

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000464		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2025	
NAME OF PROVIDER OR SUPPLIER Highlight Healthcare of Morrison				STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET , MORRISON, Illinois, 61270			
(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				
	Second Probationary Licensure Survey-Change of Ownership						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	1 of 7						
	300.1210b)2)						
	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 resident to meet the total nursing and personal care needs of the resident.						
	2) All treatments and procedures shall be administered as ordered by the physician.						
	This REQUIREMENT was not met as evidenced by:						
	Based on observation, interview, and record review the facility failed to ensure ordered wound treatment was administered to a resident with wound to 1 of 2 residents (R1) reviewed for wound care in the sample of 15.						
	The findings include:						
	R1's skin assessment dated 6/29/25 shows R1 has a facility acquired open area to right buttocks measuring 2 centimeters (cm) x 3 cm x 0.2 cm.						
	R1's Physician Order Sheet dated 6/29/25 shows an order of Hydrocolloid to right buttocks, change every 3 days and as needed.						
	On 7/14/25 at 12 PM, R1 was sitting in the dining room						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000464		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2025	
NAME OF PROVIDER OR SUPPLIER Highlight Healthcare of Morrison				STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET , MORRISON, Illinois, 61270			
(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
S9999	<p>Continued from page 1 for lunch, R1 kept shifting his weight while in the wheelchair, R1 said he has sore in his bottom that it has been bothering him, "it hurts here," pointing to his right side of his bottom.</p> <p>At 1 PM a skin check was done with R1 by V5 (License Practical Nurse-LPN) R1's open area to right buttocks had no protective dressing in place. V5 (LPN) said she will apply an incontinent ointment since she was not aware of R1's wound treatment to right buttocks.</p> <p>At 1:39 PM, this surveyor and V2 (Director of Nursing) reviewed R1's electronic treatment (ETAR) for the Month of July 2025. R1's wound treatment of Hydrocolloid to right buttocks, change every 3 days and as needed was not administered to R1 for the month of July 2025. The treatment was never carried out to the treatment sheet. V2 said R1 scratches his bottom that causes the open areas, the hydrocolloid could protect the wound. V2 said she will have the Wound doctor assessed R1. All treatments should be administered per order.</p> <p>The facility policy on Assessment of Skin Alteration dated 11/2017 shows, Residents with skin alterations will be assessed and treatment will be provided as ordered by the physician.</p> <p>(B)</p> <p>2 of 7</p> <p>300.1210d) 6)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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 requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to safely transfer a resident via mechanical stand lift for one of two residents (R2) reviewed for safety in the sample of 15.</p>			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000464		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2025	
NAME OF PROVIDER OR SUPPLIER Highlight Healthcare of Morrison				STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET , MORRISON, Illinois, 61270			
(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
S9999	<p>Continued from page 2 The findings include:</p> <p>R2's Admission Record dated July 15, 2025, shows she was admitted to the facility on December 18, 2024, with diagnoses including generalized anxiety disorder, lymphedema, constipation, muscle disorder, difficulty of walking, morbid obesity, adjustment disorder, and lack of coordination.</p> <p>R2's Progress note dated June 17, 2025, shows R2 had a new abrasion to her right lower leg that measured 1.6 cm x 0.6 cm x 0.1 cm. The wound edges were loosely attached. R2 told staff that the wound occurred while she was transferred using the mechanical sit to stand lift to sit on the toilet. The sit to stand lift was going to be checked by the maintenance department.</p> <p>R2's note dated June 19, 2025, shows facility staff and R2 was educated on proper use of the stand lift.</p> <p>On July 14, 2025, at 1:58 PM, R2 had an abrasion to the front of R2's right lower extremity that was larger than a half dollar size. R2 said she got the wound when she was being transferred from the mechanical stand lift.</p> <p>On July 15, 2025, at 2:31 PM, V2 Director of Nursing (DON) said she was not sure which staff were taking care of R2 when the incident occurred. V2 said that R2 said she bumped her leg on the bar of the stand lift during transferring.</p> <p>The facility's Safe Resident Handling/Transfer policy revised on October 2024 shows, "It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines. All residents require safe handling when transferred to prevent or minimize the risk for injury to themselves and the employees that assist them."</p> <p>(B)</p> <p>3 of 7</p> <p>300.1610a)1)</p> <p>Section 300.1610 Medication Policies and Procedures</p> <p>a) Development of Medication Policies</p> <p>1) Every facility shall adopt written policies and</p>			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000464		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2025	
NAME OF PROVIDER OR SUPPLIER Highlight Healthcare of Morrison				STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET , MORRISON, Illinois, 61270			
(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
S9999	<p>Continued from page 3 procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure an ordered pain medication was available for one of 12 residents (R8) reviewed during the medication pass in the sample of 15.</p> <p>The findings include:</p> <p>R8's Order Summary Report dated July 15, 2025, shows an order for tramadol 50 mg (milligrams) every six hours as needed for pain.</p> <p>On July 14, 2025, at 11:31 AM, R8 requested a tramadol for pain from V5 Registered Nurse (RN). V5 said she did not have any tramadol for R8. V5 said she got a new script from the doctor that morning. V5 said that R8 had lower back pain and pain in her knees. V5 administered a naproxen (non-steroidal anti-inflammatory medication) instead.</p> <p>On July 15, 2025, at 2:31 PM, V2 Director of Nursing (DON) said staff should re-order medications when there are five days left to ensure the medication arrives from the pharmacy in a timely manner.</p> <p>R8's Medication Administration Record (MAR) dated June 1, 2025-June 30, 2025, shows that R8 received tramadol multiple times during the month of June for pain rated anywhere from 4-10 out of a ten pain scale. R8's MAR dated July 1, 2025-July 31, 2025, shows she received tramadol multiple times for pain rated anywhere from 4-7 out of a ten pain scale.</p> <p>The facility's Medication Administration Policy revised on November 2024 shows, "Medication are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection."</p> <p>(B)</p> <p>4 of 7</p> <p>300.1610d)</p>			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000464		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2025	
NAME OF PROVIDER OR SUPPLIER Highlight Healthcare of Morrison				STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET , MORRISON, Illinois, 61270			
(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	
S9999	<p>Continued from page 4</p> <p>Section 300.1610 Medication Policies and Procedures</p> <p>d) All medications administered shall be recorded as set forth in Section 300.1810. Medications shall not be recorded as having been administered prior to their actual administration to the resident.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to accurately document a controlled substance as it was given for one of 12 residents (R10) reviewed for medications in the sample of 15.</p> <p>The findings include:</p> <p>R10's Order Summary Report dated July 15, 2025, shows R10 was admitted to the facility on February 19, 2024, with diagnoses including breast cancer, osteoarthritis, cervical fracture, restlessness and agitation, generalized anxiety disorder, and muscle weakness. R10 has an order for tramadol 50 mg two times per day for pain.</p> <p>On July 14, 2025, at 11:50 AM, V5 Registered Nurse (RN) was administering medications to R10. V5 said that she already signed out R10's tramadol narcotic count sheet.</p> <p>R10's Controlled Substances Proof of Use form for tramadol shows that R10's tramadol was signed off as given on July 14, 2025, at 12:30 PM. (Medication was administered at 11:50 and was signed off early administered at 12:30 PM.)</p> <p>On July 15, 2025, at 2:31 PM, V2 Director of Nursing (DON) said staff should sign medications out as they are given.</p> <p>(C)</p> <p>5 of 7</p> <p>300.2090a)</p> <p>Section 300.2090 Food Preparation and Service</p> <p>a) Foods shall be prepared by appropriate methods that will conserve their nutritive value, enhance their flavor and appearance. They shall be prepared according to standardized recipes and a file of such recipes shall be available for the cook's use.</p>		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000464		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2025	
NAME OF PROVIDER OR SUPPLIER Highlight Healthcare of Morrison				STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET , MORRISON, Illinois, 61270			
(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
S9999	<p>Continued from page 5</p> <p>Based on observation, interview and record review the facility failed to follow recipes for the noon meal. This applies to all 38 residents residing in the facility.</p> <p>The findings include:</p> <p>The licensure survey entrance conference checklist dated 7/15/25 shows, there are 38 residents residing in the facility.</p> <p>The facility's week 4 menu for Monday at the noon meal shows, "turkey and rice casserole, tossed green salad/dressing, dinner roll/margarine, fresh baked cookies and beverage."</p> <p>On 7/14/25 at 11:15 AM, V3 Cook was pureeing the mixed vegetables for the noon meal. She stated, she put them in a pan with water and baked them until they were tender. She pureed the vegetables with the liquid/water they were cooked in and nothing else. At 11:37 AM, V3 Cook pureed the dinner roll. She put 5 dinner rolls and hot water in the robot coupe (blender) to puree.</p> <p>On 7/14/25 at the noon meal, V3 Cook served the turkey and rice casserole. The casserole had turkey, rice and a cream substance. The salad was a mixed lettuce salad (iceberg lettuce and purple cabbage) and dressing in a bowl.</p> <p>The facility's recipe for the turkey and rice casserole shows, Ingredients: long grain rice, water, salt, yellow onion, fresh celery, fresh mushrooms, margarine, flour, chicken base, 2% milk, black ground pepper, diced turkey, breadcrumbs and cheddar cheese. The pureed turkey and rice casserole is the same just pureed. There was no celery, onion, mushrooms, pepper, breadcrumbs or cheddar cheese in the casserole.</p> <p>(C)</p> <p>6 of 7</p> <p>300.3240b)</p> <p>300.3240d)</p> <p>300.3240g)</p>			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000464		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2025	
NAME OF PROVIDER OR SUPPLIER Highlight Healthcare of Morrison				STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET , MORRISON, Illinois, 61270			
(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	
S9999	<p>Continued from page 6</p> <p>Section 300.3240 Abuse and Neglect</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the Department and to the facility administrator. (Section 3-610(a) of the Act)</p> <p>that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)</p> <p>d) When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence,</p> <p>g) A facility shall comply with all requirements for reporting abuse and neglect pursuant to the Abused and Neglected Long Term Care Facility Residents Reporting Act.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview, and record review, the facility failed to report an allegation of abuse and failed to investigate an allegation of abuse for two of two residents (R2, R4) reviewed for abuse in the sample of 15.</p> <p>The findings include:</p> <p>On July 14, 2025, at 2:57 PM, V1 Administrator and V2 Director of Nursing said the facility has had no abuse investigations done in the last three months.</p> <p>R2's Admission Record dated July 15, 2025, shows she was admitted to the facility on December 18, 2025, with diagnoses of diabetes mellitus, generalized anxiety disorder, lymphedema, difficulty in walking, morbid obesity, adjustment disorder, and osteoarthritis.</p> <p>On July 14, 2025, at 10:10 AM, during the resident interview, R2 said there is a night certified nursing assistant (CNA) by the name of [V10 CNA] that she does not trust. R2 said R10 is rough with R2 and snaps at R2. "I have no doubt she will hurt me. I told the CNA boss [V11-CNA supervisor] and [V12-Social Services Director]. I think I am going to get hurt before they solve it. I can roll myself, but [V10] is not patient and pushes me over. It hurts my legs. [V10] has taken care of me since I told staff I was scared of her. I cannot protect myself." R2 had dressing in place to both of her lower extremities during this interview.</p>		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000464		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2025	
NAME OF PROVIDER OR SUPPLIER Highlight Healthcare of Morrison				STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET , MORRISON, Illinois, 61270			
(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	
S9999	<p>Continued from page 7</p> <p>On July 14, 2025, at 3:04 PM, V12 Social Services Director said that R4 told V12 that "she had been moved around harder than normal when being changed." V12 said that R4 mentioned V10's name. V12 said she took the report to V11 CNA supervisor and V11 did an in-service with her CNAs. V12 said this was about a month ago. V12 said she has been at the facility for two years. V12 said when she gets an allegation, she brings it to the attention of the head of that department.</p> <p>On July 14, 2025, at 3:10 PM, V11 said she has talked to R2 in the past. V11 said that R2 has stated that she is scared when she is turned in the bed. V11 said that R2 is able to turn herself in her bed. V11 said "I don't believe she told me a particular name of staff. R2 said it was night shift." V11 said R2 "tends to overelaborate stories that aren't realistic." V11 said she "does not believe any resident have reported any issues" in regard to how they are being treated by the staff. When V11 was asked about allegations R4 has made, V11 said, "That could have been a conversation that we have had in the past. [R4] has made false allegations in the past about staff members." V11 said the only allegation she has received from R4 is that someone slammed R4's door. V11 said staff have been recently in serviced in regard to abuse. V11 said she does not recall if V10 has been written up on customer service or abuse. V11 said V10 has never been suspended.</p> <p>On July 14, 2025, at 3:21 PM, V1 Administrator/Abuse Coordinator said she expects staff to report to her any kind of resident complaint or concerns or anything negative so she can determine if it is a grievance. V1 said she would call and suspend the employee and start a reportable and do an investigation as alleged abuse. V1 said if a resident reported that a CNA was rough, she would want that reported to her.</p> <p>On July 15, 2025, at 1:02 PM, R4 said V5 Registered Nurse (RN) has sworn at R4 before. V5 came into her room about 1.5 weeks ago to give R4 her medications. R4 said she did not want to take her medications on an empty stomach and was not feeling well, so R4 refused her medications. R4 said that V5 said, "Jesus Christ [R4] take your medications. It will make you feel better. The next day, [V5] came into my room with my medications again and said here's your damn medications." R4, send she sent an email to V2 DON in regard to this incident, but nothing has happened since. R4 said she has had issues with V10 coming off as being "very rude."</p>		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000464		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2025	
NAME OF PROVIDER OR SUPPLIER Highlight Healthcare of Morrison				STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET , MORRISON, Illinois, 61270			
(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	
S9999	<p>Continued from page 8</p> <p>On July 15, 2025, at 2:43 PM, V2 DON said, "I don't recall getting an email in regard to [V5] from [R4]." V2 said that R4 makes false allegations often.</p> <p>V1 and V2 began a facility investigation on these allegations, after being made aware of by this surveyor.</p> <p>The facility's Abuse, Neglect, and Exploitation Policy revised on November 2024 shows, "It is the policy of this facility to provide protections for the health., welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Reporting of all alleged violation to the administrator, state agency, adult protective services and to all other required agencies within specific timeframes: Immediately, but not later than two hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do no result in serious bodily injury. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or report of abuse, neglect or exploitation occur.</p> <p>(B)</p> <p>7 of 7</p> <p>300.3260e)</p> <p>300.3260h)</p> <p>Section 300.3260 Resident's Funds</p> <p>e) The facility shall provide, in order of priority, each resident, or the resident's guardian, if any, or the resident's representative, if any, or the resident's immediate family member, if any, with a written itemized statement at least quarterly, of all financial transactions involving the resident's funds. (Section 2-201(4) of the Act)</p> <p>h) The facility shall deposit any funds received from a resident in excess of \$100 in an interest bearing account insured by agencies of, or corporations chartered by, the State or federal government. The account shall be in a form which clearly indicates that the facility has only a fiduciary interest in the funds and any interest from the account shall accrue to the resident.</p>		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000464		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2025	
NAME OF PROVIDER OR SUPPLIER Highlight Healthcare of Morrison				STREET ADDRESS, CITY, STATE, ZIP CODE 500 NORTH JACKSON STREET , MORRISON, Illinois, 61270			
(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	
S9999	<p>Continued from page 9</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure residents were provided their financial statements quarterly to 3 of 4 residents (R6, R7 and R9) reviewed for resident's funds in the sample of 15.</p> <p>The findings include:</p> <p>On 7/15/25 this surveyor with V1 (Administrator) and V9 (Business Office Manager) went through residents' funds. V9 said statements should be sent quarterly.</p> <p>Last statement sent was 2/28/25. Any account above \$100 should be in an interest bearing account.</p> <p>R6's account with statement date of 2/28/25 shows R6 has \$3,111.40 in his account. There was no interest accrued per this statement.</p> <p>On 7/15/25 at 2:15 PM, R6 said his Social Security checks go to the facility, he would like to know how much money he has.</p> <p>R6's electronic face sheet shows R6 is his own person.</p> <p>R7's account with statement date of 2/28/25 shows R7 has \$6,790.36 in her account. There was no interest accrued per this statement.</p> <p>On 7/15/25 at 2:12 PM, when asked if she had received her financial statement, R7 said she did not think so.</p> <p>R7's electronic face sheet shows R6 is her own person.</p> <p>R9's account with statement date of 2/28/25 shows R9 has \$9,019.36 in his account. This account was opened last 10/31/24. R9 accrued an interest of 0.20 cents for the month of 11/1/24 to 11/30/24. There were no interest accrued per this statement from the month of December 2024 to 2/21/25. (approximately 2 months)</p> <p>On 7/15/25 at 2PM, V9 (Business office Manager) said she will be sending statements today (it was not sent last May 2025 which was due). V9 said she was not aware how often interest accrues, "it was done by corporate."</p> <p>V1 (Administrator) said interest should accrue monthly. V1 said she just started 2 weeks ago, residents' funds are one of the things in her lists to check and organize.</p> <p>(C)</p>		S9999				