

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3001125		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/12/2026	
NAME OF PROVIDER OR SUPPLIER Marigold Rehabilitation and Health Care Center				STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE , GALESBURG, Illinois, 61401			
(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		S0000				
	First Probationary Licensure Survey.						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	1 of 7						
	300.1210b)4)						
	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:						
	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 observation, interview, and record review the facility failed to provide appropriate urinary catheter care for one (R1) of one resident reviewed for catheter care in a sample of seven.						
	Findings include:						

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 The facility's policy Catheter Care, Urinary, dated 12/2024, documents not in its entirety, "The purpose of this procedure is to prevent catheter-associated urinary tract infections. 1. Assemble the equipment and supplies as needed. The following equipment and supplies will be necessary when performing this procedure: 1. Wash Basin; 2. Soap and water; 3. Washcloth; 4. Towel; 5. Bed protector; and 6. Personal protective equipment (e.g., gown, gloves, mask, etc., as needed). 11. For a male resident male: Use a washcloth with warm water and soap to cleanse around the meatus. Cleanse the glans using circular strokes from the meatus outward. Change the position of the washcloth with each cleansing stroke. With a clean washcloth, rinse with warm water using the above technique. Return foreskin to normal position.12. Use a clean washcloth with warm water and soap to cleanse and rinse the catheter from insertion site outward." R1's Admission Record documents R1's date of admission to the facility was 10/23/2015 and his diagnoses include but not limited to Benign Prostatic Hyperplasia without Lower Tract Symptoms, Alzheimer's Disease with Early Onset, and Schizoaffective Disorder, Unspecified. R1's current care plan documents R1 is on EBP (Enhanced Barrier Precautions) related to indwelling catheter and R1 has indwelling foley catheter related to Neurogenic Bladder. R1's Physician orders dated 10/17/25 documents R1 has an order for EBP (Enhanced Barrier Precautions) related to catheter and wounds, and orders dated 2/18/25 for Urinary Catheter-16F (French) 10 cc (cubic centimeter) related to Flaccid Neuropathic Bladder, not elsewhere classified. R1's Urology progress notes dated May 1, 2025, documents R1 has an indwelling urinary catheter for "atonic neurogenic bladder, this would be a lifetime catheter." On 3/11/26 at 1:40 PM V8 (Certified Nursing Assistant/CNA) observed doing urinary catheter care on R1. V8 took R1 into his bathroom, assisted pulling down his pants and prepared a washcloth with soap and water. V8 then washed her hands and donned gloves. V8 took a clean towel and placed it on bathroom floor at R1's feet, grabbed the soapy washcloth and began attempting to wash R1's meatus that was inverted in a circular motion but no attempts to assist in pushing R1's meatus outward. V8 then took another part of the soapy washcloth and swiped down the right side of R1's groin,		S9999				

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S9999	Continued from page 2 with another part of the washcloth swiped down the left side of R1's groin and lastly used another part of the wash rag to cleanse under R1's scrotum. V8 placed the soiled washcloth in the trash can and grabbed the towel off the floor by R1's feet, dried R1's groin and penis then took another portion of the towel and wiped down the catheter tubing from the insertion site away from the body. V8 finished by emptying R1's urinary collection leg bag and assisted in pulling up R1's pants. At no time did V8 don a gown, change gloves, or use another washcloth to rinse the soap from R1's penis and groin. V8 stated she was nervous and did not think about putting on a gown or using another washcloth to rinse the soap from R1 and verified that she should not have grabbed the towel from the floor to dry and clean R1's catheter tubing. On 3/11/26 at 2:00pm V2 (Interim Director of Nursing) and V10 (Assistant Director of Nursing/Registered Nurse/Infection Preventionist) both stated that V8 (Certified Nursing Assistant) should have worn a gown, used multiple washcloths and towels during R1's catheter care and that V8 should not have grabbed the towel from bathroom floor to dry R1. "B" 2 of 7 300.1210d)5) Section 300.1210 General Requirements for Nursing and Personal Care 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: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These requirements are not met as evidenced by: Based on observation, interview, and record review the facility failed to perform hand hygiene with glove	S9999					

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S9999	Continued from page 3 changes during wound care and failed to have a clean environment for treatment supplies for one (R4) of three residents reviewed for pressure ulcer care in a sample of seven. Findings include: The facility's policy Pressure Injury Assessment and Treatment Guideline-QA (Quality Assurance) Document, dated January 2025, documents not in its entirety, "The purpose of this procedure is to provide guidelines for a consistent method of identification of and for the initial care of identified alterations in skin integrity, pressure injuries, and the prevention of acquiring additional alterations in resident skin integrity...C. Establish a clean field. Use disinfectant solution to prepare work surface and place with clean paper towel, towel, or cloth to prevent contamination of supplies. D. Place the clean equipment on the clean field. Arrange the supplies so they can be easily reached...K. Pull glove over dressing and discard into plastic or biohazard bag. L. Wash and dry your hands thoroughly. M. Apply gloves." R4's Admission Record documents R4's date of admission to the facility was 2/12/26 and her diagnoses include but not limited to Acute Diastolic (congestive) Heart Failure, Localized Edema, and Pressure Ulcer of the Left Hip, Unstageable. R4's current care plan documents R4 is on Enhanced Barrier Precautions due to wound and R4 skin impairment of Stage 4 to Left Hip. R4's Physician Orders dated 2/27/26 for Enhanced Barrier Precautions related to wounds and orders dated 3/3/26 for treatment to left hip of cleansed with wound cleanser, apply Medi honey to wound bed, cover with border gauze daily and PRN (as needed) if soiled every day and evening shift for wound. On 3/10/26 at 1:40 PM, V4 (Registered Nurse) observed doing wound care to R4's left hip pressure wound. V4 gathered the treatment supplies, performed hand hygiene, and donned gown and gloves prior to entering R4's room. Once in room V4 laid treatment supplies on the dusty windowsill, removed R4's soiled dressing and rolled it into his glove, removed gloves and placed in trash then placed new gloves without performing hand hygiene, grabbed wound cleanser, and cleaned wound, again removed soiled gloves, placed in trash can and donned new gloves without performing hand hygiene and placed medicated ointment to wound bed and applied dry dressing. V4 gathered trash, removed gown and gloves,	S9999					

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S9999	Continued from page 4 and then performed hand hygiene once treatment complete. V4 verified treatment supplies should be placed on a clean surface, not the windowsill and hand hygiene should be performed between glove changes. On 3/10/26 at 2:05 PM, V5 (Licensed Practical Nurse/Wound Nurse) stated it is the expectation that nursing place wound care supplies on a "clean surface" and perform hand hygiene between glove changes. "B" 3 of 7 300.1820c)3)4)A) Section 300.1820 Content of Medical Records In addition to the information that is specified above, each resident's medical record shall contain the following: 3) Nurse's notes that describe the nursing care provided, observations and assessment of symptoms, reactions to treatments and medications, progression toward or regression from each resident's established goals, and changes in the resident's physical or emotional condition. (B) 4) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs. A) Physicians and other consultants who provide direct care or treatment to residents shall make notations at the time of each visit with a resident. These requirements are not met as evidenced by: Based on observation, interview, and record review the facility failed to follow its policy to ensure effective communication with dialysis for one (R4) of one resident reviewed for dialysis in a sample of seven. Findings include: The facility's policy Dialysis Communication Policy, dated 12/2024, documents, "It is the policy of the facility to communicate openly and effectively with any provider of dialysis for a resident of the facility. 1. DON (Director of Nursing) or designee will contact		S9999				

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S9999	Continued from page 5 dialysis unit to establish the communication, explain the facility will be sending a communication form that will facilitate the sharing of resident information surrounding dialysis. 2. A dialysis communication form will be used to send information to and from the facility to the dialysis center and back. 3. The nurse in charge of the care of the resident on the days of scheduled dialysis shall initiate the dialysis communication form and will ensure the form is sent with the resident. 4. Upon return of the resident from the dialysis center, the nurse in charge of the resident will review the communication form and will obtain necessary post dialysis information. 5. If there are any questions regarding the completion of the form or needs of the resident, the nurse will call the dialysis center for a telephone report of any significant information needed. 6. The nurse will complete post dialysis information on the dialysis communication form. A. Completed form will be scanned into the electronic health record. 7. Nurse will communicate any significant information (complications or concerns) to the medical practitioner and/or representative." R2's Admission Record documents R2's date of admission to the facility was 12/17/25 and her diagnoses include but not limited to End Stage Renal Disease, Type 2 Diabetes Mellitus without Complications, Bipolar disorder, current episode hypomanic, and Dependence on Renal Dialysis. R2's current care plan documents R2 is on Enhanced Barrier Precautions due to AV (Arteriovenous) fistula and R4 needs dialysis related to renal failure. R2's Physician Orders dated 12/26/25 for Enhanced Barrier Precautions related to AV (Arteriovenous) fistula and orders dated 12/18/25 for Dialysis every Monday, Wednesday, and Friday at Fresenius Kidney Care Galesburg for End Stage Renal Disease. 3/12/26 at 11:20 AM V13 (Registered Nurse) stated, "I believe there is a dialysis communication form that is filled out and sent with the patients but I'm not completely sure as I am agency." 3/12/26 at 11:25 AM V11 (Licensed Practical Nurse) stated that there is a communication form that is filled out by the facility nurse with the residents weight and vital signs (Blood Pressure, Temperature, Pulse and Respirations) and any pertinent information that dialysis needs made aware of that is sent with the residents but "as for it (communication form) coming back to us and dialysis writing on it I am not sure		S9999				

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S9999	Continued from page 6 because I have never had a Dialysis patient since working here. I do know Dialysis will call us if there are concerns with the patients." R2's electronic health record does not contain dialysis communication forms. On 3/11/26 at 2:00 PM, V10 (Registered Nurse/Infection Preventionist/Assistant Director of Nursing) stated that they currently do not have any dialysis communication reports/forms for R2, "She (R2) does not bring them back from dialysis with her." When asked how they get communications from Dialysis V10 stated, "I'm not sure." "C" 4 of 7 300.2050 Section 300.2050 Meal Planning Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. These requirements are not met as evidenced by: Based on observation, interview, and record review the facility failed to provide residents with regulatory portion sizes at meals. This has the potential to affect all 83 residents residing at the facility. The facility's policy Diet Spreadsheets/Portion Serving Communication Tool, undated, documents not in its entirety, "Diet spreadsheets or similar meal and portion serving communication tools are available to the serving staff for reference and serving guidance. 1. Diet spreadsheets are based on the planned menu and reflect portions for regular and therapeutic diet orders offered in the community." On 3/11/26 at 11:00 AM, V12 (Day Cook) observed setting up to serve the lunch meal. V12 stated she looks at the recipes of the food being served, so she knows what portion size to serve. When asked how V12 knew that the main course of Frittata that she had cut into squares was the required 6 (six) ounces V12 stated she just		S9999				

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S9999	Continued from page 7 "guessed". V12 went on to state that if she was serving meat, she would check the recipe for how much to serve and again "guess" the amount to serve based off what ounces was listed in the recipe. When asked about weighing the food to ensure appropriate ounces being served V12 stated she was not trained to do that and was not sure if they had a scale. V12 continued to serve the Frittata using a spatula to serve. On 3/11/26 at 1:30 PM, V6 (Dietary Manager) stated V12 (Day Cook) should have followed the recipe that stated serving size for the Frittata was 6 ounces and to use # (Number)12 scoop for the serving utensil. "C" 5 of 7 300.1060b) 300.1060c) 300.1060d) 300.1060f) Section 300.1060 Vaccinations b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, arranged, refused or medically contraindicated. c) A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. f) A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B.	S9999					

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S9999	Continued from page 8 These regulations were not met as evidenced by: Based on interview and record review the facility failed to provide education and offer an Influenza and Pneumococcal vaccine to one (R3) resident and failed to screen for risk factors for Hepatitis B for five (R2, R3, R4, R6, R7) out of five residents reviewed for Immunizations in a sample of seven. Findings include: The facility's undated Influenza and Pneumonia Immunization Policy documents All newly admitted residents from October 1st through March 31st will be offered the influenza vaccine and all admissions will be offered the pneumovax injection throughout the year. R3's Electronic Health Record documents R3 was admitted to the facility on 12/10/2025 and his diagnoses include Malignant Neoplasm of Left Lung, Chronic Obstructive Pulmonary Disease, Acute Respiratory Failure, and Cerebral Infarction. R3's records do not contain any information for immunization history or documentation to support education, and vaccinations were offered for Influenza or Pneumococcal. R2's Electronic Health Record documents R2 was admitted to the facility on 12/17/2025 and her diagnoses to include End Stage Renal Disease, Diabetes, Fibromyalgia, Dependence on Renal Dialysis, and Bipolar Disorder. R4's Electronic Health record documents R4 was admitted to the facility on 02/12/2026 and his diagnoses include Diastolic Heart Failure, Acute Respiratory Failure, Chronic Obstructive Pulmonary Disease, and Pulmonary Hypertension. R6's Electronic Health Record documents R6 was admitted 03/12/2026 and her diagnoses include Diabetes, Fibromyalgia, Chronic Obstructive Pulmonary Disease, Morbid Obesity, and Depression. R7's Electronic Health Record documents R7 was admitted 11/08/2022 and her diagnoses include Dementia, Diabetes, Chronic Obstructive Pulmonary Disease, Hypertension, and Peripheral Vascular Disease. R2, R4, R6, and R7's records did not contain documentation that these residents were screened for Hepatitis B risk factors. On 3/10/2026 at 11:45 AM V10 (Assistant Director of	S9999					

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S9999	Continued from page 9 Nursing/Infection Preventionist) reported the facility does not screen for Hepatitis B or offer Hepatitis B vaccines. "C" 6 of 7 300.696a)3) Section 300.696 Infection Prevention and Control a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The program shall be under the management of the facility's infection preventionist who is qualified through education, training, experience, or certification in infection prevention and control. 3) Facility activities shall be monitored on an ongoing basis by the Infection Preventionist to ensure adherence to all infection prevention and control policies and procedures. These regulations were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure adherence to droplet precautions for one (R2) of two residents reviewed for isolation precautions in a sample of seven. Findings include: R2's Electronic Health Record documents R2 was admitted on 12/17/2025 and her diagnoses to include End Stage Renal Disease, Diabetes, Fibromyalgia, Dependence on Renal Dialysis, and Bipolar Disorder. R2's Progress notes dated 03/02/2026 document R2 complained of cough and requested to be sent to the emergency room for an evaluation. R2 returned to the facility after evaluation. R2's Progress Note dated 03/03/2026 at 13:19 PM documents R2's chest x-ray results show "Patchy right infiltrate." R2's Physician's Order dated 03/06/2026 documents: Azithromycin 250 mg (milligrams) tablet, give 500mg on day one then give 250mg daily for four days for Upper Respiratory Infection.			S9999			

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S9999	Continued from page 10 R2's Physician Order dated 03/06/2026 documents "Resident in isolation (droplet precautions) related to active Upper Respiratory Infection positive. All services to be provided in resident room including therapy, activities, meals, and nursing services." R2's care plan dated 3/6/26 documents R2 requires droplet isolation. On 03/10/2026 at 11:00 AM R2's room has both a Droplet Precaution sign and EBP (Enhanced Barrier Precautions) sign on door with PPE (Personal Protective Equipment) bin outside of the room. V7 (Licensed Practical Nurse) stated that R2 is on Droplet precautions due to an upper respiratory infection and has one more day left of antibiotic therapy of Azithromycin. V7 (Licensed Practical Nurse) is unaware if R2 has had any testing such as COVID, Influenza or RSV. R2 noted to be in the hallway self-propelling her wheelchair without a face mask on. R2 stated that she put herself on Droplet precautions because she does not want anyone bringing in illnesses to her but does not wear a mask out of her room because it's hard to breathe with her oxygen in place with a mask on. R2 stated that she has a "lung infection". R2 removed the Droplet precaution sign from door. V8 (Certified Nursing Assistant) was in the hallway and stated that R2 is always out of her room without a mask and "does not listen if you ask her to put one on." On 03/10/2026 at 12:30 PM V2 (Interim Director of Nursing) stated R2 is noncompliant with wearing a mask outside of her room. R2's EHR (Electronic Health Record) does not contain documentation that identifies or supports non-compliance. 03/11/2026 at 9:45 AM V3 (Director of Nursing) and V10 (Assistant Director of Nursing/Infection Preventionist) stated they do not have a droplet precautions policy, they follow CDC guidelines. V10 reports when R2 became ill V10 contacted regional, and she was instructed to place R2 in droplet precautions. 03/11/2026 at 10:02 AM V3 (Director of Nursing) & V10 (Assistant Director of Nursing) report after reviewing R2's labs, chest x-ray, and progress notes they realize they were overly cautious and placed R2 in droplet precautions. They are now taking R2 off droplet precautions and placing her back on EBP (Enhanced Barrier Precaution). "C"	S9999					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3001125		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/12/2026	
NAME OF PROVIDER OR SUPPLIER Marigold Rehabilitation and Health Care Center				STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST CARL SANDBURG DRIVE , GALESBURG, Illinois, 61401			
(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	
S9999	Continued from page 11 7 of 7 300.670c) 300.670d) 300.670g) Section 300.670 Disaster Preparedness c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. d) Fire drills shall include simulation of the evacuation of residents to safe areas during at least one drill each year on each shift. g) A written evaluation of each drill shall be submitted to the facility administrator and shall be maintained for one year. These regulations were not met as evidenced by: Based on interview and record review, the facility failed to conduct fire drills at least quarterly for each shift and failed to conduct any disaster drills in the past 12 months. This affects all 83 residents residing in the facility. Findings include: On 03/10/2026 V1 (Administrator) provided the facility census. The facility census was 83 residents. The facility provided documentation for the following fire drills conducted in the last year: 7/31/2025 at 11:15 PM (Night Shift), 8/1/2025 at 8:40 AM (Day Shift), 8/13/25 at 11:40 Am (Day Shift), 8/27/2025 at 1:57 PM (Day Shift), 9/29/2025 at 7:40 PM (Evening shift), and 1/31/2026 at 6:30 AM (Day Shift). On 03/12/2026 at 1:40 PM V1 (Administrator) reports the facility does not have any documentation to support that any more fire drills have been conducted than those listed above or that any disaster drills have been conducted in the past 12 months. "C"	S9999					