

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000304		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/04/2026	
NAME OF PROVIDER OR SUPPLIER SILVIS CENTER FOR NURSING REHAB & CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1455 HOSPITAL ROAD , SILVIS, Illinois, 61282			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	Initial Comments Complaint Investigation 2621331/ 2731275			S0000			03/15/2026
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)3) 300.1210d)4) 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 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall			S9999			03/15/2026

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 be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. These requirements are not met as evidenced by: Based on Interview and Record Review, the facility failed to ensure a resident with declining mobility and signs and symptoms of a urinary tract infection was started timely on antibiotic treatment and was care planned for urinary tract infection monitoring and an increase in care needs for one of three residents (R1) reviewed for urinary tract infections in the sample of nine. These failures resulted in R1 suffering suprapubic pain and burning with urination, blood and odor in the urine and waiting seven days to receive treatment for a contagious bacterial urinary tract infection. Findings Include: The facility's Algorithm for the Antimicrobial Management of Urinary Tract Infections in Older Adults document (undated), documents "Patient presents with new signs and symptoms of UTI (Urinary Tract Infection): new or marked incontinence, fever and/or leukocytosis, gross hematuria, pain on urination, new or worsening urinary frequency, lower abdominal pain/discomfort (if yes, then); criteria met for treatment with antibiotics (symptomatic bacteriuria): assess for medication allergies, assess for renal impairment, asymptomatic patients with bacteria in the urine do not have a UTI and are not candidates for treatment with antibiotics." This same sheet documents "UTI in older persons and males are considered complicated with or without pyelonephritis (kidney			S9999			03/15/2026

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S9999	Continued from page 2 infection)." The facility's Guidelines for Incontinence Care policy, dated 9/21/23, documents "It is the policy of the facility to ensure that residents receive as much assistance as needed for cleansing the perineum and buttocks after an incontinent episode or with routine daily care. Frequency depends on bladder diary results and/or routine minimal every two-hour checks as well as care planning." R1's Care Plan, dated 9/8/25, documents R1 has diagnoses of Chronic Kidney Disease, stage three and Hypertensive Chronic Kidney Disease. The care plan documents "(R1) has bladder incontinence related to impaired mobility. Monitor/document for signs and symptoms of UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, Urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns." This care plan also documents "(R1) has an ADL (Activities of Daily Living) self-care performance deficit related to impaired mobility, weakness. Bed Mobility: The resident is independent with bed mobility. Toilet Use: The resident requires supervision with toileting." On 2/27/26 at 12:05 PM, V10 (R1's family member) stated R1 got a UTI in December and again in January. V10 confirmed R1 was undergoing cancer treatments and her immune system was compromised. V10 stated "I know (R1) was not getting cleaned adequately. She sat in soaked incontinence briefs for too long without being cleaned. She required more help towards the end of her stay, and it seemed like staff didn't understand." R1's nursing progress note, dated 12/11/25 at 2:37 PM, documents "NP (Nurse Practitioner, V9) assessed (R1) today. (R1) complained of fatigue, cough and suprapubic pain." R1's nursing progress note, dated 12/12/25 at 6:32 AM, documents "UA (urine analysis) was collected. Hematuria, complaints of suprapubic pain, no complaints of SOB (Shortness of Breath) and no complaints of cough." R1's nursing progress note, dated 12/13/25 at 3:26 AM, documents "12:30 AM, UA was set up for a c/s (culture and sensitivity), temperature 98.4, incontinent of dark brown odorous urine, complaints of suprapubic pain and dysuria, fluids encouraged, denied the need for anything for pain, resting quietly since."			S9999			03/15/2026

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S9999	Continued from page 3 R1's nursing progress note, dated 12/17/25 at 3:17 PM, documents "reported ESBL (Extended-Spectrum Beta-Lactamase infection) positive urine collection." R1's urinalysis lab results report, dated 12/17/25, documents initial urine results showed R1's urine color to be dark brown, extra turbid clarity, two plus protein, three plus blood and three plus leukocytes (inflammatory white blood cells) on 12/12/25. This same report documents the final culture was complete on 12/17/25 at 3:17 PM and grew positive for Klebsiella Pneumoniae and Proteus Mirabilis ESBL. This report documents "Confirmed ESBL producing organism. ESBLs are enzymes that mediate resistance to (antibiotics). Recommend caution and monitoring of patients during and after therapy." R1's nursing progress note, dated 12/18/25 at 2:44 AM, documents "Final UA culture and sensitivity results shows ESBL in the urine, placed on Contact Isolation and will notify NP (V9) in AM." R1's nursing progress note, dated 12/18/25 at 2:44 PM, documents V9 (Nurse Practitioner) reviewed urine culture results and ordered Levaquin 500 milligrams (antibiotic medication) every other day for seven days. R1's Medication Administration Record (MAR), dated 12/1/25- 12/31/25, documents R1's first dose of Levaquin was administered at 8:00 PM on 12/18/25 (seven days after R1's urinary infections symptoms were first identified and more than 28 hours after R1's positive ESBL urine culture results were received). On 3/2/26 at 12:00 PM, V9 (Nurse Practitioner) confirmed she ordered a urinalysis for R1 after she complained of having pelvic pressure in December. V9 stated "With a UTI, we usually look at the big clinical picture. If someone is just having confusion but no other signs or symptoms, we may wait for cultures to come back to start medication. I remember ordering a UA on (R1) and then waiting for cultures to come back for an antibiotic. I wasn't aware that nurses were documenting more symptoms or that her signs and symptoms seemed to worsen over several days before cultures came back. In that case I would have started an antibiotic sooner, because sometimes those cultures can take forever. If they (staff) had called me to tell me everything that was being charted in the nursing notes, then yes, I would have started her treatment			S9999			03/15/2026

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S9999	Continued from page 4 sooner. I believe I saw her when ordering the UA and then not again until January. I have to be notified if there are changes." V9 confirmed R1 was diagnosed with a subsequent UTI in late January 2026, that was also positive for ESBL. R1's Minimum Data Set assessment, dated 12/29/25, documents R1 requires supervision/touching assistance for toileting and hygiene and partial to moderate assistance with toilet transfers. R1's Minimum Data Set assessment, dated 2/3/26, documents R1 is dependent for toileting and requires substantial/maximal assistance for toilet transfers. R1's Care Plan at the time of discharge (2/3/26) does not document any increased care needs for toileting, hygiene or interventions and monitoring for R1's urinary tract infections. On 3/3/26 at 1:15 PM, V2 (Director of Nursing) stated "(R1) has had a steady decline that happened fairly quickly after her UTI began in December. (R1's) care level for incontinence/toileting and her toileting care plan interventions were not updated to match her level of care." V2 confirmed R2 was diagnosed with a UTI with ESBL in December and a second one in late January. V2 stated "(R1's) change occurred in the last few weeks she was here. The nurses and CNAs (Certified Nursing Assistants) would not have known she was requiring peri-care and more dependent on staff from her care plan, it would just be report and word of mouth between staff. I don't have any paper documentation to show (R1's) change in condition or that incontinence care and monitoring needs had changed." (B)			S9999			03/15/2026