STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHF520326	A. BUILDING: _____ B. WING _____	11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIMPLE BLESSINGS	203 E MONROE CASEY, IL 62420

(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) COMPLETE DATE
A 000	Initial Comment Annual Licensure Survey 295.2040 c)1)2)3) 295.3000 e)2)A)B)f)2)3)4) 295.3020 a)1)2)3)4)5)6) 295.8000 a)1) 295.9040 a)b) Complaint IL196794: Unsubstantiated due to this complaint being assigned to the incorrect establishment.	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility; 3) Evaluate the effectiveness of disaster plans, procedures and training. Based on interview and record review the establishment failed to conduct at least six fire drills including two while residents were sleeping.	A2040		

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A2040	Continued From page 1 This failure creates a substantial probability of severe harm or death to all seven residents who reside in the establishment. Findings include: On 11/3/25 at 9:35AM when asked for the 2025 establishment fire drills, E1 Executive Director stated that they were not all complete. On 11/3/25 when reviewing the establishment provided fire drills, drills were documented on 1/9/25 at 7:30PM, 1/10/25 at 7:30AM, 2/20/25 at 9:53AM and at 5:45PM, on 2/21/25 at 7:20AM, on 3/10/25 at 1:30PM and at 6:15PM, on 3/11/25 at 6:30AM, on 4/9/25 at 2:15PM and 4:15PM, on 4/10/25 at 7:30AM, on 5/14/25 at 10:00AM and 5:00PM, and on 5/15/25 at 7:00PM. On 11/3/25 at 3:10PM, E1 Executive Director stated that the above fire drills are the only ones that were completed this year and that she was unaware of the regulation requiring fire drills to be conducted while residents were sleeping.	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 1 Violation Section 295.3000 Personnel Requirements, Qualifications and Training e) A file shall be maintained for each employee containing the following:	A3000		

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A3000	Continued From page 2 2) Documentation of: A) Freedom from pulmonary tuberculosis; B) Employee orientation; and f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 2) Initial health evaluation; 3) Compliance with the Health Care Worker Background Check Act; and 4) Documentation that the employer has checked the status of the employee with the Nurse Aide Registry. Based on interview and record review the establishment failed to ensure that upon employment, two (E3 and E4) of four employees reviewed for personnel qualifications were tested for tuberculosis, provided orientation, given an initial health evaluation and obtained health care worker background checks. These failure create a substantial probability of severe harm or death to all seven residents who reside in the establishment. Findings include: 1.) A review of E3 Caregiver's file that upon employment dated 8/20/25, no Health Care Worker Background Check nor Health Care Worker registry checks were completed. Additionally, no tuberculosis testing, initial health evaluation, initial orientation nor fire extinguisher training were documented in E3's file.	A3000		

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A3000	Continued From page 3 2.) A review of E4 Caregiver's file documents that upon employment dated 4/29/25, no Health Care Worker Background Check, tuberculosis testing, initial health evaluation, initial employee orientation, nor fire extinguisher training were completed. On 11/3/25 at 3:15PM, E1 Executive Director stated that all employees should have background checks, an initial health evaluation, two-step tuberculosis testing, and facility orientation completed every time they are hired regardless if they have had them done for past employment.	A3000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 1 Violation Section 295.3020 Employee Orientation and Ongoing Training a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes: 1) The establishment's philosophy and goals; 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights;	A3020		

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A3020	Continued From page 4 3) Confidentiality of resident records and resident information; 4) Hygiene and infection control; 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures. Based on interview and record review the establishment failed to ensure employee orientation was completed for two (E3 and E4) of four employee reviewed for orientation and training upon hire. This failure creates a substantial probability of severe harm to all seven residents who reside in the establishment. Findings include: 1.) A review of E3 Caregiver's file that upon employment dated 8/20/25, no orientation regarding the establishment philosophy and goals, resident dignity and rights, confidentiality, infection control, abuse and disaster training was completed. 2.) A review of E4 Caregiver's file documents that upon employment dated 4/29/25, no orientation regarding the establishment philosophy and goals, resident dignity and rights, confidentiality, infection control, abuse and disaster training was completed. On 11/3/25 at 3:25PM, E1 Executive Director stated that she is responsible for all orientation and employee on-boarding and that she did not understand all of the orientation regulation requirements and that the requirments were not completed for E3 nor E4 Caregivers.	A3020		

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A8000	Section 295.8000 Food Service	A8000		

This Regulation is not met as evidenced by:
Type 1 Violation

Section 295.8000 Food Service

a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met:

1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements

Based on observation, interview, and record review the establishment failed to ensure that food temperatures were checked on both the freezer and refrigerator, failed to ensure that food temperatures were tested before serving, failed to handwash and rinse pans using a quaternary or bleach solution and failed to have the food cooked by an employee with a food handler's certification. These failures create a substantial probability of severe harm or death to a resident or residents.

Findings include:

On 11/3/25 at 10:30AM, observed E2 Cook/Caregiver cooking lunch.

On 11/3/25 at 12:00PM, observed E2 Cook/Caregiver serving lunch including egg rolls, rice, and beef without temperature checking any of the food.

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A8000	Continued From page 6 On 11/3/25 at 12:30PM, observed E2 Cook/Caregiver handwashing pans in the sink using dishwashing detergent alone, not using the three compartment sink to rinse, and not using quaternary solution nor bleach. On 11/3/25 at 1:00PM, observed in the establishment refrigerator undated/unlabeled mashed potatoes and gravy, ham slices, and an open box of undated/unlabeled corn bread mix. On 11/3/25 at 1:15PM, E2 Cook/Caregiver stated that the mashed potato's and gravy were donated by a local church and were going to be served to residents. E2 stated that she knew that food was supposed to be labeled and that some of it was. Additionally, E2 stated that she had never taken a food sanitation/food safety course. On 11/3/25 at 1:30PM, E1 Executive Director confirmed that E2 Cook/Caregiver had not taken a food sanitation/food safety course and that she (E1) was aware as the dietary manager for the establishment that refrigerator and freezer temperatures were supposed to be monitored, that food temperatures were supposed to be checked, that open food should be labeled with dates, and that hand washed dishes were supposed to be sanitized using either a quaternary product or a bleach product and then air dried. Additionally, E1 Executive Director stated that serving food that was donated such as mashed potatoes and gravy from a church was dangerous to residents because the food was not made with establishment oversight and could cause resident illness.	A8000		
A9040	Section 295.9040 Environmental Requirements	A9040		

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A9040	Continued From page 7	A9040		

This Regulation is not met as evidenced by:
Type 2 Violation
Section 295.9040 Environmental Requirements

a) The establishment shall be kept in a clean, safe and orderly condition and in good repair.

b) The establishment shall be free of odors.

Based on observation, interview, and record review the establishment failed to ensure that the facility was maintained in clean, safe, repaired condition that is free of odors and where all cleaning supplies are stored away in locked containers. These failures create a substantial probability of severe harm to all seven residents who currently reside in the establishment.

Findings include:

On 11/3/25 at 9:30AM observed hallway carpet in the establishment was stained and stale in odor.

On 11/3/25 at 11:50AM, while residents were eating lunch in the dining room, observed resident rooms R1, R6, R7, R8, and R9. All were stained with unknown substances and R7's bathroom smelled strongly of feces and urine.

On 11/3/25 at 12:00PM, the establishment laundry room door was propped open and floor tiles were both broken and missing creating a fall hazard for anyone who might enter.

On 11/3/25 at 1:00PM the following observations were made in the kitchen and dining room:

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A9040	Continued From page 8 broken cabinets, sticky cabinets to the touch, tables in the dining room were broken and unsightly, the kitchen floor bowed significantly to the right of the refrigerator and freezer, the kitchen had a strong odor of rancid grease coming from the grease trap, the lights in the kitchen were broken and holding dead flies, the popcorn ceiling in the kitchen was stained, the dining room ceiling had an uncovered sprinkler with unpainted, unsightly drywall in the ceiling, and the back door alarm was broken. On 11/3/25 at 3:30PM, E1 Executive Director stated that the establishment had not had access to a maintenance person since November 2024 when the previous maintenance man last cleaned the grease trap. Additionally, E1 stated that the facility does not employ a housekeeper, laundress, nor activity director. "I just can't do it all, and neither can the staff that we have. They are focused on the residents and the other stuff just doesn't get done." E1 then confirmed that the kitchen cabinets need to be replaced along with the carpeting in the establishment. "I have shampooed them over and again and the stains won't come out. They need to be replaced. The sprinkler should have a sprinkler head and the ceilings need to be scraped and painted to be able to really clean them." On 11/3/25 at 3:45PM, E1 Executive Director confirmed that the back door alarm no longer functions.	A9040		