(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6004352	B. WING		C 01/14/2025	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	, 0.71	
HICKORY	VLG NRSG & RHB		TH ROBERT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Facility Reported In IL183575	cident of 12.25.2024/				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a) 300.1210b) 300.1210c) 300.1210d)6)					
	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 (Nursing and Persor	General Requirements for nal Care				
	care and services to practicable physical well-being of the re- each resident's com- plan. Adequate and	shall provide the necessary of attain or maintain the highest l, mental, and psychological sident, in accordance with apprehensive resident care properly supervised nursing care shall be provided to each				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 01/31/25

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S TH ROBER1	STATE, ZIP CODE			
HICKOR	Y VLG NRSG & RHB		HILLS, IL 6				
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	resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review						
	and be knowledgeable about his or her residents' respective resident care plan.						
	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:						
	6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.						
	These requirements are not met as evidenced by:						
	failed to supervise of identified as a high on staff for bed most the resident on their elevated bed (appropriate one of three (R1) reality This failure resulted	and record review, the facility one resident who was fall risk as well as dependent bility and toileting, by leaving r side unattended on an eximately 3 feet). This affected esidents reviewed for falls. It in R1 having an unwitnessed ed to the hospital, and fracture.					
	Findings include:						
	diagnosis of rheuma disorder, bilateral of leg syndrome, and Interview for Mental	the facility on 12/8/21 with a atoid arthritis, depressive steoarthritis of knees, restless fibromyalgia. R1's Brief I Status score dated 11/20/24 of 14/15 which indicates					

Illinois Department of Public Health

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Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER IL 6004352 IL 6004352 RESULTANCY VLG NRSG & RHB STREET ADDRESTS ROAD HICKORY VLG NRSG & RHB SUMMARY STATEMENT OF DEFICIENCY RESULTANCY OR SC DENTENTING INFORMATION) RESULTANCY OR SC DESCRIPTING INFORMATION) RESULTANCY OR SC DESCRIPTING INFORMATION) S9999 Continued From page 2 ognitively intact. R1's restorative program observation dated 11/20/24 tolleting hygiene documents dependent on staff. Dependent helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Or the assistance of two or more helpers is required for the resident to ordinate the activity. Or the assistance of two or more helpers is required for the resident to ordinate the activity. Or the assistance of two or more helpers is required for the resident to ordinate the activity. Or the assistance of two or more helpers is required for the resident to ordinate the activity. Or the assistance of two or more helpers is required to a subject the activity. Or the assistance of two or more helpers is required to a subject t	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, , ,			TE SURVEY MPLETED	
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cognitively intact. R1's restorative program observation dated 11/20/24: toileting hygiene documents dependent on staff. Dependent helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Mobility roll left and right documents: dependent on staff. Dependent helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. Or the assistance of two or more helpers is required for the resident to complete the activity. R1's fall risk observation dated 11/20/24 documents: high risk for falls. Facility reportable dated 12/27/24 documents: On 12/25/24 R1 had witnessed fall while staff was providing care. Staff was providing incontinence care when resident rolled out of bed. R1 reported pain on 12/27/24, MD notified and orders to send to hospital. Xray positive for pelvic fracture. Under occurrence resolution: Staff was in-service on bed mobility and incontinence care. Staff will provide care to R1 with two staff members. On 1/9/25 at 3-47pm V3 (Certified Nursing Assistant, CNA) said around 7:00pm V3 provided incontinence care to R1. V3 said she raised the bed to waist level (V3 self-reported she was 5 feet 9 inches) and when she turned R1 to her side she observed the linen was wet. V3 said she left R1 on her left side and went to get linen from the dresser. V3 said when she was at the dresser her back was to the resident and then she heard	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE	
R1's hospital record dated 12/27/24 documents:	S9999	cognitively intact. R1's restorative pro 11/20/24: toileting hon staff. Dependen Resident does none activity. Or the assis is required for the reactivity. Mobility roll dependent on staff. the effort. Resident complete the activity more helpers is required for the reactivity and the effort. Resident complete the activity reportable of 12/25/24 R1 had with providing care. Staff care when resident pain on 12/27/24, Not hospital. Xray posticular on 1/9/25 at 3:47 provide care to R1. In the distribution of the staff on her left situation of the staff of the staff on her left situation of the staff of th	agram observation dated bygiene documents dependent thelper does all the effort. The of the effort to complete the stance of two or more helpers esident to complete the left and right documents: Dependent helper does all does none of the effort to by. Or the assistance of two or quired for the resident to by. Agration dated 11/20/24 sk for falls. Agrated 12/27/24 documents: On the the staff was for falls. Agrated 12/27/24 documents: On the seed fall while staff was for falls. Agrated 12/27/24 documents: On the seed fall while staff was for pelvic fracture. Under on: Staff was in-service on continence care. Staff will with two staff members. Agrated Nursing in a continence care. Staff will with two staff members. Agrated Nursing in a continence care. Staff will with two staff members. Agrated Nursing in a continence care. Staff will with two staff members. Agrated Nursing in a continence care. Staff will with two staff members. Agrated Nursing in a continence care. Staff will with two staff members. Agrated Nursing in a continence care. Staff will with two staff members. Agrated Nursing in a continence care. Staff will with two staff members. Agrated Nursing in a continence care. Staff will with two staff members.	S9999				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 01/14/2025		
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	pelvis xray acute fracture noted in the left pubic bone, extending to the left superior pubic ramus.						
	Facility accident management meeting form documents under root cause: Certified Nursing Aide, CNA was providing care in patient's bed. CNA rolled patient on her side and stepped away from the patient and she rolled onto the floor. New interventions: When providing care in bed CNA should always roll patient towards them and not away from them. CNA should position resident in the middle of bed before rolling patient to their side. Witness statement for V3 (CNA) documents: V3 went to provide care to R1. V3 raised the bed to waist level and turned R1 to the window. I stepped away to the dresser to grab a sheet because when V3 turned R1 she saw the bed was wet too. V3 said when she turned back around, she saw that R1 had fell.						
	DON) said staff sho unattended during of	M, V2 (Director of Nursing, buld not leave a resident care. Staff should never turn ent due to safety and fall risk.					
	information provide mobility. Residents bed. When rolling a should pull the resident on their side. Alway when providing bed serviced on incontinute be at the bedside we walk away from a p	ecord sheets documents under d: CNAs in serviced on bed should be in the middle of the resident to their side you dent to you and then roll them is have another CNA with you mobility. CNAs were in hence care. All supplies should when providing care. Never atient when providing care in supplies. Always have another providing care.					
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