

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 10/28/2025	
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 Complaint Investigation: 25710244/2648739		S0000			11/17/2025	
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 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 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:		S9999			11/17/2025	

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	Continued from page 1 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 Regulations are not met as evidenced by: Based on interview and record review, the facility failed to safely assist a resident with bed mobility. This failure resulted in R1 falling from bed and sustaining a right shoulder dislocation, closed head injury, and a facial laceration. This applies to 1 of 3 residents (R1) reviewed for accidents. The findings include: The facility's 10/20/25 Initial Report to IDPH (Illinois Department of Public Health) showed "On 10/19/25 at approximately 1930 (7:30 PM) [R1] was observed to have a witnessed fall in her room. Nurse on duty was notified and immediately assessed [R1]. [R1] noted with laceration to right temporal area, first aid rendered, and bleeding controlled. Resident was sent to [Emergency Room] for evaluation. Hospital assessment revealed anterior dislocation of right shoulder. R1 also received sutures to facial laceration. R1 remains out of the facility at this time..." On 10/23/25 at 3:15 PM, V7 (CNA/Certified Nursing Assistant) stated she was the CNA taking care of R1 when R1 fell on 10/19/25. V7 stated R1 was lying on a low air loss mattress. V7 stated she was assisting R1 with incontinence care in the bed and she turned R1 on R1's left side away from her. V7 stated R1 was positioned in the middle of the bed initially, then she pulled the flat sheet under R1 towards her and turned R1 away from her a little more. V7 stated she was standing on the right side of the bed with R1's backside facing her. V7 stated she had one hand on R1's waist and her other hand was wiping R1's buttocks. V7 stated she heard R1 say "I'm falling!" and the top half of R1's body began rolling off the bed. V7 stated R1's legs did not move because R1 was paralyzed, and her legs were dead weight. V7 stated she was not sure if R1 moved a certain way, and it made R1 slide off the air mattress. V7 stated she was the only person assisting R1. V7 stated she had never adjusted the settings or controls on the low air loss mattress. R1's 9/3/25 "Physical Therapy-PT Evaluation & Plan of		S9999				

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S9999	Continued from page 2 Treatment" showed that in R1's Functional Mobility Assessment, R1 was dependent with rolling from left to right. The "Musculoskeletal System Assessment" in R1's Evaluation showed the range of motion in R1's right and left hips, knees, and ankles are impaired, and her leg strength is 0/5. R1's 9/24/25 MDS (Minimum Data Set) showed she required "Substantial/maximal assist" for the ability to roll from lying on her back to the left and right sides. (Substantial/maximal assist was defined as "Helper does MORE THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs and provides more than half the effort.") On 10/24/25 at 10:00 AM, V1 (Administrator) stated R1 was on a low air loss mattress when R1 fell. V1 stated the mattress was a Med-Aire Assure low air loss mattress. The Med-Aire Assure 5" Air + 3" Foam Base Alternating Pressure and Low Air Loss Mattress System user manual showed "Note: In static mode, the mattress provides a firm surface that makes it easier for the patient to transfer or reposition. The static mode prevents the patient from bottoming out when in a sitting position." On 10/28/25 at 1:28 PM, V14 (Representative/Mattress Manufacturing Company) stated the "static" mode means the low air loss mattress is totally firm without the pressure alternating. V14 described "bottoming out" as when the patient's buttocks hit the bottom of the bed, and the bed is not supported. V14 stated in static mode, the bed is flat, firm, and doesn't move. V14 stated static mode should be on when transferring or repositioning the patient. On 10/24/25 at 11:28 AM, V8 (LPN/Wound Care Nurse) stated she and maintenance installed the low air loss mattress on R1's bed. V8 stated she set the settings according to R1's weight. V8 stated the only time the mattress settings are adjusted would be if a resident had a weight increase or decrease. V8 stated the low air loss mattress settings should not be touched because it may go flat. V8 stated she had never put the low air loss mattress on static mode. On 10/23/25 at 2:56 PM, V6 (MDS/Minimum Data Set Coordinator) stated on 09/24/25 a Significant Change MDS was completed because R1 went on hospice on 09/11/25. On 10/23/25 at 1:46 PM, V4 (LPN/Licensed Practical Nurse/Restorative Nurse) stated on 09/24/25, she completed a fall risk assessment for R1 and R1 scored high risk for falls. V4 stated R1 had no bed bolsters, fall mats, or halo/repositioning bars on the		S9999				

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S9999	Continued from page 3 bed. V4 stated the settings on the low air loss mattress go by the guide and the weight of the patient and settings are not adjusted when residents are repositioned. V4 stated she was not aware that PT (Physical Therapy) scored R1 as dependent with rolling left to right in bed on 09/03/25. V4 stated the facility did not have a specific policy for bed mobility and that staff learn about bed mobility in school. R1's 9/24/25 Fall Risk Observation showed R1 was a high risk for falls with a score of 13. R1's ADL (Activities of Daily Living) care plan showed it was initiated 10/23/25, during the survey. The "Focus" showed R1 "has an ADL self-care performance deficit Needs and participation may vary [related to] weakness, impaired mobility." Five interventions are listed, all of which are also dated 10/23/25. The first intervention showed "ADL Care: the resident MAY NEED ASSISTANCE x(times)1 or x2 for ADL care. This may fluctuate with weakness, fatigue, and weight bearing status." Aside from outlining R1's transfer status as also fluctuating between "limited to extensive" assist needed, and then use of "one to two" staff members for that assistance, no other specific ADL guidance is provided for R1 in the care plan, including any for bed mobility. R1's also has two Fall care plans and a stage 4 pressure ulcer care plan (also initiated 10/23/25 during the survey), and none of them include the use of an alternating pressure/lo air loss mattress. R1's Emergency Department report dated 10/20/25 showed "You were seen today for: fall, closed head injury, anterior dislocation of right shoulder, and facial laceration," and hospital Physician's Orders showed "Patient should be transferred to hospice inpatient unit for symptom management related to right anterior shoulder dislocation." On 10/28/25 at 11:29 AM, V13 (Nurse Practitioner) stated R1's dislocated right shoulder and right temporal area laceration were caused by the fall on 10/19/25. V13 stated a resident dependent with bed mobility should have two staff members assisting with bed mobility. The facility's Restorative Nursing Program Policy dated 12/2021 listed bed mobility as a program, it does not provide guidance to staff how to safely turn a resident in bed. The policy showed "Nursing assistants/aides must be trained in the techniques that promote resident involvement in the activity." (A)		S9999				