 11/28/25 and an end date of 12/3/25. This treatment was documented as not administered on 12/1/25 with a corresponding note of "Not Administered: Other Comment: placed gauze soaked in Vershe [sic] on right leg and half of left leg, wrapped w abds, kerlix, ace wraps."</p> <p>R1's Progress Note dated 11/19/25 at 5:05 PM by V12 (LPN) documents "Res returned to facility at this time from app (appointment) @ (Consulting wound clinic) via facility transport. Facility transport driver, (Name) stating that res (R1) c/o (complained of) dizziness when first transporting to app &amp; again when arriving to app. W/C (wheelchair) had to be used to transfer res (R1) into facility, BP (blood pressure) checked &amp; (name) stated that it was extremely low, approx. (approximately) 70s/40s &amp; that staff gave her juice &amp; she felt better. Paperwork from app received w (with) N.Os. (new orders) Ertapenem (Invanz) 1G (gram) IM (intramuscular) once daily x14 days &amp; Dakins Solution 0.25% wet to dry drsgs to BLE once daily. Awaiting delivery of meds from pharm."</p> <p>R1's Progress Note dated 11/19/25 at 5:50 PM by V12 documents "When attempting to insert (consulting wound clinic name) N.O (new order) for Invanz solution, alerted of potential allergic rx (prescription) due to hx (history) of allergy to several similar abx</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                         | <p>Continued from page 9<br/>(antibiotics) in past. Notifying oncoming shift of<br/>issue &amp; to contact (consulting wound clinic name) to<br/>clarify if still wanting to be admin (administered) &amp;<br/>just monitor res (R1) closely or change to diff<br/>(different) abx (antibiotic)."</p> <p>R1's Progress Note dated 11/19/25 at 9:59 AM by V17<br/>(RN) documents "Saw NP (nurse practitioner) today. BLE<br/>weeping new dressing change today. Need clarification<br/>on ATB, rather or not one ordered or how long the FC<br/>(urinary catheter) is to be out. Resident (R1) sitting<br/>up in chair C/O great deal of pain. Pain meds<br/>(medication) given. Continue to monitor."</p> <p>R1's Progress Note dated 11/21/25 at 2:11 AM by V12<br/>documents "0200 (2:00 AM) CNA notified signee at this<br/>time of res (R1) being in floor. CNA explaining that<br/>had just spoken to res (R1) @ 0130 (1:30 AM) about<br/>going to bed due to sleeping in recliner, res (R1)<br/>agreed &amp; CNA assisted res (R1) up from recliner to<br/>ambulate to bed w wheeled walker &amp; res (R1) stated she<br/>did not need anymore assistance. CNA then walking back<br/>up hall doing bed check when noticed res sitting in<br/>floor in front of recliner. Res (R1) A&amp;O (alert and<br/>orientated) according to CNA, no visible injuries, res<br/>(R1) denied pain. Upon observation, res (R1) sitting in<br/>floor directly in front of recliner, feet out in front<br/>w (with) legs extended. Res (R1) A&amp;O, verbal w SOB<br/>(shortness of breath), difficult to understand at times<br/>due to mumbling. Res (R1) denied pain &amp; denied hitting<br/>head when asked. Res (R1) explained that fall occurred<br/>while attempting to transfer to bed after CNA had<br/>assisted res (R1) up to wheeled walker. Res (R1)<br/>denying slipping/tripping on anything, agreed that BLE<br/>had just "given out." BLE wrapped w TXs (treatments)<br/>per norm, not suspected to cause fall due to being<br/>intact. Glasses on. Wheeled walker in front of res<br/>(R1), room free of clutter, well-lit. VS (vital signs):<br/>T (temperature) 98.4 BP (blood pressure) 166/90 P<br/>(pulse) 91 R (respirations) 24 SpO2 (oxygen saturation)<br/>98% on RA (room air). Res (R1) agreed able to stand w<br/>assistance, denying pain again, no dizziness as well.<br/>Assisted res (R1) up from floor x4 max assist,<br/>transferred to bed. Gait steady but weak w transfer.<br/>Res (R1) assisted into bed comfortably, bipap in place<br/>w ordered settings. BP retaken- 100/53 P 84. Signee<br/>clarified w res (R1) that did not hit head &amp; was not<br/>having any pain r/t fall- res (R1) agreed, stating,<br/>'No, just my legs of course,' referring to BLE wounds.<br/>Res (R1) resting comfortably in bed, C/L (call light)<br/>within reach. Educated to use C/L when needing<br/>assistance due to increased weakness, res (R1) stated<br/>understanding. Continuing to monitor throughout rounds<br/>&amp; notify oncoming shift to monitor for potential</p> | S9999                                                                   |                                                                                                                          |                                                                                                 |  |                                                 |  |

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| NAME OF PROVIDER OR SUPPLIER<br><b>DOCTORS NURSING &amp; REHAB CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1201 HAWTHORN ROAD , SALEM, Illinois, 62881</b> |  |                                                 |  |
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| S9999                                                                     | <p>Continued from page 10<br/>visible injuries arising."</p> <p>R1's Progress Note dated 11/21/25 at 9:15 AM by V13 (RN) documents "Another staff member notified this nurse that something was wrong with this resident (R1). This nurse entered the resident's (R1's) room and observed that the resident (R1) was very pale in color. She said she felt weak and dizzy and didn't feel right. This nurse took the resident's (R1) vital signs. T 96.2 P 40 manually counting R 22 BP 88/62 with manual cuff 02 sat 91 % on room air. Resident (R1) was sitting-on recliner bent over her knees."</p> <p>R1's Progress Note dated 11/21/25 at 10:05 AM by V13 documents "Resident (R1) left the facility via ambulance to go to (local hospital) ER (emergency room)."</p> <p>R1's Progress Note dated 11/21/25 at 4:03 PM by V7 (Former Director of Nursing) documents "Called (local hospital) ED (emergency department) for an update. Was informed that she is getting admitted to (different local hospital) in (town name) with a diagnosis of hypotension and sepsis. (family member name) at facility at this time and informed."</p> <p>R1's Progress Note dated 11/21/25 at 6:00 PM by V13 documents R1 is being transferred to a different hospital in a different town to be admitted to the intensive care unit with septic shock, dehydration, and acute pyelonephritis.</p> <p>R1's Hospitalist Discharge Summary from the local hospital documents that R1 was admitted to the hospital on 11/21/25 with admitting diagnoses including Septic shock secondary to bilateral leg wound infection, Bacterial cellulitis due to Pseudomonas and MRSA (Methicillin Resistant Staphylococcus Aureus), Acute toxic metabolic encephalopathy, Hypoalbuminemia, Acute kidney injury superimposed on CKD (Chronic Kidney Disease), Pseudomonas UTI (Urinary Tract Infection), and Generalized weakness. This Discharge Summary documents that R1 was discharged on 11/28/25. R1's Discharge Procedure Orders document that R1's discharge diagnoses are Bacterial Cellulitis and Septic Shock and was discharged back to the nursing home. R1's discharge orders from the hospital include the following: Wound Care- Cleanse both lower legs wounds with Vashe (hypochlorous acid wound solution) and pad dry and apply exufiber (highly absorbent, sterile gelling fiber dressing) to the affected areas with wounds and cover with ABD (Abdominal Dressing) pads and secure with roll gauze daily and as needed until the wounds healed completely, Cipro (antibiotic) 750 mg (milligrams) 1</p> | S9999                                                                   |                                                                                                                          |                                                                                             |  |                                                 |  |

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| S9999                                                                         | <p>Continued from page 11<br/>tablet by mouth every 12 hours for 7 days, and Zyvox<br/>(antibiotic) 600 mg 1 tablet by mouth every 12 hours<br/>for 7 days.</p> <p>R1's Progress Note dated 11/28/25 at 5:23 PM by V13<br/>documents "Resident (R1) returned to the facility from<br/>(local hospital name) via (ambulance name). Resident<br/>(R1) is alert to person, place, situation, but not<br/>necessarily to time. Resident (R1) made the statement<br/>'At least I am home now.' Resident is on 2L (liters) o2<br/>(oxygen) via nasal cannula. Resident was transferred<br/>from the stretcher to the bed via ambulance staff x2<br/>and facility x3. Admission vital signs T 97.7 P 75 R 20<br/>BP 123/61 o2 99% on 2L. Resident's (R1's) abdominal<br/>folds are red and excoriated. Buttocks are red,<br/>blanchable, no open areas. Resident (R1) continues to<br/>have existing wounds to bilateral lower extremities.<br/>The area of wounds on the right leg measures 14cm<br/>(centimeters) in height starting at the ankle and going<br/>up the calf and encompasses the entire circumference of<br/>the calf. The area of wounds on the left leg measures<br/>17cm (centimeters) in height from the ankle and goes up<br/>the calf and encompasses the entire circumference of<br/>the calf. Heels are firm and intact."</p> <p>R1's Progress Note dated 12/9/25 at 1:31 PM by V2<br/>documents "Patient up per w/c (wheelchair) in room,<br/>short of breath, complaining of increased pain to BLE &amp;<br/>generalized pitting edema to BIL (bilateral) Hands &amp;<br/>BLE. V/S (vital signs) stable. Patient stated 'just<br/>don't feel right.' 1pm (Doctor) notified of patient<br/>condition with new orders may send to ER (emergency<br/>room) to eval (evaluate) &amp; treat. 1:05 pm POA (Power of<br/>Attorney) notified of patient condition &amp; new orders<br/>received. 1:15 pm (local ambulance company) notified<br/>for transport. 1:28 pm (local ambulance company) here,<br/>patient assisted to stretcher &amp; bed hold sent with<br/>patient with paperwork. 1:33 pm resident (R1) out of<br/>facility to (local hospital) ER via stretcher with<br/>(local ambulance company)."</p> <p>R1's Progress Note dated 12/10/25 at 6:23 PM by V10<br/>(RN) documents "Signee called (local hospital) ER for<br/>update regarding res (R1) transfer. Nurse stated they<br/>transferred her to (different local hospital name) r/t<br/>(related to) septic shock."</p> <p>R1's Progress Note dated 12/13/25 at 3:51 PM by V20<br/>(RN) documents "(local hospital name) Nurse calls this<br/>facility to inform resident expired."</p> <p>R1's Hospitalist Discharge Summary from the local<br/>hospital documents that R1 was admitted to the hospital<br/>on 12/9/25 and discharged on 12/14/25 with final</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                         | <p>Continued from page 12</p> <p>diagnoses including Septic shock secondary to skin and soft tissue infection (cellulitis) of bilateral lower extremities including infected venous ulcers, AKI (Acute Kidney Injury)/ATN (Acute Tubular Necrosis) with metabolic acidosis, Acute toxic metabolic encephalopathy, and Acute on chronic hypercapnic respiratory failure. This Discharge Summary documents a "discharge destination" of "deceased in the hospital." The "Hospital Course" documents that R1 had VRE (Vancomycin-Resistant Enterococci) and MRSA (Methicillin-resistant Staphylococcus aureus) and bilateral lower extremity venous insufficiency/lymphedema and admitted overnight from an outside hospital with bilateral lower extremity wounds. R1 was admitted to ICU (Intensive Care Unit), started full aggressive medical care but with no improvement and continued clinical deterioration. R1's current clinical condition, risks, benefits and alternatives were discussed with R1's mother and daughter, and both understand R1 's continued suffering, repeated admissions, nonhealing extensive venous ulcers, poor baseline, functional status bed-bound at a nursing home and wanted to transition her to comfort measures. R1 passed away shortly after.</p> <p>R1's State of Illinois Certificate of Death Worksheet documents R1's date of death as December 13, 2005, and cause of death documented as 1. Septic shock, 2. Skin and soft tissue infections, and 3. Methicillin-resistant staphylococcus aureus.</p> <p>R1's hospital records from the local hospital document under Microbiology-Lab Results dated 12/10/25 at 2:12 PM, under culture wound and gram stain, heavy pseudomonas aeruginosa with the source being ankle wound.</p> <p>On 1/27/25 at 11:46 AM, V10 (RN) stated she works night shift, so she never communicated with the consulting wound clinic directly regarding R1, so anytime she needed an order clarified with them she passed it along to the day shift nurse.</p> <p>On 1/15/26 at 1:45PM, V5 (CNA) stated she noticed R1's dressing was not getting changed often because the date on them would be old and the dressing would be unraveled and look very gross with drainage seeping through it, so she would tell the nurse working and they would tell her they would get to it as soon as they could. V5 stated it would eventually get changed because she would see it the next time she worked.</p> <p>On 1/15/26 at 1:13 PM, V6 (RN) stated there were several times she was unable to complete dressing</p> | S9999                                                                   |                                                                                                                          |                                                                                                 |  |                                                 |  |

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| S9999                                                                         | <p>Continued from page 13</p> <p>changes on R1 per the order due to not having the correct supplies. V6 stated she would always do something if she didn't have the correct supplies, but it just might not be what the order says. V6 stated R1 was going to (outside wound clinic provider) to get dressing changes and when she came back with new a new order for Dakin's solution they tried to order it from the pharmacy, but they were supposed to order it through where they order other supplies not the pharmacy, so it took a while for them to get it. V6 stated they were out of Dakin's solution a lot of the time. V6 stated R1 came back from the hospital with orders for Vashe and exufiber at one point and the facility didn't have either one. V6 stated she told V7 (Former DON), and she never saw the supplies show up. V6 stated they would also not have kerlix gauze wrap at times. V6 stated she never saw that the facility had exufiber for R1's wounds and maybe just one small bottle of Vashe that only did maybe two treatments but the rest of the times she did not use it for her treatments because she couldn't find any.</p> <p>On 1/21/26 at 3:04 PM, V12 (LPN) stated she took care of R1 and there were times they did not have the Dakin's solution or other supplies like they wouldn't have kerlix to wrap her legs with. V12 stated she always did something with her dressing but didn't always do what is ordered because of not having the correct supplies. V12 stated even when she didn't have the supplies, she still checked off she did the dressing per order in the MAR. V12 stated she works night shift, so she couldn't communicate with the office where R1 went for wound care. V12 stated when R1 was ordered Levaquin she never got it, but they started the Medrol dose pack because the day shift nurses told her they couldn't get clarification on the Levaquin. V12 stated it was difficult for her and she feels like she was constantly spinner her wheels since she worked nights and the office was closed when she was working so she couldn't communicate with them herself. V12 stated she doesn't remember R1 ever getting Invanz. V12 stated there was several times that R1 did not get her dressings changed when they were supposed to be and she would do it when she found it wasn't completed, V12 stated this happened at least twice a week. V12 stated R1's dressing change took a while to do because they were so extensive, and the day shift nurses would always say they didn't have time to do it.</p> <p>On 1/21/25 at 5:14 PM, V17 (RN) stated she did dressing changes on R1 and sometimes they wouldn't have Dakins solution so she would use normal saline wound cleanser and sometimes they wouldn't have other supplies either. V17 stated she would still change R1's dressing but she</p> |                                                                         |  | S9999                                                                                           |                                                                                                                          |                                                 |                            |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0054940</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                            |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>02/10/2026</b> |                            |
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| S9999                                                                         | <p>Continued from page 14<br/>would just use what they had. V17 stated since she works night shift she never dealt with any orders from the wound clinic.</p> <p>On 1/28/26 at 11:29 AM, V20 (RN) stated he did dressing changes on R1 and he can for sure say they didn't have Dakin's solution most of the time and when they were out of Dakin's solution he doesn't remember what he would use but he did the best he could with what supplies they had on hand.</p> <p>On 1/28/26 at 2:03 PM, V21 (Family Member) stated she felt like the communication was lacking between them and her, and them and the wound doctor. V21 stated when she would be in the facility, she would ask the charge nurse what was going on with R1's wound treatments and they wouldn't know. V21 stated she noticed R1's dressings on her legs were not getting changed at times, they would be soaked through with drainage and look dirty, so she would tell the nurse they needed changed and the nurse would tell her they would change them when they had time.</p> <p>On 1/21/26 at 12:28 PM, V13 (RN) stated she took care of R1 some. V13 stated she started working at the facility in August of 2025 and left January 8th of 2026. V13 stated she changed R1's dressings and when they had the correct supplies, she would follow the order, but they didn't have them often and she would do the best she could with what supplies she had. V13 stated they wouldn't have Dakin's solution a lot of the time so she would use normal saline wound cleanser. V13 stated V3 (Wound Physician) ordered Vancomycin, and they were told she had an allergy to it but V3 told them they gave it in their office, and she did not have a reaction to it, so they started it, and they didn't have any allergy issues with R1 when they gave the Vancomycin. V13 stated at one point, R1 was ordered Vancomycin twice a day but the facility couldn't do it because they didn't have enough RN coverage to give it at night.</p> <p>On 1/21/26 at 12:42 PM, V15 (RN) stated a lot of time they didn't have the Dakin's solution that was ordered for R1's wound treatment but she would still do a dressing change, she would use what she had when there wasn't Dakin's solution. V15 stated even when she didn't have the correct supplies for R1's dressing change she would still sign off in the computer she used them. V15 stated she worked night shift, and she would leave notes for day shift that they were out of Dakin's solution.</p> <p>On 1/21/26 at 1:19 PM, V16 (Former ADON) stated she</p> |                                                                         |  | S9999                                                                                           |                                                                                                                          |                                                 |                            |

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| S9999                                                                         | <p>Continued from page 15</p> <p>hasn't worked at the facility since the beginning of November 2025. V16 stated she used to help transport R1 to her wound appointments, but she doesn't remember anything about her antibiotics or about her dressing changes.</p> <p>On 1/21/26 at 1:30 PM, V7 stated there was some confusion with ordering the Dakin's solution for R1 at first because she thought she was supposed to order it from the pharmacy, but she was actually supposed to order it through their medical supplier, so it took a while to get it. V7 stated she received a call one time on a Saturday that the facility had ran out of some supplies needed to change R1's dressings but it was late so she couldn't get the supplies that late. V7 stated she remembers that R1 needed her intravenous vancomycin twice a day, but they couldn't not do that because they didn't have the RN coverage to do it, so the order was changed. V7 stated she remembers R1 having an allergy to an oral antibiotic, but she doesn't remember what the outcome was because she didn't deal with it. V7 stated she does not know anything about R1 being ordered Invanz antibiotics.</p> <p>On 1/22/26 at 2:32 PM, V2 (ADON) stated they did not have enough RN coverage to do IV antibiotics twice a day when R1 was ordered Vancomycin twice a day. During that time frame they only had one RN at night that only worked Wednesday nights. V2 looked in R1's electronic chart with this surveyor present and stated she does not see Levofloxacin (Levaquin) or Invanz ordered or given from 10/29/25 to 11/29/25. V2 stated if it is not on the MAR then it was not given. V2 stated when (wound consultant provider) gave new orders for R1 they would fax it to the facility either that day or the next day if R1 was seen later in the evening.</p> <p>On 1/29/26 at 8:45 AM, V2 stated when a doctor faxes orders to the facility it goes to the fax machine on one specific unit. V2 stated some nurses that are working on that unit will get the faxes off the machine and take it to the nurse of the hallway the resident is on and some of the nurses will leave it on the fax machine. V2 stated all the nurses in the building should be checking the fax machine throughout the day but there isn't a procedure in place that tells the nurses who should check the fax machine or when the fax machine should be checked. V2 stated in the past the DON or ADON would do transportation for resident to outside appointment but the DON and the ADON are no longer employed so now there is a staff member that also works in laundry and housekeeping that is helping with transportation now. V2 stated that the staff member doesn't do anything but drive them to and from</p> | S9999                                                                   |                                                                                                                          |                                                                                                 |  |                                                 |  |

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| S9999                                                                         | <p>Continued from page 16</p> <p>the appointment. V2 stated when a resident goes to an outside appointment the nurse on duty oversees following up with any orders received from that appointment. V2 stated if the resident does not come back with an appointment summary or order sheet it is the nurse on duty's responsible to call the outside facility and get an after-visit summary and make sure there aren't any new orders.</p> <p>On 1/21/26 at 10:18 AM, V3 (Consulting Wound Doctor) stated he ordered Vancomycin to be given twice a day, but the facility told them they could only do it once a day. V3 stated R1 needed the Vancomycin twice a day for her wound infection. V3 stated Invanz was ordered to be started for R1 on 11/7/25 due to a urinary tract infection and wound infection and that order was sent to the nursing home. V3 stated the Invanz would cover her urinary tract infection and her wounds. V3 stated it is possible that R1 not getting the antibiotics ordered could have contributed to R1 becoming septic and her decline in her health. V3 stated R1 was a difficult patient to treat because she had extensive care needs but at the same time the nursing home did not have the resources to take care of R1 with her medical conditions. V3 stated R1 came to their office for wound treatments on her lower legs. V3 stated she wanted her to come to the office every day, but the facility could not provide transportation and the max she could come per the facility was twice a week. V3 stated he ordered Dakin's solution for her wounds because she had a pseudomonas infection, and they needed to clear up that infection before they could do a skin graft. V3 stated they had to send bottles of Dakin's and other wound supplies because the staff couldn't find any at the facility. V3 stated R1 would tell them she wasn't getting her dressings changed correctly because they didn't have the correct supplies. V3 stated in his opinion, not using the Dakin's solution could have contributed to her wound infection worsening because Dakin's solution kills pseudomonas and that is what R1 had. V3 stated that most of the time skin infections do not usually make someone septic but if left untreated it is possible. V3 stated R1 also had ESBL infection in her urine and that is also very concerning for sepsis if not treated. On 1/29/26 at 1:14 PM, V3 stated R1's Vancomycin was increased on 10/7/25 from 1 gm to 1.5 gm due to her Vancomycin trough blood levels not being therapeutic. V3 stated if the Vancomycin blood level is not therapeutic then the antibiotic will not work and needs to be increased. V3 stated he was not aware the Bumex, Levaquin, and Cipro was not administered by the facility, he thought R1 was given the medications because they sent the orders to them. V3 stated f the</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                     | <p>Continued from page 17</p> <p>Vancomycin could have been given twice a day like he originally ordered it, it could have become therapeutic, and the sepsis could have been avoidable. V3 stated if all the antibiotics that were ordered had been given and the wound treatments would have been performed per the order, using the Dakin's solution, he doesn't think R1 would have deteriorated like she did. V3 stated when R1 first started going to him she was not in as bad of shape, but she severely started to decline and even though she had other co-morbidities, the wound infection was the primary cause of her deterioration and she deteriorated in a small amount of time due to the facility not following orders and that ultimately lead to R1 becoming septic then passing away.</p> <p>On 1/21/26 at 9:53 AM, V4 (Consulting Wound Nurse Practitioner) stated on 9/24/25 they ordered Vancomycin 1 gm twice a day, but the facility told them they were unable to give intravenous medications twice a day because they did not have enough registered nurse coverage, so they decreased it to once a day. V4 stated they were unable to get the Vancomycin level to a therapeutic level in R1's blood because she needed it twice a day. V4 stated when the Vancomycin level isn't therapeutic in the blood it should be increased in frequency, like to twice a day but since the facility could not do twice a day, they increased the daily dose on 10/7/25. V4 stated on 10/17/25 they ordered oral Levaquin and Cipro for R1's wound infection since the facility was unable to give an IV medication twice a day. V4 stated ideally R1 needed her Vancomycin increased to twice a day to treat the infection but since the facility couldn't do that, they had to explore different options. V4 stated on 10/29/25 they ordered an additional 10 days of Levofloxacin (Levaquin) due to her wound infection and a UTI. V4 stated on 10/30/25 they received a fax asking for clarification on the Levaquin because R1 had an allergy documented to Levaquin and on 10/31/25 she faxed an order back to them to give the Levaquin and the Medrol dose pack was to be given with the Levaquin for the rash she gets from Levaquin. V4 stated R1 had a lot of antibiotic allergies listed in her chart so they called her and her mom to find out reactions and they couldn't remember her having an allergic reaction to the medication. V4 stated on 11/7/25 R1 had a urine culture come back positive for ESBL, she had an elevated white count in her blood work, and her legs were still looking infected, so they switched the antibiotic to intravenous Invanz and ordered for R1's urinary catheter to be taken out for 1 week then reinsert it. V4 stated they thought maybe R1 was urinating down her legs at the nursing home, so they ordered R1 to have a</p> | S9999                                                                   |                                                                                                                          |                                                                                             |  |                                                 |  |

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| S9999                                                                     | <p>Continued from page 18</p> <p>urinary catheter. V4 stated they faxed the order to the facility; they do not fax orders to pharmacies for nursing homes since they all use different pharmacies, stated they fax the orders the nursing home and they can send it where it needs to go. V4 stated their order for wound care was to cover wounds with Dakins-solution-soaked gauze wet to dry dressing, cover with ABD pads, wrap with kerlix, then ACE wraps from foot to knee. V4 stated they were told by R1 that the facility was having problems getting the supplies they needed and hey also received a few different calls from the nursing home stating they did not have Dakin's solution, so they started sending supplies back to the nursing home with R1. V4 stated they ordered Dakin's solution because it is one of the only medications that treat pseudomonas infections which is what R1 had at the time. V4 stated originally R1 was coming more than 2 days a week but the facility couldn't provide transportation, so they went to 2 days a week. V4 stated they were concerned R1 was not getting the care she needed so they kept her at the office as long as they could and did everything with her so they could make sure she was getting her dressings changed at least while she was there.</p> <p>An undated facility policy titled "Medication Administration" documents medication are administered as prescribed in accordance with good nursing principles and practices.</p> <p>A facility policy titled "Obtaining and Following Physician Orders" dated July 2017 documents it is the policy of the facility that physician orders will be obtained by licensed personnel and followed. If the licensed professional does not in his/her best judgment think that the order is not in the best interest of the resident, he/she has the obligation to further investigate prior to fulfilling the order. If the orders are not followed for any reason, the physician and director of nurses will be promptly notified.</p> <p>A facility policy titled "Wound Management Program" dated January 2023 documents under procedure, 1. Physician orders should be obtained and followed for each resident.</p> <p>2. R3's Face Sheet documents an admission date of 6/5/24 and a discharge dated of 1/2/26 with diagnoses including in part chronic diastolic congestive heart failure, acute pulmonary edema, hyperkalemia, pulmonary hypertension, shortness of breath, paroxysmal atrial fibrillation, type 2 diabetes, chronic obstructive pulmonary disease, primary hypertension, localized</p> | S9999                                                                   |                                                                                                                          |                                                                                             |  |                                                 |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOCTORS NURSING &amp; REHAB CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1201 HAWTHORN ROAD , SALEM, Illinois, 62881</b> |  |                                                 |  |
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| S9999                                                                         | <p>Continued from page 19<br/>edema, dementia with anxiety, Alzheimer's disease, and asthma.</p> <p>R3's MDS dated 12/16/25 documents a BIMS of 15, indicating R3's cognition was intact. In the same MDS under Section I it documents R3 had an active diagnoses of heart failure and under Section N it documents R3 was taking a diuretic.</p> <p>R3's Care Plan documents a problem area for R3 is at risk for cardiovascular problems related to diagnosis of congestive heart failure exacerbation, atrial fibrillation, hypertension, cardiomegaly, and pulmonary hypertension with a start date of 11/11/25 and with approach's including in part labs/diagnostics per order with a start date of 11/11/25, report to doctor and medications per order and report to doctor if ineffective/adverse effects with a start date of 11/11/25, and notify doctor of changes/problems with a start date of 11/11/25.</p> <p>R3's Physician Order Report dated 10/1/25-2/4/26 documents: furosemide 40 milligrams (mg) one tablet once a day with a start date of 11/11/25 and an end date of 11/27/25, furosemide 40 mg one twice a day with a start date of 11/28/25 and an end date of 12/1/25, furosemide 40 mg one tablet once a day with a start date of 12/2/25 and an end date of 12/11/25, and furosemide 40 mg take one tablet once a day with a start date of 12/11/25 and an end date "open ended."</p> <p>R3's Progress Note dated 11/25/25 at 11:20 AM by V29 (Respiratory Therapist) documents "(V18, physician) here for rounds. Pt. (R3) examined. Meds (medications), labs, chart reviewed. Resident (R3) has been congested slightly, slower to respond, and short of breath. Will get BNP, CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel) in AM (morning). Resident (R3) aware and had no other complaints at this time."</p> <p>R3's labs dated 11/26/25 document a B-Natriuretic Pep (BNP) labs result of 857 and is marked as CH (critically high) with the normal range documented as 0-100.</p> <p>R3's Progress Note dated 11/27/25 at 4:10 PM by V13 (Registered Nurse/RN) documents "This nurse contacted (V18) and notified her of critical lab value. Received orders to increase Lasix to 40mg BID (twice a day) x5 days. Give Klor-Con potassium 10 mEq (milliequivalent) once daily x5 days. Obtain BMP (Basic Metabolic Panel) and BNP on Monday (12/1/25)."</p> <p>R3's labs dated 12/5/25 does not documents a BNP lab</p> | S9999                                                                   |                                                                                                                          |                                                                                                 |  |                                                 |  |

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| S9999                                                                     | <p>Continued from page 20 value.</p> <p>R3's Progress Note dated 12/9/25 at 1:23 AM by V12 (License Practical Nurse/LPN) documents "Res (R3) c/o (complained of) increased incont (incontinence) &amp; freq (frequent) in urination this evening. CNA (Certified Nursing Assistant) reported increased incont episodes as well w (with) freq dribbling of urine. Signee stated understanding &amp; notifying oncoming shift to obtain U/A (urinalysis) via clean catch once res up for day. Res stated understanding. Awaiting urge from res to collect U/A."</p> <p>R3's Progress Note dated 12/9/25 at 11:56 AM by V13 documents "(V18, Physician) is here doing rounds on residents. She was informed that the resident is edematous and exhibiting fluid overload, and that resident has been having frequent nose bleeds. (V18) wants this resident sent to (local hospital name) Hospital for evaluation."</p> <p>R3's Progress Note dated 12/9/25 at 12:25 PM by V13 documents "Resident left the facility in care of (local ambulance company) ambulance crew to go to (local hospital) ER."</p> <p>R3's Progress Note dated 12/9/25 at 4:30 PM by V13 documents "(name) called from (local hospital) ER. This resident is being admitted to the hospital for acute exacerbation of CHF (congestive heart failure)."</p> <p>R3's Progress Note dated 12/11/25 at 1:45 PM by V6 (RN) documents "received report from (name) at (local hospital). Resident received IV (intravenous) lasix. currently on 3L (liters) of O2 (oxygen). New order to increase lasix to 40mg once daily. Last BM (bowel movement) was 12/10."</p> <p>R3's Progress Note dated 12/11/25 at 6:04 PM by V6 documents "alert and oriented 4. Wheezing upon auscultation. Currently on 3L of O2. 2+ pitting edema to bilat (bilateral) extremities. Scattered bruising to bilat upper extremities. Smbulates self with wheelchair throughout facility. No c/o at this time."</p> <p>R3's Progress Note dated 12/25/25 at 10:19 PM by V10 (RN) documents "Signee administered h.s. (bedtime) medications and observed resident face/extremities very swollen. Res having difficulty opening eyes all the way due to eyelids being swollen. States she doesn't feel well at all. BP (blood pressure) 135/80 P (pulse) 85 R (respirations) 20 T (temperature) 99.6 temporal (PRN Tylenol administered at 9:07pm) SpO2 87% on 2L O2 per NC (nasal cannula). O2 bumped up to 4L and brought SpO2</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                     | <p>Continued from page 21<br/>up to 94%. 9:51pm attempted to notify MD (doctor) but she did not answer. Voicemail left to return call.<br/>9:54pm notified POA of res status and that signee was sending her out to (local hospital) ER to be evaluated.<br/>9:57pm called report to (local ambulance company). (local ambulance company) arrived to facility at 10:05pm. Report called to (local hospital) at 10:16pm. (local ambulance company) left facility with resident en route to (local hospital) ER at 10:18pm. All paperwork sent with res."</p> <p>R3's Progress Note dated 12/26/25 at 1:48 AM by V10 documents "Resident returned to facility via (local ambulance company) at 0140 (1:40 am). Discharge dx (diagnosis) list: pedal edema, UTI (urinary tract infection), chronic CHF. Resident is to start Augmentin 875-125mg BID x 10 days r/t (related to) UTI."</p> <p>R3's Progress Note dated 12/28/25 at 10:29 AM by V6 documents the reason for antibiotic use is a UTI without indwelling catheter and symptoms include urinary incontinence. It documents R3's symptoms are not improving and R3 is lethargic with decreased appetite and no side effects noted.</p> <p>R3's Progress Note dated 12/28/25 at 12:38 PM by V7 documents the reason for antibiotic use is UTI without indwelling catheter and symptoms include urinary incontinence and new onset confusion. It documents R3's symptoms are not improving and R3 is lethargic and has decreased appetite and no side effects noted.</p> <p>R3's Progress Note dated 12/29/25 at 2:33 PM by V2 (Assistant Director of Nurses) documents the reason for antibiotic use is UTI without indwelling catheter and symptoms are urinary incontinence, urinary frequency and urinary urgency. It documents symptoms are improving with no side effects.</p> <p>R3's Progress Note dated 12/29/25 at 2:43 PM by V6 documents reason for antibiotic use is UTI without indwelling catheter and symptoms are R3 is lethargic and has decreased appetite. It documents R3's symptoms are not improving and R3 has continued lethargy and decreased appetite with no side effects.</p> <p>R3's Progress Note dated 12/30/25 at 12:26 AM by V10 documents reason for antibiotic use is UTI without indwelling catheter and symptoms include urinary incontinence, urinary frequency, urinary urgency, new onset confusion and R3's symptoms are not improving.</p> <p>R3's Progress Note dated 12/30/25 at 9:09 AM by V2 documents reason for antibiotic use is UTI without</p> | S9999                                                                   |                                                                                                                          |                                                                                             |  |                                                 |  |

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| S9999                                                                     | <p>Continued from page 22<br/>indwelling catheter and symptoms include urinary incontinence and decreased appetite. It documents R3's symptoms are not improving related to incontinence and confusion and there are no side effects.</p> <p>R3's Progress Note dated 12/31/25 at 11:32 PM by V13 documents reason for antibiotic use is UTI without indwelling catheter and symptoms include urinary frequency and urinary incontinence. It documents R3's symptoms are not improving related to continued incontinence.</p> <p>R3's Progress Note dated 1/2/26 at 6:38 AM by V10 documents reason for antibiotic use is UTI without indwelling catheter and symptoms include urinary incontinence and confusion. It documents R3's symptoms are not improving related to continued incontinence and confusion.</p> <p>R3's Progress Note dated 1/2/26 at 6:11 PM by V6 documents "md notified of residents lab result CO2 (carbon dioxide) critically high &gt;45 and ordered to be sent to (local hospital) er for evaluation. Poa (power of attorney) notified. Report given to (local hospital) er. (local ambulance company) contacted for transport."</p> <p>R3's Progress Note dated 1/2/26 at 6:33 PM by V6 documents "resident left facility via (local ambulance company) ems (emergency medical services) to (local hospital) er (emergency room) for evaluation. Resident unresponsive. vitals are normal per ems."</p> <p>R3's Progress Note dated 1/3/26 at 12:30 AM by V15 (RN) documents "Called to check on res and nurse stated they were going in the room now to intubate her and she will be admitted, call back for dx."</p> <p>R3's Progress Note dated 1/3/26 at 2:51 AM by V15 (RN) documents "Res DX (diagnoses) are Respiratory failure requiring intubation, CHF, UTI, Chronic Anemia and AMS (altered mental status)."</p> <p>R3's Progress Note dated 1/6/26 at 1:46 AM by V10 documents "Called (local hospital) ER to see where resident was transferred to on 1/3." Resident was transferred to (name of out of state hospital).</p> <p>R3's Progress Note dated 1/10/26 at 2:53 PM by V6 documents, contacted (name of out of state hospital) for update on resident. "Stated yesterday she had a PEA (pulseless electrical activity) and had to perform CPR (cardiopulmonary resuscitation) and perform CPR with emergency medication to bring back her heart beat. Cont. (continued) vent support, unresponsive, will</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                         | <p>Continued from page 23<br/>spontaneously open eyes. Same cond. (condition) as transfer."</p> <p>R3's Progress Note dated 1/14/26 at 6:56 AM documents "Got on Epic this morning to check on resident since nursing was unable to get any answers from staff. Resident had expired yesterday around 7:30 in the evening with family at bedside, a terminal wean was done. Nurse notified of findings."</p> <p>R3's Hospital Discharge Summary from local hospital documents R3 was admitted to the hospital on 12/9/25 and discharged on 12/11/25 with resolved hospital problems CHF and acute exacerbation of CHF.</p> <p>R3's hospital records with encounter date of 12/25/25 documents under Clinical Impression pedal edema, urinary tract infection, and chronic congestive heart failure.</p> <p>R3's Hospitalist Discharge Summary from an out of state hospital documents R3 was admitted on 1/3/26 with a discharge destination as deceased. The same record documents date and time of death as 1/13/26 at 7:06 PM with cause of death listed as acute respiratory failure with hypoxia and hypercapnia due to acute CHF exacerbation with bilateral pleural effusions. Under Hospital Course it documents R3 was admitted with altered mental status and acute respiratory distress. During the admission R3 was found to have acute on chronic hypoxia and hypercapnic respiratory failure and required intubation and mechanical ventilation. Cardiology and critical care consultants noted acute on chronic systolic and diastolic CHF, persistent hypotension, and shock. On 1/13/26, after extensive goals of care discussions with family, the decision was made to transition to comfort measures only and R3 was terminally extubated with family at bedside and R3 passed away.</p> <p>On 1/28/26 at 9:50 AM, V6 (RN) stated when R3 was being discharged from the hospital on 12/11/25 she received a call from the hospital with new orders to increase R3's lasix to 40mg QD (4 days) and that was her current order and she remembers thinking oh they didn't increase her lasix any so she was wondering if they had an old order in their computer showing that she was taking less than she was actually taking or what happen. V6 stated she thought briefly she needed to call the doctor to clarify the Lasix order since they said to increase and then gave the same order, she was on, but she didn't do it. V6 stated she remembers R3 had edema the night she returned from the hospital on 12/11/25 and she stated R3's baseline is no more than</p> | S9999                                                                   |                                                                                                                          |                                                                                                 |  |                                                 |  |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0054940</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                            |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>02/10/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOCTORS NURSING &amp; REHAB CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1201 HAWTHORN ROAD , SALEM, Illinois, 62881</b> |                                                                                                                          |                                                 |                            |
| (X4) ID<br>PREFIX<br>TAG                                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |  | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                 | (X5)<br>COMPLETION<br>DATE |
| S9999                                                                         | <p>Continued from page 24</p> <p>1+ so if she charted 2+ pitting edema then she had it and it would be a lot for her. V6 stated she should have notified the doctor of the edema and the wheezing lung sounds she heard when auscultating her lung sounds. V6 stated for about a week prior to R3's hospitalization on 1/2/26, she noticed R3 was lethargic and not really eating. V6 stated she had several CNA's and one person from therapy report to her that R3 was lethargic and not really eating but she thought she would get better. V6 stated then the hospital called and changed the antibiotic R3 was taking saying the one she was on wasn't working so she thought that would help her, but it didn't she stayed lethargic and not eating much. V6 stated she should have notified the doctor that R3 was lethargic and not eating.</p> <p>On 2/9/26 at 11:14 AM, V13 stated she doesn't know why she put in R3's lasix order for only 4 days. V13 stated she might have hit the wrong number, or she might have had something come up and had to finish quickly and accidentally put in the wrong end date, stated she doesn't remember. V13 stated she's not sure why R3 did not get her BNP rechecked when V18 ordered it to be. V13 stated she didn't have access to the lab system for a while and had to ask others to put in labs orders for her so that might be where the error happened.</p> <p>On 1/27/26 at 3:18 PM, V22 (Family Member) stated R3 had heart failure, and the facility knew she was sick and if she hadn't called the facility to have them check on her, they would have let R3 lay there and die. V22 stated she doesn't think the facility paid much attention to R3.</p> <p>On 1/28/26 at 10:46 AM, V18 (Physician) stated she was notified on 11/27/25 that R3 had an elevated BNP labs so she ordered Lasix 40mg twice a day for 5 days and to recheck the BNP on the following Monday (12/1/25). V18 stated the facility did not redraw the BNP on R3. V18 stated she saw R3 on 12/2/25 and she did look clinically better than the last time she saw her. V18 stated she wasn't aware R3 only received 4 days of the 5 days of lasix 40 mg bid that she ordered. V18 stated that not following her order for the full 5 days could have contributed to R3 having extra fluid and ultimately leading to an exacerbation of CHF requiring hospitalization. V18 stated R3 normally had 1+ pitting edema or less so when the nurse found 2+ pitting edema and lung wheezes on auscultation she should have notified her, and she could have put an intervention in place or potentially ordered an increase in her lasix dosage. V18 stated when V6 received a new order from the hospital at R3's discharge to "increase" lasix to 40 mg QD she should have called her or the hospital</p> |                                                                         |  | S9999                                                                                           |                                                                                                                          |                                                 |                            |

Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0054940</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>02/10/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>DOCTORS NURSING &amp; REHAB CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1201 HAWTHORN ROAD , SALEM, Illinois, 62881</b>                              |  |                                                 |  |
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| S9999                                                                     | <p>Continued from page 25<br/>back and to clarify the order because R1 was already taking Lasix 40 mg QD so that would not have been an increase in the dosage and R3 was hospitalized on that dose due to the lasix seemly not being a high enough dose. V18 stated if the nurse would have clarified the lasix order from the hospital, if R3 would have received the ordered lasix for the full 5 days, and if the nurse would have notified her in a timely manner of R3 declining as evidenced by R3 not eating, wheezing lungs upon accusation, increased pitting edema, and increased lethargy she could have put interventions into place that could have slowed the decline of R3's condition and ultimately delayed her death by preventing exacerbation of CHF.</p> <p>An undated facility policy titled "Medication Administration" documents medication are administered as prescribed in accordance with good nursing principles and practices.</p> <p>A facility policy titled "Obtaining and Following Physician Orders" dated July 2017 documents it is the policy of the facility that physician orders will be obtained by licensed personnel and followed. If the licensed professional does not in his/her best judgment think that the order is not in the best interest of the resident, he/she has the obligation to further investigate prior to fulfilling the order. If the orders are not followed for any reason, the physician and director of nurses will be promptly notified.</p> <p>"AA"</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |