

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051896		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/25/2026	
NAME OF PROVIDER OR SUPPLIER MATTOON REHAB & HCC				STREET ADDRESS, CITY, STATE, ZIP CODE 2121 SOUTH NINTH , MATTOON, Illinois, 61938			
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S0000	Initial Comments Complaint Investigation: 2660896/2722285 2661967/2744924 2660381/2712180		S0000			03/13/2026	
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.696b) 300.1210b) 300.1210d)2)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program		S9999			03/13/2026	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 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: 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to complete wound assessments, follow physician's orders, implement infection control during wound care for one resident (R5) and the facility failed to develop and implement interventions for preventing skin tears for one resident (R6) reviewed for wounds in the sample list of 15. These failures resulted in deterioration of R5's wounds and infection that required hospitalization and intravenous antibiotics. Findings include: 1) The facility's Skin Identification, Evaluation, and Monitoring Policy dated February 2026 documents a			S9999			

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S9999	Continued from page 2 licensed nurse will complete weekly skin checks, wounds will be re-evaluated weekly and wound characteristics will be documented in the resident's medical record. Treatments will be administered per the health care provider's order. The Centers for Disease Control and Prevention "Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)" dated 7/12/22 documents: Enhanced Barrier Precautions (EBP) expands the use of PPE and refers to gown and glove use during high-contact resident care activities that provide opportunities to transfer Multidrug Resistant Organisms (MDROs) to staff's hands and clothing and indirectly transferred from resident to resident during these care activities. residents with wounds and indwelling medical devices are high risk for acquiring and colonization of MDROs. Wound care is an example of a high-contact resident care activity when gown and gloves should be worn. The facility's Hand Hygiene policy dated 2019 documents hand hygiene is the primary means of preventing the transmission of infection and staff must perform hand hygiene even when gloves are used. This policy documents the use of an alcohol based hand sanitizer is acceptable hand hygiene except when hands are visibly soiled. R5's Minimum Data Set (MDS) dated 1/15/26 documents R5 as cognitively intact. R5's Physician order dated 11/19/25-1/6/26 documents EBP related to wounds. R5's Wound Clinic Progress Note dated 11/26/25 documents V15 Wound Clinic Nurse Practitioner ordered daily wound care to cleanse wounds with normal saline, apply (antimicrobial fiber dressing with silver), covered with (nonadherent absorbent gel dressing), wrap with gauze roll, and apply (elastic bandage) for left lower posterior leg, right medial ankle, right posterior lower leg, left medial anterior lower leg, right anterior superior lower leg, left lateral lower leg, left medial lower leg lymphedema wounds. R5 to return in two weeks. R5's physician order dated 11/26/25-1/6/26 documents R5's wound care orders as three times weekly on Mondays, Wednesdays and Fridays during lymphedema treatments. There is no documentation in R5's chart that these changes were clarified with V15. R5's leg wound treatment orders were not transcribed to R5's November and December 2025 Treatment Administration Records (TARs).		S9999				

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S9999	Continued from page 3 R5's Wound/Skin Assessment dated 12/12/25 documents: Left medial calf wound measured 4.34 centimeters (cm) by 5.01 cm by 0.3 cm (length x width x depth). Right medial calf wound measured 3.4 cm by 2.73 cm by 0.2 cm. Left shin wound measured 8.01 cm by 6.87 cm by 0 cm. Right medial malleolus measured 10.01 cm by 3.52 cm by 0.3 cm. There are no documented assessments of these wounds in R5's medical record after 12/12/26 until R5 was evaluated in the wound clinic on 1/2/26. R5's Skilled Physical Therapy Treatment Encounter Notes dated 11/21/25-12/22/25 document V12 Physical Therapy Assistant (PTA) completed wound and skin assessments and care, with no wound characteristics or specific treatments documented. On 12/20/25 V12 spoke with nursing staff regarding the deterioration of R5's wound beds with increased drainage and odor. On 12/22/25 a wound culture was obtained. R5's Nursing Note dated 12/20/2025 12:53 PM documents R5 had significant decline in leg wounds with purulent green drainage and foul odor. Physician ordered wound culture and Keflex (antibiotic) 500 milligrams three times daily for 10 days. R5's Nursing Note dated 12/20/2025 at 4:59 PM documents unable to obtain wound culture as no culture kits were available and the local hospital laboratory was contacted to deliver more kits. Physician was notified. R5's Wound Clinic Progress Notes dated 1/2/26 document right, medial, posterior lower leg wound measured 22 cm by 19 cm by 0.2 cm and had a large amount of serosanguineous drainage. The left medial, anterior, circumferential leg wound measured 15 cm by 29 cm by 0.4 cm and had large amount of serosanguineous drainage. R5's Infectious Disease Consultation dated 1/3/26 documents R5 presented to the Emergency Room on 1/2/26 for worsening chronic leg wounds and concern for infection. It was reported through clinical imaging and from the wound clinic that R5 had been receiving wound care at the wound clinic and dressing changes at the nursing home, however R5's wound dressings had not been changed since 12/15/25 and had significant wound drainage. R5 had purulent drainage weeping through the dressings and foul odor. R5 was last seen in the wound clinic on 11/26/25. R5's Wound Culture dated 12/22/25 showed drug resistant organisms and R5 received intravenous antibiotics while at the hospital. R5's Hospital Discharge Instructions dated 1/8/26 document R5's discharge diagnoses included cellulitis (skin infection) to both legs, complicated wound infection,			S9999			

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S9999	Continued from page 4 polymicrobial bacterial infection, and MDR Acinetobacter baumannii infection. R5's January 2026 TAR documents R5's leg wound treatments were not signed out as administered on four days between four days between 1/22/26 and 1/31/26. R5's Wound Clinic Progress Note dated 2/4/26 documents to follow up in two weeks. On 2/18/26 at 12:45 PM R5 stated R5 has leg wounds that should be wrapped daily, but once in a while the nurses forget to change the dressings. R5 had infection in her legs and went to the hospital. On 2/19/26 at 2:33 PM V28 Registered Nurse (RN) and V6 Wound Nurse/Licensed Practical Nurse (LPN) entered R5's room and administered R5's lower leg wound treatments. R5 was on contact precautions isolation. R5's lower legs had lymphedema (swelling) and several pink/moist wounds. On 2/19/26 at 11:43 AM V16 Certified Nursing Assistant stated about a month ago R5's legs were draining which soaked through the dressings. V28 notified an unidentified nurse who changed R5's bandages. V28 stated an agency nurse had worked the day before and had not changed R5's dressings. On 2/19/26 at 11:56 AM V15 Wound Clinic Nurse Practitioner stated V15 evaluated R5's leg wounds on 1/2/26 and the dressing were dated for three weeks prior. R5's wound care orders were for daily dressing changes. The wounds had deteriorated, had an odor and had an abundant amount of green drainage. R5 was crying due to the pain and infection, and R5 required hospitalization to treat the infection. V15 spoke with V2 Director of Nursing (DON) who confirmed R5's treatment orders were received and entered but the treatments were not completed. R5 had an appointment at the wound clinic yesterday, but the facility cancelled the appointment due to transportation issues. On 2/19/25 at 1:28 PM V11 Transportation stated V11 transports residents to appointments and was not aware that R5 had a wound clinic appointment yesterday until V11 saw a note when V11 came to work today. V11 stated V11 would have taken R5 if V11 knew about R5's appointment and the staff are to notify V11 of resident appointments. At 1:42 PM V11 stated R5's only wound clinic appointment in December was on 12/12/25 but R5 refused to go, so the appointment was rescheduled for 1/2/26.			S9999			

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S9999	Continued from page 5 On 2/19/26 at 1:57 PM V10 LPN confirmed V10 entered R5's wound orders on 11/26/25 for three times weekly. V10 stated the orders were entered to be done with R5's lymphedema treatments on Mondays, Wednesdays and Fridays by V12 and the nurses were not doing R5's wound treatments. On 2/19/26 at 2:12 PM V12 PTA stated V12 was completing R5's lymphedema treatment and wound dressing changes three times weekly. V12 stated V12 did not complete wound assessments as V6 was checking R5's wounds weekly on Fridays. At 3:20 PM V12 stated R5's lymphedema therapy treatments ended 12/22/25 once R5's wounds deteriorated and started draining copious green drainage. On 2/23/26 at 2:16 PM V12 stated the facility has not done any formal wound care competencies for V12. V12 stated R5 was not on Transmission Based Precautions or EBP and V12 did not wear a gown during R5's wound treatments. V12 described the steps of R5's wound care as perform hand washing, remove outer leg wraps, apply gloves and remove wound dressings, change gloves, cleanse wounds with wound cleanser, change gloves apply clean dressings and wrap with gauze. V12 stated hand hygiene is done during the treatment only if hands are visibly soiled, otherwise just done before/after the treatment. V12 stated R5's orders were entered for three times weekly, V12 is not in the facility daily, and nursing staff should have clarified the order. On 2/19/26 at 3:09 PM V6 stated V12 was doing R5's wound treatments but then we changed that because the treatments should be done by a nurse and the nurses are responsible for assessing wounds during each treatment. V6 confirmed R5 did not have documented wound assessments after 12/12/25 until 1/2/26, besides 12/30/25 when R5 refused and no follow up attempts were documented. On 2/23/26 at 2:51 PM V2 DON stated V2 received a call from V15 Wound Clinic Nurse Practitioner reporting R5's wound dressings had not been changed. V2 confirmed there was no documentation that the treatments were administered. V2 stated ideally the treatment orders should have been on the TAR and the nurses should have taken over R5's wound care once V12 stopped. V2 stated the wound team is responsible for assessing wounds weekly. On 2/24/26 at 4:10 PM V2 stated during wound care gloves should be changed when moving from dirty to clean and hand hygiene performed with each glove change, including after removing dressings and after cleaning wounds. V2 stated an alcohol-based hand sanitizer can be used when hands are not visibly soiled. On 2/25/26 at 10:20 AM V2 stated EBP is		S9999				

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S9999	Continued from page 6 implemented for open wounds. V2 confirmed a gown should be worn during wound care as part of EBP. 2) R6's MDS dated 1/19/26 documents R6 has severe cognitive impairment. R6's incident report dated 1/22/26 at 1:23 PM documents R6 had skin tears found to left lower leg and shin. R6 stated she hit her leg on the bed. R6 was sitting in her wheelchair and is able to self-propel. R6's incident report dated 1/27/26 at 7:42 PM documents R6 had skin tear to left knee. R6 stated R6 bumped her knee. R6 was sitting in a wheelchair and is able to self-propel around her room. There is no documentation in R6's medical record that interventions were developed/implemented to protect skin from additional skin tears following these incidents. On 2/25/26 at 10:20 AM V2 DON confirmed there were no documented skin interventions developed and implemented after R6's skin tears. (A)		S9999				