STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0027664	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTHSTONE MANOR	920 N SEMINARY AVE , WOODSTOCK, Illinois, 60098

(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 Investigation of Facility Reported Incident of July 28, 2025/ 2573607	S0000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 d)6) 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 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 observation, interview, and record review, the facility failed to ensure a resident was safely transferred using a full body mechanical sling lift to prevent injury for 1 of 10 resident (R1) reviewed for full body mechanical sling transfers in the sample of	S9999		

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

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S9999	Continued from page 1 10. This failure resulted in R1 sustaining an upper extremity fracture and a lower extremity fracture. On 07/29/2025, R1 was not in the facility at the time of the survey. R1's Progress Notes, dated 07/28/2025 at 7:00AM, shows, "Incident Note, Late Entry: Note Text: Nurse was informed to go to the resident room. Nurse went to resident room. Nurse observed resident lying on floor. Note resident was in pain, note laceration to left interior arm. Ambulance was called prior to nurse arriving to resident room. Ambulance arrived in room at same time as paramedics. This occurred while transfer was being done by 2 hospice staff using a mechanical sling lift." R1's Right Shoulder Xray, dated 07/28/2025 at 9:33AM, shows, right humeral neck fracture, there may be greater tuberosity extension. R1's Right Hip with Pelvis Xray, dated 07/28/2025 at 9:32AM, shows, mildly comminuted right femur intertrochanteric fracture noted. R1's Orthopedic Surgery Consult, dated 07/28/2025 at 11:52AM, shows, "patient...presented to the emergency department after a fall at the facility where she lives. She is being transferred via mechanical sling lift when the straps on the lift broke and she fell to the ground onto her right side. Right upper extremity: Patient only able to move deeply through flexion and abduction of the shoulder to approximately 30 percent with severe pain in the shoulder. Right Lower Extremity: The right lower extremity is shortened and externally rotated. Patient denies tenderness to palpation about the right knee. Strength and hip range of motion exam is limited due to pain and patient deconditioning. Passive flexion of the hip causes severe pain in the groin. Plan: Plan for Operating Room tomorrow for right hip intramedullary nail for right hip intertrochanteric fracture. For right proximal humerus fracture we will be pursuing nonoperative management. Sling placed for patient to be worn at all times, except for dressing and hygiene. The patient will need medical/cardiac workup for clearance prior to surgery."	S9999		

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S9999	Continued from page 2 On 07/29/2025 at 10:49AM, V5, Hospice CNA (Certified Nursing Assistant) said, "We placed the sling under (R1). As (V6, CNA) and I were guiding her to the reclining wheelchair, the sling snapped on the right lower side." On 07/29/2025 at 10:52AM, V6, Hospice CNA, said, "The sling broke as we were heading from the bed to the chair. It was quick. (R1) went out of the sling sideways to the right and then fell onto the floor. (R1's) left arm was hung up in the sling. The left arm did not bleed at first; it was bruised. As EMS (Emergency Medical Services) moved her around, (R1's) arm began to bleed. I think she had a skin tear. The sling gouged at the skin between (R1's) shoulder and elbow. (R1) landed on her right arm and right hip. (R1) did not lose consciousness. (R1) complained of pain to her arm immediately. When the EMS moved her, she began to complain of hip pain. At first, she seemed stunned and then stated, 'Oh, my arm, my arm hurts.'" On 07/29/2025 at 1:45PM, V8, Nurse Practitioner, said, "(R1) is oriented to person, and sometimes person and place. (R1) is depended on staff for all transfers. I was told (R1) was being transferred with a full body mechanical sling lift and the strap ripped. (R1) sustained a humeral fracture and right femur fracture. She is still in the hospital." On 07/29/2025 at 1:58AM, V2, DON-Director of Nursing, as she demonstrated on a new sling, said, "The looped webbing that attaches the corner of the sling to the mechanical lift broke. It broke all the way across the base of the strap, 2-3 inches from the stitching. (R1's) broken sling was thrown away after the incident." On 07/29/2025 V3, CNA, V4, CNA, V5, Hospice CNA, and V6, Hospice CNA, agreed assessing the integrity of the sling, the looped webbing, and the stitching is performed prior to transferring a resident. (A)	S9999		