INTERMENT OF DEFICIENCIES (x) MODERNSUPPLIERCIES (x) MULTIPLE CONSTRUCTION (x) MULTI	Illinois D	epartment of Public	Health			FORM	APPROVE
LLG00310 B. WIND Opposite Description NUMBER OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE MADE 201 SEMINARY 2002 CODE SUMMARY STATEMENT OF DEFICIENCES (SCH CORRECTIVE ACTION SHOULD BE (SCH CORRECTIVE ACTION SHOULD	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
Number of PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 200 N SEMINARY AVE WOODSTOCK, IL 60093 PRETATISTONE MANOR 200 N SEMINARY AVE WOODSTOCK, IL 60093 PRETATISTONE MANOR PRETATISTONE MANOR PRETATISTONE MANOR PRETATISTONE MANOR PRETATISTONE MANOR PRETATISTONE MANOR PRETATISTONE MANOR PREVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPETING ANTONIATION) S 000 Initial Comments Annual Health Survey S 000 S 000 Initial Comments S 000 Annual Health Survey S 9999 S 000 Initial Comments S 000 Annual Health Survey S 9999 S 000 Initial Comments S 000 Annual Health Survey S 9999 S 000 Initial Comments S 000 Annual Health Survey S 9999 S 000 Initial Comments S 000 Annual Health Survey S 9999 S 000 Initial Comments S 000 A The facility shall have written policies and procedures shall be followed and care Policies B official Complexity of the facility. The written policies shall be followed in operating the facility and therevice in the facility. The written policies shall be rel							
HEARTHETONE MANOR BODY SETURATE YEAR ON TO SERVICE VIEW MANY STATEMENT OF DEPORTORING AND ADDRESS ADDRESS ADDRESS AND ADDRESS ADDRESS AND ADDRESS AND ADDRESS ADDRES						08/2	8/2024
HEARTHSTONE MANOR WOODSTOCK, IL 60092 (M) DO LEPICIENCY MUST BE RECEIVED BY FLUX D RECULATORY ON LGC DENTFINIS MERGANATION) D RECULATORY ON LGC DENTFINIS MERGANATION ON LGC DENTFINIS D RECULATORY ON LGC DENTFINIS MERGANATION) D RECULATORY ON LGC DENTFINIS MERGANATION ON LGC DENTFINIS S 0000 S 0000 S 0000 S 0000 S 0000 S RECULATORY ON LGC DENTFINIS MERCULATORY ON LGC DENTFINIS S 0000 S 0001210 S 0000 S 000000000000000000000000000000000000	NAME OF F	PROVIDER OR SUPPLIER					
Pričná TAG REACH-DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSCIDENTIFYING INFORMATION) PRČTV TAG CROSE-REFERENCE DT OTHE APROPRIATE COM DEFICIENCY S 000 Initial Comments S 000 Annual Health Survey S 9999 Final Observations S 9999 S latement of Licensure Violations: 1 of 2 300.610 a) 300.1210 b) 300.1210 b) 300.1210 b) 300.1210 b) 300.1210 b) 300.1210 b) 300.1210 b) 300.1210 b) Section 300.610 Resident Care 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 this Part. The written policies shall be followed in operating the facility. The advisory physician or the medical advisory committee, and the part. The written policies thall 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 N 1) 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 to meet the total nursing and personal Distret the total nursing and personal care plan	HEARTH	STONE MANOR					
Annual Health Survey S9999 Final Observations Statement of Licensure Violations: 1 of 2 300.610 a) 300.1210 b) 300.1210 d) 300.1210dy3y5) Section 300.610 Resident Care Policies a) The facility shall have 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 written policies shall be followed in operating 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 time accordance with eresident in accordance with eresting and personal care shall be provided to each resident to meet the total nursing and other dispervises to statian or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with eresting and personal care shall be provided to each resident to meet the total nursing and personal	PRÉFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
S9999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 300.610 a) 300.1210 b) 300.1210 b) 300.1210 b) 300.1210 a) 300.1210 d) 300.1210 b) 300.1210 d) 300.1210 b) 300.1210 d) 300.1210 d) 300.1210 d) 300.1210 d) 300.1210 d) advinistrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The written policies shall be followed at least nually 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 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 well-being of the resident is many parental more plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care shall be provided to each resident of PUBIC Healt	S 000	Initial Comments		S 000			
Statement of Licensure Violations: 1 of 2 300.610 a) 300.1210 b) 300.1210 densiting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. 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 reactioent's comprehensive resident care		Annual Health Surv	еу				
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300.610 a) 300.1210 b) 300.1210d)355 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 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 provide to each resident to meet the total nursing and personal Destruct of Public Heatth BORTOWY DIRECTOR'S OR PROVIDERSUPPLIER REPRESENTATIVES SIGNATUR		Statement of Licens	sure Violations:				
300.1210 b) 300.1210d)395) 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		1 of 2					
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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 to each nois Department of Public Health TITLE BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE		a) The facility is procedures governing facility. The written be formulated by a Committee consisting administrator, the a medical advisory co of nursing and other policies shall comp The written policies the facility and shall by this committee, or	shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed				
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DA		Nursing and Person b) The facility care and services to practicable physica well-being of the re- each resident's com plan. Adequate and care and personal of	hal Care shall provide the necessary o attain or maintain the highest l, mental, and psychological sident, in accordance with nprehensive resident care properly supervised nursing care shall be provided to each				
Electronically Signed 09/1	BORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE 09/13/24

If continuation sheet 1 of 11

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		IL6009310	B. WING		08/	28/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HEARTH	STONE MANOR		MINARY AVE	18		
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 1	S9999			
	nursing care shall in following and shall seven-day-a-week 3) Objectin a resident's conditioner emotional changes determining care re- further medical evan made by nursing st resident's medical re- breakdown shall be seven-day-a-week enters the facility we develop pressure so clinical condition de sores were unavoid pressure sores shall services to promote and prevent new pr Based on observation review, the facility for pressure relieving in injury on a resident resulted in R31's le progressing to a nee The facility also fail treatment for a resi his buttocks (R21). This applies to 2 of reviewed for pressure 12.	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis: we observations of changes in on, including mental and , as a means for analyzing and equired and the need for iluation and treatment shall be aff and recorded in the record. ar program to prevent and s, heat rashes or other skin e practiced on a 24-hour, basis so that a resident who ithout pressure sores does not ores unless the individual's emonstrates that the pressure dable. A resident having ill receive treatment and e healing, prevent infection, ressure sores from developing ion, interview, and record ailed to assess and provide nterventions for a pressure 's left heel. This failure ft heel pressure injury ecrotic (devitalized tissue) area ed to assess and provide dent with a pressure injury on 3 residents (R31, R21) ure injuries in the sample of				
	The findings include tment of Public Health	e.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6009310	B. WING		08/	28/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IEARTH	STONE MANOR		MINARY AVE TOCK, IL 6009	98		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 2	S9999			
	"Intact Fluid Filled b approximately 5.5 o (Nurse Practitioner) orders. " V7, Wound no other wound ass R31's current Physio order, dated 7/29/20 blister with island do one time a day." On 8/26/24 at 10:00 wheelchair down th his feet. R31 was w socks and non-skid appeared somewhat On 8/28/24 at 8:41 stated, "He has a la haven't really seen putting a protective On 8/28/24 at 9:50 heel. V7 removed the earlier that morning sized necrotic area sized open area to no dressing to the b was visible on comp the opening. V7 sta necrotic. " V7 then p gloved hand. "Oh y haven't seen it since notify the wound do	cm x 3 cm to the left heel. NP) notified and aware. Awaiting d Nurse, confirmed there were sessments for this wound. ician's Order Sheet shows an 4, that reads, "Cover left heel ressing. Change only if soiled D AM, R31 was propelling his e hallway using his arms and vearing thigh high compression I slipper socks. R31's feet at tight and swollen. AM, V7 (RN- Wound Nurse) arge blister on his heel- I it in a while. We are just foam dressing on it." AM, V7 observed R31's left the dressing that was put on g (per R31). R31 had a golf bal to inner left heal and pea left inner bunion. There was bunion area and old drainage pression socks in the area of ated, "I would call that pressed on the area with her /es, it is hard. " V7 stated, "I e it was a blister on 7/29. I will botor who is coming today, noon. For now I will just put a				
	R31's care plan da	ted 8/28/24, states, "(R31)				

STATEMEN	Department of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6009310	B. WING		0.87	20/2024
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		00/	28/2024
			EMINARY AVE			
	STONE MANOR	WOODS	TOCK, IL 6009	98		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 3	S9999			
	skin breakdown du Mellitus, limited mo interventions includ causative factors a possible and Monit treatment of skin in	left heel and he is at risk for e to fragile skin, Diabetes obility, incontinence." The le: Identify/document potential nd eliminate/resolve where or/document location, size and jury, Report abnormalities, s and symptoms of infection, MD."				
	System- Pressure/I states, "When a pro Assessment of the using the Weekly S Pressure Injury Eva " This same policy causes changes in responsibility of the	ntitled Skin Integrity Monitoring Non-Pressure dated 4/24 essure injury is identified: pressure injury is documented Skin Assessment Weekly aluation in the clinical software also states, "If pressure the resident's skin, it is the nursing staff to initiate ure injury per physician's				
		cale, dated 6/26/24, shows develop pressure injuries.				
	provided incontiner Nursing Assistant). R21's left buttocks (CNA) said she not morning when he g said she informed having an open are was no dressing to	PM, R21 was in bed being nee care by V10 (Certified An open area was noted to with no dressing in place. V10 iced R21's open areas this jot R21 up for breakfast. V10 V11 (Nurse) regarding R21 ea to his buttocks and there it. V11 (License Practical er to just go ahead and get				
	week that R21 has	PN) said she got in report last open area to his buttocks. ot do anything (did not notify				

	epartment of Public				1	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		IL6009310	B. WING		08/	28/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HEARTH	STONE MANOR		EMINARY AVE TOCK, IL 6009	98		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	"because that's V7' said she also did no assumed V7 alread At 2:15 PM, V7 (W not aware of R21's injury until today. " assess, notify Phys for any new and ac as it was discovere prevent the pressur V7 said R21's skin wound treatment w R21's skin assessm "Stage 2 open area Approximately 0.8 of well-circumscribed with exposed derm wound bed consisted ulcer. Will order to saline) apply borde and PRN if soiled." The Facility Policy of System dated 4/202	partial-thickness loss of skin is to left buttocks and pink ent w/ (with) stage II pressure cleanse w/ NSS, (normal red foam dressing 3x/week				
	treatment orders ar (B)	e obtained from physician."				
	2 of 2					
	300.1210 b) 300.1210 c) 300.1210 d)2) 300.1220 b)3)					
ala Darr		General Requirements for				
iois Depar ATE FORI	tment_of Public Health M		⁶⁸⁹⁹ 51	MGJ11	If continua	ition sheet 5 c

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		IL6009310	B. WING		08/	28/2024
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
IEARTH	STONE MANOR		EMINARY AVE TOCK, IL 60098			
(X4) ID		TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF		(X5) COMPLET
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
S9999	Continued From pa	ige 5	S9999			
	Nursing and Persor					
		shall provide the necessary				
		o attain or maintain the highes I, mental, and psychological	st			
		sident, in accordance with				
		nprehensive resident care				
		properly supervised nursing				
		care shall be provided to each				
	care needs of the r	e total nursing and personal				
		care-giving staff shall review				
		able about his or her residents	•			
	respective resident care plan.					
		subsection (a), general				
		nclude, at a minimum, the				
	seven-day-a-week	be practiced on a 24-hour,				
		tments and procedures shall				
		ordered by the physician.				
	Section 300.1220 Services	Supervision of Nursing				
		hall supervise and oversee the	e			
		the facility, including: ping an up-to-date resident				
	, .	resident based on the				
		ensive assessment, individual				
		be accomplished, physician's				
		al care and nursing needs. nting other services such as				
	•	dietary, and such other				
		rdered by the physician, shall				
	be involved in the p	preparation of the resident care	e			
		Il be in writing and shall be				
		fied in keeping with the care				
		d by the resident's condition. eviewed at least every three				
	months.	2 10 10 0 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6009310	B. WING		08/	28/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
IEARTH	STONE MANOR		MINARY AVE	8		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
	review the facility fa recommendations a supplements to res loss. These failure 5.9% weight loss in loss in 3 months, a weight loss in 3 mo This applies to 2 of reviewed for weight The findings include	4 residents (R19, R23) t loss in the sample of 12.				
	has diagnoses of A Parkinson's and dy R19's careplan, init potential risk for alt weight loss due to A intervention to inclu- weight to be around	Alzheimer's dementia, sphagia (difficulty swallowing) iated 2023, shows, "(R19) has ered nutritional status and or Alzheimer disease. With ide: will eat 50-75% of meals, d 160 lbs for the next 90 (supplements) TID. monitor				
	significant weight lo 7/24- 144 pounds (nutritional needs 19 Regular diet, Mince consistency. Signif (interventions) Sup breakfast, Health s with meals and (nu (milliliters) TID (three	s, dated 7/11/24, states, "- bss 5.9% past 1 month. Weigh lbs), 6/24-151 lbs. Estimated 050 calories (cal) daily. ed and Moist , (Nectar Thick) ficant weight loss, plements: Supercereal q (with) hake added BID (twice a day) tritional supplement) 2.0 120m ee times a day) to provide and 52gm (grams) protein.	,			
.i. D.		s, dated 8/18/2024, states, loss 3 and 6 months.				

STATEMEN	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
and plan	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		IL6009310	B. WING		08/	28/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
HEARTH	STONE MANOR		MINARY AVE			
			TOCK, IL 6009			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 7	S9999			
	lbs Diet Rx: Regular M liquids. Supplements: Supe shake added TID (f	.2 lbs, 8/16 144 lbs, 7/24- 144 inced and Moist Nectar thick ercereal q breakfast, Health from BID) with meals and nent) 2.0 120ml after meals t eat."				
	room for lunch bein Nursing Assistant-C bites of her meal of mixed vegetables, a were no supplement confirmed by V10. and thickened wate	6 PM, R19 was in the dining og fed by V10 (Certified CNA). R19 was only taking f pureed chicken, pureed and pureed orzo pasta. There hts noted on R19's tray as R19 only had thickened punch er included on her tray. After 9 only ate 25% of her meal.	n			
	room for breakfast. R19 had a bowl of s pureed bread. The in R19's breakfast t	AM, R19 was in the dining V13 (CNA) was feeding R19 supercereal, pureed eggs, and re was no health shake noted tray. V13 said R19 ate poorly ook a few bites of her				
	Nurse-RN) said R1 record (EMR) does	AM, V15 (Registered 9's electronic medication not show R19 has to be giver said the kitchen should be shakes.				
	Dietitian-RD) said, loss for the past few on supplements to supercereal at brea meals placed on he	5 AM, V4 (Registered "(R19) had significant weight w months. (R19) was placed meet her nutritional needs- akfast, health shakes with er tray by Dietary (kitchen), and at, she was given (nutritoinal	1			

Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY PLETED
			A. BUILDING	:		
		IL6009310	B. WING		08/	28/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
HEARTH	STONE MANOR		MINARY AVI OCK, IL 60			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 8	S9999			
	said R19 needed a V4 was informed th on R19's meal tray (8/26/24) and there R19's meal tray du V4 said the kitchen healthshakes. V2 who was with V4 (F should come from the					
	kitchen has never p shakes/supplemen only serves R19's s not R19's healthsh	Dietary Manager) said the provided health ts to R19. V3 said the kitchen supercereal at breakfast, but akes. V3 said she thought the R19's healthshakes.				
	states, "Weight review- 8/2 Ibs, 7/12/24 144-Ib 5/24-167 Ibs Diet Intervention-Supple Supercereal q brea 2.0 120ml TID, Hea additional nutrition -Recommend add provide (nutritional with no limit to intal	emental nutrition orders: kfast, (nutritional supplement) althshake TID to provide (to R19) Healthshake to meals TID and supplement) 2.0 120ml TID ke. Gradual weight gain is Id continue with current intake				
	has been clarified. shakes and superc be providing R19's On 8/28/24 at 8:15	2 (DON) and V4 (RD) said it The kitchen will provide R19's ereal and the nurses will now (nutritional supplement). AM, R19 was in the dining				
inois Depar	room being fed bre	akfast by V14 (CNA). R19's				
TATE FOR			6899	5MGJ11	If continua	tion sheet 9 of

STATEMEN	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		IL6009310	B. WING		08/2	28/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HEARTH	STONE MANOR	920 N SE	MINARY AVE			
		WOODS	TOCK, IL 6009	98		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 9	S9999			
	as confirmed by V1 still did not have he	lid not have her healthshake 4. V2 (DON) also saw R19 r healthshakes with her said she will take care of this				
	(8/28/24), all of R19 (healthshakes and now be provided by	Administrator) said as of today 9's nutritional supplements nutritional supplement) will 7 Nursing and signed off in 8 supercereal will still be				
	has diagnoses inclu	et, dated 8/28/24, shows R23 uding Parkinson's Disease, ease, and Major Depression.				
	5/6/24, and has had	ows she weighed 130.2 lbs on d a slow decrease in weight to (9.37% in 3 months).				
	"(Nutritional supple day. Meal intake is	dated 8/17/24, states, ment) 2.0 120 ml three times a fair with meal refusals noted. routinely Add health shake nner"	a			
	order, dated 8/20/2	Order Sheet shows only an 4,- (Nutritional supplement) weight loss, 120ml.				
	"Health shakes are supplement) was de found out the nurse supplement) instea	B PM, V4 (Dietician) stated, a mystery to me. (Nutritional ecreased to twice a day. I as are using the (nutritonal d of the health shakes- they				
	different things. I e (V2 - Director of Nu	terchangeably. They are 2 mail my recommendations to irsing) and then (V2) is e orders in after she runs them				

TATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
			A. BUILDING: _			
		IL6009310	B. WING		08/	28/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IEARTH	STONE MANOR		EMINARY AVE STOCK, IL 6009	98		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 10	S9999			
		ctitioner. V2 and V3 (Food re both supposed to review				
		ated 8/27/24, does not ght loss or need for				
	(B)					
	tment of Public Health					