

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2026
NAME OF PROVIDER OR SUPPLIER  Heather Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  15600 South Honore Street Harvey, IL 60426	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide assistance at least every two hours for four residents (R10, R98, R115, and R145) dependent or require maximum assistance of staff for incontinence care out of four residents reviewed for ADLs (Activities of Daily Living) in a sample of 50. Findings include: On 3/3/26 at 10:18 AM, R115 was observed ambulating in the halls. R115's sweatpants was observed to be wet in the buttocks, groin, and upper thighs. R115's MDS (Minimum Data Set), dated 12/8/25, notes R115 is dependent on staff for toileting. R115's BIMS (Brief Interview of Mental Status) score is 5 out of 15, severe cognitive impairment. On 3/5/26 continuous observations were made from 10:10 AM until 1:57 PM on the third unit for R10, R98, R115, and R145. R10 was observed sitting in reclining chair in the resident common area. R98 was observed sitting in wheelchair in dining room. R145 was observed sitting in wheelchair in the dining room. On 3/5/26 during continuous observations, R115 was observed ambulating in halls or sitting in resident common area. During this time, R115 was not checked by staff for incontinence care. On 3/5/2026 at 1:47 PM R145 was wheeled to the hallway by V10 (Activity Director). On 3/5/2025 at 1:54 PM, V11 (Certified Nursing Assistant/CNA) walked past R145 and V10 and stated Are you still waiting for me because I am not rushing and laughed as she reentered room XXX. On 3/5/2026 at 1:57 PM, V11 wheeled R145 into her room. V11 stood in front of R145 and lifted her from the wheelchair to the bed. V11 asked R145 to pee in the diaper before she took it off. V11 removed R145's pants which V11 stated were dry on the buttocks. Surveyor palpated the pants and confirmed that they were not wet. V11 then removed the diaper and described it as heavily wet from urine. V11 stated that R145 urinates a lot so her diaper is usually wet. An approximately 1 inch linear indentation of the skin was noted vertically along the proximal left leg. V11 was asked to describe the mark and stated I don't know how to describe it. It looks like a mark from sitting in the wheelchair. R145's MDS, dated [DATE], notes R145 is dependent on staff for toileting. R145's BIMS score is 2 out of 15, severe cognitive impairment. On 3/5/26 at 2:25 PM, R98 was transported to R98's room for incontinence care. R98 was transferred to bed via a mechanical lift device and two staff members. R98 was observed not assisting with care; two staff members were needed to provide care. R98's brief was saturated with urine. R98's MDS, dated [DATE], notes R98 requires maximum assistance of staff for toileting. R98's BIMS score is 7 out of 15, moderate cognitive impairment. On 3/5/26 at 2:40 PM, R10 was transported to R10's room for incontinence care. R10 was transferred to bed using a mechanical lift device and two staff members. R10's chair had a small puddle of urine and a deep indentation on the seat cushion. R10's sling and clothing were observed to be saturated with urine and dripping urine onto R10's bed during the transfer. Two staff members were needed to provide care. R10's MDS, dated [DATE], notes R10 is dependent on staff for toileting. On 3/5/26 at 5:10 PM, V2 (Director of Nursing) stated that staff should be checking and changing residents every two hours and as needed.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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