

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058412		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/23/2025	
NAME OF PROVIDER OR SUPPLIER RENWICK NURSING AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 3401 HENNEPIN DRIVE , JOLIET, Illinois, 60435			
(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) COMPLETION DATE	
S0000	Initial Comments		S0000				
	Investigation of Facility Reported Incident of 06-11-2025/IL194384						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.610a)						
	300.1210b)						
	300.1210d)6)						
	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.						
	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						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued from page 1 personal care needs of the resident.</p> <p>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:</p> <p>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.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident at high risk for falls received adequate supervision and assistance to prevent accidents. This applies to 1 resident (R2) reviewed for accident hazards in a sample of 3. This failure resulted in R2 who was transferred via the sit to stand with the assist of one sustaining an injury to her left eyebrow from falling forward and hitting her head on the machine</p> <p>Findings include:</p> <p>On 6/18/25 at 11:30 AM, R2 stated, V8 (CNA-Certified Nursing Assistant) was transferring her from chair to bed using a sit to stand machine. As V8 (CNA) was moving R2 on the lift, R2 fell forward and hit her head on the machine. R2's left eyebrow was bleeding as she was on a blood thinner. R2 stated, the CNA did not have anyone to help her during the transfer.</p> <p>On 6/18/25 at 2:30 PM, R2's face-sheet showed, R2 was a 94 y/o (years old) female admitted to facility on 1/10/23 with diagnoses to include cerebral infarction, dementia, depression, hypertensive heart disease and protein-calorie malnutrition. R2's MDS (Minimum Data Set) dated 5/28/25 showed R2's Brief Interview of Mental Status (BIMS) as 12 indicating moderate cognitive impairment. R2's Care Plan dated 5/25/25 does not specify any fall precautions.</p> <p>On 6/18/25 at 2:30 PM, R2's Fall assessment dated</p>	S9999					

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S9999	<p>Continued from page 2 4/29/25 showed R2 was at high risk for falls.</p> <p>On 6/18/25 at 2:30 PM, Progress notes dated 5/25/25 at 4:05 AM showed, the nurse was alerted of the fall and observed resident on the floor laying across the legs of the sit to stand.</p> <p>On 6/18/25 at 12:20 PM, V8 (CNA) stated, she was by herself while transferring R2 on the sit to stand machine. V8 (CNA) stated, facility required two staff for the procedure. V8 (CNA) stated, after she sat R2 on the bed, as she was moving the machine to the side, R2 fell forward onto the floor and hit her forehead.</p> <p>On 6/18/25 at 11:40 AM, V10 (LPN-Licensed Practical Nurse) stated, two persons must be present to transfer a resident on a sit to stand lift machine. If not, there are chances of accidents / injuries.</p> <p>On 6/18/25 at 9:30 AM, V2 (DON-Director of Nursing) stated, on 5/24/25, at around 8:00 PM, V8 (CNA-Certified Nursing Assistant) was transferring R2 by herself using a sit to stand lift machine. After sitting R2 onto the bed, V8 (CNA) removed the straps and as she was moving the machine away, R2 fell forward from the bed onto the floor.</p> <p>On 6/18/25 at 9:30 AM, V2 (DON-Director of Nursing) stated, sit to stand transfer lift must be operated by 2 persons as per facility policy.</p> <p>On 6/18/25 at 3:00 PM, Facility reported incident was reviewed. No concerns.</p> <p>Facility policy on 'lifting machine revised in 08/2008 showed the portable lift must be used by two staff members.</p> <p>(B)</p>			S9999			