Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016687	A. BUILDING: ______ B. WING ______	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY POINT CHRISTIAN VILLAGE	**565 WEST MARION AVENUE FORSYTH, IL 62535**

(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 Facility Reported Incident of March 6, 2024 IL170897	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1010 h) 300.1210 b) 300.1210 d)3) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016687	A. BUILDING: ____ B. WING ____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY POINT CHRISTIAN VILLAGE	565 WEST MARION AVENUE FORSYTH, IL 62535

(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 1	S9999		

of notification.

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:
3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

These requirements are not met as evidenced by:

Based on interview and record review, the facility failed to notify the physician of a significant change in condition and failed to provide supervision following a significant change in condition for one resident (R1) of five residents reviewed for falls and condition change in a sample list of five residents. These failures resulted in R1 falling face first out of bed and sustaining a hematoma to the forehead.

Findings Include:

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016687	A. BUILDING: ____ B. WING ____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY POINT CHRISTIAN VILLAGE	**565 WEST MARION AVENUE FORSYTH, IL 62535**

(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	S9999		

R1's Care Plan, revised 2/29/24, includes the following diagnoses: Hemiplegia/Hemiparesis following Cerebral Vascular Accident Nondominant Side, Hypertension, Status Post Coronary Artery Bypass and Graft, Tricuspid Valve Replacement, Hypertrophic Cardiomyopathy. Chronic Obstructive Pulmonary Disease, Aortic Stenosis, Implanted Pacemaker, and Chronic Anticoagulation.

R1's MDS (Minimum Data Set), dated 2/25/24, documents R1 is moderately cognitively impaired.

R1's Functional Assessment, dated 2/14/24, documents R1 requires partial to moderate assistance to rise from sit to stand. R1's sit to stand assessment is scored at three which the document defines as "Helper does less than half the effort."

R1's progress note, dated 03/06/2024 at 1:57PM, documents, "(R1) returned from hair appointment and lunch with (family member)."

R1's progress note, dated 03/06/2024 at 2:40PM, documents, "(R1) is vomiting large amount of undigested food. Pizza with olives and tomatoes. Zofran given." No vital signs are documented at this time.

R1's progress note, dated 03/06/2024 at 5:01PM, documents, "vital signs taken. Temperature 97.9. Pulse 76, Respiration 20, Blood Pressure 152/82, Oxygen 94% 4/Liters by Nasal Cannula. Bowel Sounds very active all four quadrants."

R1's progress note, dated 03/06/2024 at 5:06PM, documents, "(V7) Doctor notified of the vomiting. Ordered clear liquids for 24 hours. Will be out to see (R1) tomorrow around 1:00PM."

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016687	A. BUILDING: ______ B. WING ______	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY POINT CHRISTIAN VILLAGE	565 WEST MARION AVENUE FORSYTH, IL 62535

(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 3	S9999		

R1's progress note, dated 03/06/2024 at 5:39PM, documents, "CNA found (R1) with head on floor on the right side of bed, legs and lower trunk on bed. Bed was in low position. Assessment indicated that (R1) needs to be evaluated in ER. (Emergency Room) Daughter notified of fall and that (R1) was being transferred to ER for further evaluation."

R1's Blood Pressure flow sheet documents on 3/6/24 at 5:19PM, R1's blood pressure was 120/64, and at 5:30PM R1's blood pressure was 180/107.

The facility's Incident Log, dated 3/6/24 at 5:30PM, documents, "upon further assessment (R1) was noted with a hematoma on her left temple, measuring a total circumference of 7.6 Centimeters, a length at 3.3 Centimeters, and a width at 3.3 Centimeters. Additionally, upon checking (R1's) neurological signs (V4, Registered Nurse RN) observed (R1's) left pupil to be enlarged and (R1's) the right pupil to be at pinpoint."

R1's Emergency Room report, dated 3/6/24 at 7:04PM, documents ,"intracranial hemorrhage resulting in loss of consciousness."

On 3/18/24 at 2:06PM, V4, (RN, Registered Nurse) stated, "(R1) was out with her (Family member) on 3/6/24 until shortly before 2:00PM. (R1) had her hair done and went out for pizza. At 2:40PM (R1) vomited. It looked like pizza. I gave (R1) Zofran. (R1) usually can use the call light and is able to stand with gait belt and one CNA. They use her walker or wheelchair if (R1) is tired. That day (R1) was weak and it took (V5,CNA, Certified Nurse's Aide), (V6,CNA,Certified Nurse's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016687	A. BUILDING: ______ B. WING ______	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY POINT CHRISTIAN VILLAGE	565 WEST MARION AVENUE FORSYTH, IL 62535

(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 4	S9999		

Aide) and I to get (R1) to bed. (R1) wasn't really picking up (R1's) arms and wasn't talking. I think (R1's) blood Pressure and Pulse were elevated, but (R1) had been vomiting. I then finished my Medication pass and checked on other residents. The CNAs told me later (R1) had vomited again at around 4:15PM. I called the doctor (V7) a little after 5:00PM and (V7) said to put (R1) on clear liquids and (V7) would see (R1) tomorrow around 1:00PM. The next I knew (5:39PM per Progress Note) I was called to (R1's) room by CNAs. (R1) was lying on the floor face down with (R1's) legs and hips on the bed which was in the lowest position. (R1) had a bed alarm, but because (R1) was partially in the bed. The alarm did not sound. (R1) had a large hematoma on (R1's) face near the left eye. (R1) had one constricted pupil and one dilated pupil and wasn't responding. We then called EMS (Emergency medical Services) and sent (R1) out to the hospital."

On 3/18/24 at 2:47PM, V5, CNA, stated, "Around 5:30PM (3/6/24) I was helping a resident across from (R1's) room and I heard (R1) yell out 'help help'. I called the nurse and the other CNA and went in to see what was going on. I found (R1) with (R1's) face and shoulders on the floor and (R1's) feet and legs still in the bed. (V4) the nurse and (V6) the other CNA came in soon. We got (R1) back up in the bed. (R1) really wasn't answering then and was not able to move at all. I didn't notice the big swollen area around (R1's) eye until (V4) pointed it out. (V4) then called the ambulance and (R1) went out. Before that I helped (V6) get (R1) cleaned up after (R1) vomited. It took three of us to put (R1) to bed. It usually only took one of us with a gait belt or walker to transfer (R1). (R1) was weak and couldn't even lift up (R1's) arms. That was a big change."

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016687	A. BUILDING: ___ B. WING ___	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY POINT CHRISTIAN VILLAGE	**565 WEST MARION AVENUE FORSYTH, IL 62535**

(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 5	S9999		

On 3/18/24 at 2:52PM, V6, CNA, stated, "The evening (R1) went to the hospital (R1) started vomiting at somewhere around 2:30PM. I called (V4) the nurse. (R1) wasn't herself. I was assigned to (R1). I can usually transfer (R1) with a gait belt and a walker or wheelchair by myself, but (R1) seemed like (R1) couldn't lift up her arms. The nurse gave (R1) some nausea medicine, but (R1) continued to vomit. I am sure (R1) vomited at least four times. Then around 5:30PM (V5) CNA called out and (R1) was on the floor with her face down but her legs were still in bed. (R1) had a big goose egg on her forehead. The nurse came and sent (R1) to the hospital by ambulance."

On 3/18/24 at 2:00PM, V2, Director of Nursing, stated, "I was in the building when (R1) fell and went out to the hospital (3/6/24). I went to the room after (R1) fell. (R1) had a large edematous hematoma above the left eye, but (R1) also had petechia across her cheeks. I wonder if she may have vomited again and leaned out to vomit and went to the floor."

On 3/19/24 at 4:25PM, V7, R1's Primary Care Physician, stated, "(R1) did have an intracranial bleed into the fourth ventricle of the brain. I think it could have been a spontaneous bleed given the fact (R1) was chronically anticoagulated following a heart valve replacement and had been vomiting. However, there might be a slight possibility the bleed resulted from the fall. All I was told when the nurse originally called me was (R1) was vomiting. With that information, I told the nurse to put (R1) on clear liquids and I would come to see (R1) the following day. Had I been told (R1) wasn't lifting her arms and had gone from a one person transfer that morning to a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016687	A. BUILDING: ______ B. WING ______	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY POINT CHRISTIAN VILLAGE	**565 WEST MARION AVENUE FORSYTH, IL 62535**

(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 6	S9999		

three person transfer and wasn't talking, I certainly would have had (R1) transported to the hospital at that time. I think from 1:40PM until 5:39PM is an unacceptable delay in treatment. I really don't think the delay probably affected the outcome given (R1's) overall condition, but (R1) should have been seen earlier. I do believe that the fall and the hematoma were caused by (R1's) sudden decline in condition."

The facility's policy Change in Condition, revised 12/7/11, states, "It is the policy of (the facility) that a licensed staff member will notify the attending physician and responsible party of change in the residents condition. 1. The physician/responsible party will be notified when: a. the change is sudden in onset, or b. Represents a marked change in relation to usual signs and symptoms, or c. The signs and symptoms are unrelieved by measures already prescribed."

(B)