

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/18/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HEARTHSTONE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 920 N SEMINARY AVE WOODSTOCK, IL 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) COMPLETE DATE
S 000	Initial Comments Investigation of Facility Report to the incident of 4/25/23/ IL159986	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.690b)c) Section 300.690 - Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This requirement was not met as evidenced by: Based on interview and record review the facility failed to report to the state agency an incident that resulted in an injury to 1 of 3 residents (R1)	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/18/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HEARTHSTONE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 920 N SEMINARY AVE WOODSTOCK, IL 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) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>reviewed for accidents and incidents in the sample of 3.</p> <p>The findings include:</p> <p>R1's progress notes dated 4/25/23 timed at 8:58 AM show, "called by floor nurse to assess laceration to left hand between thumb and index finger. Noted laceration measuring approximately 5.0 centimeters (cm) x 1.0cm x 1.0 cm" 10:32 AM-"received call from ER. R1's skin was skin glued with wrist splint applied, per ER, keep splint on until glue slough off approximately 1 week."</p> <p>R1's hospital record dated 4/25/23 show "reason for visit: hand laceration. A laceration is a cut through the skin. You have a laceration that has been closed with skin glue. Follow up with healthcare provided as advised."</p> <p>The Facility Reported Incident (FRI) sent to the state agency on 4/27/23 initial (with incident date of 4/25/23) and 5/3/27 as final- show, "Nurse was notified by CNA about a skin tear to resident's left hand. Assessed and determined to send to ER for eval."</p> <p>On 5/18/23 at 10:42 AM, (V2) Director of Nursing (DON) said he was the one who sent the reportable incident regarding R1. V2 (DON) said the incident happened last 4/25/23 in the morning. V2 said he did not send the report until 4/27/23, 2 days late. (After 48 hours of the incident). V2 said all incident that has injury should be reported to the state agency within 24 hours.</p> <p>The facility policy entitled Serious Incidents and Accidents dated 7/2019 show Policy: To report</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2023
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 920 N SEMINARY AVE WOODSTOCK, IL 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) COMPLETE DATE
S9999	Continued From page 2 serious incident and accident to IDPH according to state/federal regulation. Charge Nurse will notify the nursing supervisor who will then notify by fax or phone the Regional Office within 24 hours after each reportable accident. (C)	S9999		