Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6009542 B. WING 01/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD VALLEY HINURSING HOME WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Incident of 12/7/22/IL154807 S9999 **Final Observations** S9999 Statement of Licensure Violations 300.610a) 300.1210b)4)5) 300.1210c) 300.1210d)6) Section 300.610 Resident Care Policies 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 The facility shall provide the necessary care and services to attain or maintain the highest Attachment A practicable physical, mental, and psychological Statement of Licensure Violations well-being of the resident, in accordance with

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	(X3) DATE SURVEY	
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ş.	each resident's complan. Adequate and care and personal cresident to meet the care needs of the re	prehensive resident care properly supervised nursing care shall be provided to each total nursing and personal esident. Restorative ude, at a minimum, the	-	# # # # # # # # # # # # # # # # # # #	# E		
39 89 80	encourage resident in activities of daily circumstances of the demonstrate that distributes includes the redress, and groom; the eat; and use speech functional community who is unable to call shall receive the series in activities of the series of the se	personnel shall assist and a so that a resident's abilities living do not diminish unless e individual's clinical condition minution was unavoidable. sident's abilities to bathe, ransfer and ambulate; toilet; n, language, or other cation systems. A resident rry out activities of daily living rvices necessary to maintain ming, and personal hygiene.	8				
54 15 15 15 16 17	encourage residents transfer activities as effort to help them re practicable level of to c) Each direct of	care-giving staff shall review ble about his or her residents'	***				
22	d) Pursuant to nursing care shall in following and shall b seven-day-a-week b	subsection (a), general clude, at a minimum, the practiced on a 24-hour,				# 0 3 # # # #	

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said the CNA was alone. R1 said normally there

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since the incident happened, R1 was scared to

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Adocument under facility investigation by V2

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