STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004352	A. BUILDING: _____ B. WING _____	C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY VLG NRSG & RHB	9246 SOUTH ROBERTS ROAD HICKORY HILLS, IL 60457

(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 Facility Reported Incident of 12.25.2024/ IL183575	S 000		
S9999	Final Observations Statement of Licensure 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 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004352	A. BUILDING: _____ B. WING _____	C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY VLG NRSG & RHB	9246 SOUTH ROBERTS ROAD HICKORY HILLS, IL 60457

(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
S9999	Continued From page 1	S9999		

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:

Based on interview and record review, the facility failed to supervise one resident who was identified as a high fall risk as well as dependent on staff for bed mobility and toileting, by leaving the resident on their side unattended on an elevated bed (approximately 3 feet). This affected one of three (R1) residents reviewed for falls. This failure resulted in R1 having an unwitnessed fall, being transferred to the hospital, and sustaining a pelvis fracture.

Findings include:

R1 was admitted to the facility on 12/8/21 with a diagnosis of rheumatoid arthritis, depressive disorder, bilateral osteoarthritis of knees, restless leg syndrome, and fibromyalgia. R1's Brief Interview for Mental Status score dated 11/20/24 documents a score of 14/15 which indicates

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004352	A. BUILDING: _____ B. WING _____	C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY VLG NRSG & RHB	9246 SOUTH ROBERTS ROAD HICKORY HILLS, IL 60457

(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
S9999	Continued From page 2	S9999		

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.

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 R1 fall from the bed.

R1's hospital record dated 12/27/24 documents:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004352	A. BUILDING: _____ B. WING _____	C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY VLG NRSG & RHB	9246 SOUTH ROBERTS ROAD HICKORY HILLS, IL 60457

(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
S9999	Continued From page 3 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. On 1/10/25 11:10AM, V2 (Director of Nursing, DON) said staff should not leave a resident unattended during care. Staff should never turn their back to a patient due to safety and fall risk. Facility in-service record sheets documents under information provided: CNAs in serviced on bed mobility. Residents should be in the middle of the bed. When rolling a resident to their side you should pull the resident to you and then roll them on their side. Always have another CNA with you when providing bed mobility. CNAs were in serviced on incontinence care. All supplies should be at the bedside when providing care. Never walk away from a patient when providing care in the bed to retrieve supplies. Always have another CNA with you when providing care. (A)	S9999		