Illinois D	epartment of Public	Health			FORM APPROV	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED			
	II 6005200		A. BUILDING:		с	
		IL6005300	B. WING		03/20/2024	
NAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, S ST WASHING	TATE, ZIP CODE		
LEWIS M	EMORIAL CHRISTIA	NVIG	FIELD, IL 627			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLE	
S 000	Initial Comments		S 000			
	Complaint Investiga	ation 2441653/IL170350 2441906/IL170664				
S9999	Final Observations		S9999			
	Statement of Licensure Violations					
	300.610a) 300.1210b) 300.1210d)4)					
	Section 300.610 R	esident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	advisory physician or the committee, and representatives or services in the facility. The ly with the Act and this Part. s shall be followed in operating I be reviewed at least annually documented by written, signed				
	Section 300.1210 Nursing and Persor	General Requirements for nal Care				
	care and services t practicable physica well-being of the re each resident's con	shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing	t			
BORATORY	tment of Public Health / DIRECTOR'S OR PROVIE cally Signed	DER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE	(X6) DATE 04/08/2	

If continuation sheet 1 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6005300	B. WING			C 20/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	ATE, ZIP CODE		
	IEMORIAL CHRISTIA	N VI G	ST WASHINGT FIELD, IL 6270			
(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 T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 1	S9999			
		care shall be provided to each e total nursing and personal esident.				
	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:					
	4) Personal care shall be provided on a24-hour, seven-day-a-week basis. :					
	These requirement by:	s were not met as evidenced				
	observations the fa doctor/family timely two of three resider injury of unknown of bruising after an un resulted in R2 being three days after the a diagnosis of an o	of change of condition for ints (R2, R8) after R2 had an origin and R8 had facial witnessed fall. This failure g sent to the emergency room injury of unknown origin with dontoid fracture and R8 being y doctor after family came into				
	Findings include:					
	an admission date	dated 3/5/2024, documented of 5/30/2023 and diagnosis of nsion, GERD and hearing loss				
	documented that R impaired and that F	Set, (MDS), dated 2/9/2024, 2 was severely cognitively 2 is dependent on staff for ransfers, sitting and required of for bed mobility.				
	R2's Progress Note	es, dated 2/24/2024 at 8:00				

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			A. BUILDING:			с
		IL6005300	B. WING			20/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	IEMORIAL CHRISTIA	N VI G	ST WASHINGT FIELD, IL 6270			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN O			
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 2	S9999			
	documented that R and partial bruising	Registered Nurse, RN, 2 had a bruised eye on left eye on right eye. It did not doctor was notified of this				
	up in wheelchair wi dark purple in color	00am R2 was observed sitting th bilateral eyes and cheeks extending up forehead into cervical (C) collar in place.				
	Attorney, stated tha 2/26/2024 and said what they thought v no one from the fac a fall. V13 stated th	00am, V13, R2's Power of at the facility called on I that R2 had bruises from was a fall a few days ago, but cility had called to notify V13 of nat R2 went to ER a because in his face. V13 stated they still got the bruises.				
	Assistant, (CNA), s bed on 2/24/2024 a that both of R2's ey forehead had a scr	0 PM, V10, Certified Nursing tated that she got R2 out of around 7:00 AM and noticed ves were bruised and his ape on it by his hairline. V10 ately took R2 to V4, (RN), and ises.				
	stated V10 got R2 of and showed her that eyes. V4 stated sho one told her about the doctor or family	0 PM, V4, Registered Nurse, up around 7 AM on 2/24/2024 at R2 had bruises around both e figured R2 had fallen, and no it. V4 states she did not call v because she figured forgot to tell her that he had				
	stated that V4 repo	0 PM, V2, Director of Nursing, rted to him on 2/26/2024 e. V2 stated R2's doctor was				

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STATEMENT OF DEFICIENCIES () AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
	IL6005300		B. WING			C 03/20/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	IEMORIAL CHRISTIA	NVIG	ST WASHING				
		SPRINGI	FIELD, IL 6270				
(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 ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ige 3	S9999				
	emergency room. W R2 sent out until 2/2 went to emergency diagnosed with Odd bruising to face. V2 C collar in place. V2 family were notified V2 stated that he ex family and doctor a On 3/4/2024 at 4:00 stated she was noti unknown origin on 2 instructed V4 to cal states she expects	24 and wanted R2 sent to /2 stated that V13 did not want 27/2024. V2 stated that R2 room on 2/27/2024 and was pontoid fracture and significant 2 stated that R2 returned with a 2 stated that the doctor and 1 on 2/26/2024 of the bruising. xpects the nurses to notify t time of condition change. 0 PM, V1, Administrator, ified of R2's bruises of 2/26/2024. V1 stated that she 1 the doctor on 2/26/2024. V1 her staff to notify doctor and t the time of a noted head					
	R8 was cognitively	l 2/19/2024, documented that intact and required moderate eting, dressing and transfers.					
	1/22/2024 at 4:15 A fall on 1/22/2024 at documented R8 wa had injury of skin te 3rd and forth finger that Dr was notified	ation document, dated AM, documented that R8 had 0400 in room. The Evaluation as sitting on her buttocks, R8 ear to left wrist and between t, neuro checks initiated and and to follow facility's policy. cumented R8 has sustained no					
	to recent fall. This w	8 had bruises to face related was the only form of s medical record that					
nois Depa	On 3/14/2024 at 8: ⁻ rtment of Public Health	15am, R8 stated that she fell a					

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LEWIS ME	MORIAL CHRISTIA	N VI G	ST WASHING IELD, IL 627					
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S9999	Continued From pa	ge 4	S9999					
	few weeks ago and up from the fall. R8 she fell and just put a small cut on her v she had hit her hea her to the doctor aff On 3/14/2024 at 12 stated that R8's doc bruising to R8's fac the doctor on 1/29/2 that R8's clinical rec monitoring of the br stated that R8 did h staff did not asses of On 3/14/2024 at 10 that she was not no face after the fall. V concerned about a her home and calle primary doctor saw Facility provided ch 12/7/2011, docume	that her face was all bruised states the staff came in after ther back to bed, that she had wrist and that she told them d. R8 states her sister took ter her fall. :00pm, V2, Director of Nurses, tor was not updated on the e until R8's sister took her to 2024. V2 continued to state cord does not document any ruises to R8's face. V2 also ave bruising to her face but or document it. :00am V14, R8's POA, stated tifed of the bruising on R8's 14 stated that she was head injury for R8 so she took d R8's primary doctor. R8's	23333					
llinois Departr	nent of Public Health							

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