STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000210	A. BUILDING: _____ B. WING _____	C 04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCOLADE HEALTHCARE DANVILLE	801 NORTH LOGAN AVENUE DANVILLE, IL 61832

(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
S 000	Initial Comments Complaint Investigation 2562852/IL189325	S 000		
S9999	Final Observations Statement Licensure Violations: 300.690b) 300.690c) Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This REQUIREMENT is not met as evidenced by:	S9999		

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S9999	Continued From page 1	S9999		

Based on observation, interview, and record review, the facility failed to report a serious injury to the Department (Illinois Department of Public Health) Regional Office in the required 24 hour time frame. This failure affects one resident (R1) out of three reviewed for injuries on the sample list of three.

Findings include:

On 4/10/25 at 11:24 AM, R1 was lying in bed and did not make any verbal responses to a greeting by name and made no verbal responses to questions.

R1's Census Detail dated 4/10/24 documents R1 was admitted to the facility 1/14/25, with a subsequent admission 3/7/25. R1's Diagnoses List dated 4/10/25 documents R1 had surgical repair of a right trochanter (hip) fracture which was present on R1's admission of 1/14/25, and surgical repair of a displaced spiral fracture of the right distal femur (knee area) present on R1's admission of 3/7/25.

R1's Progress Notes dated 2/20/25 documented a facility nurse (V6, Registered Nurse) contacted R1's Power of Attorney (V22) with notification that R1's right leg was shortened and rotated, and that the Nurse Practitioner (V21) had ordered x-rays.

R1's Progress Note dated 2/20/25 documents V21, Nurse Practitioner, had assessed R1 at 9:35 AM due to a report from the facility nursing staff that R1 was experiencing a shortened and rotated right leg, wouldn't allow staff to move her leg, and screamed out in pain when V21 manipulated R1's leg. V21 included in this note that R1 had not experienced any falls or trauma and did have the previous surgery of the right hip.

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S9999	Continued From page 2 V21 documented she had ordered x-rays for R1. R1's radiological (x-ray) report dated 2/20/25 documents the facility had been informed of the x-ray results at 2:41 PM on 2/20/25. This report documents R1 had experienced a new comminuted (broken pieces) fracture of the distal (by the knee) femur, and that the prior hip fracture was stable and the hip repair hardware intact. R1's Diagnoses List (4/10/25) and hospital Discharge Report (3/7/25) further documents this new fracture was a displaced spiral fracture. This hospital Discharge Report documents R1 was at the hospital for surgical repair of the new fracture from 2/21/25 through 3/7/25. On 4/10/25 at 11:52 AM, V1 Administrator, stated the fracture was not reported to the Illinois Department of Public Health because the Nurse Practitioner (V21) examined R1 and since there was no bruising there was not a suspicion of abuse. (C)	S9999		