PRINTED: 10/30/2023 **FORM APPROVED**

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6004477 B. WING 08/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 910 WEST POLK STREET HILLTOP SKILLED NSG & REHAB CHARLESTON, IL 61920 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Investigation of Facility Reported Incident of 8/11/23/IL163366 \$9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.1220b)8) 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 Attachment A practicable physical, mental, and psychological Statement of Licensure Violations well-being of the resident, in accordance with each resident's comprehensive resident care Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Laceration.

Laceration as a "Large complex skin tear to the Right Medial Upper Arm involving skin and subcutaneous tissues. R1 will be placed on antibiotic due to the dirty nature of the wound." This same report documents R1 required 13 sutures to repair the Right Upper Medial Arm

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ever had training."

hook."

right arm would never have been exposed to the

On 8/28/23 at 10:20 AM, V1 (Administrator) stated, "We (facility) are unable to find any mechanical lift training that would have been provided by the facility to (V3, V4) Certified Nurse Aides (CNAs). I cannot confirm that V3 and V4

On 8/28/23 at 11:15 AM, V11 (Nurse

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training awhile back with the staff, but I never was trained by therapy or anyone else. I have not received any training on how to use mechanical

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strap over and pull the left loop strap through the

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