

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Highlight Hlthcr of Woodstock		STREET ADDRESS, CITY, STATE, ZIP CODE 309 McHenry Avenue Woodstock, IL 60098	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34117</p> <p>Based on observation, interview and record review the facility failed to provide an ankle brace and hand splint for residents with limited range of motion. This applies to 2 of 3 residents (R1, R6) reviewed for splints/devices in the sample of 7.</p> <p>The findings include:</p> <p>1. R1's face sheet shows she is a [AGE] year-old female with diagnoses including hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting the right dominant side, fibromyalgia, history of falls, muscle weakness, other specified disorders of muscle, torus fracture of lower end of right fibula.</p> <p>On 9/9/24 at 9:42 AM, R1 was observed in her room sitting in her electric wheelchair. Her right foot was positioned outward towards the right on the wheelchair's foot board. R1 said she is supposed to have an ankle brace months ago. R1 said, V2 (Assistant Administrator) said he ordered the brace, and it was coming for several weeks. First, he said it was sent to the wrong facility and the previous maintenance staff was going to pick it up. When the maintenance staff returned to the facility, she asked where the brace was and he said, 'what brace?' V2 has been lying about the brace. R7 (R1's roommate/husband) said he has asked V2 about his wife's brace and V2 said it's coming, he has waited outside of V2's office to talk to him, but V2 said is too busy to talk.</p> <p>On 9/9/24 at 11:19 AM, V4 (Director of Rehab) said therapy assesses the need for orthotic device or splint. V4 said, We notify [V2] of the type of device needed for the resident and the facility purchases it. [R1] was in therapy we recommend an ankle brace for walking; she has foot drop, and the brace will assist with stability and alignment of the extremity. When [R1] receives the ankle brace we can pick her back up in therapy for ambulation. She knows [R1] has been waiting for the brace for a while. [R1] was discharged from therapy in March 2024. [R1] has asked me about the brace, and she followed up with [V2] and he knows about [R1's] brace recommendation. If [R1] does not have the ankle brace she cannot walk.</p> <p>On 9/9/24 at 11:44 AM, V7 (Certified Nursing Assistant-CNA) said R1 is alert and oriented, she used to walk with therapy and does not have a brace for her leg.</p> <p>(continued on next page)</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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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/9/24 at 12:42 PM, V2 (Assistant Administrator) said therapy notifies V2 if residents need any splints/devices. V2 said, I don't remember getting a recommendation for (R1). We always follow the orders and recommendations made. V2 said he had no knowledge about R1's brace.</p> <p>R1's therapy note dated 3/4/24 documents right ankle brace for improve ankle stability during ambulation.</p> <p>R1's current care plan dated through January 2024 shows she is alert and oriented, has hemiplegia/hemiparesis related to stroke affecting right side with interventions for PT/OT evaluate and treat as ordered. R1's care plan does not include the use of the right ankle brace.</p> <p>2. R6's face sheet shows he is a [AGE] year-old male with diagnoses including nontraumatic acute subdural hemorrhage, dysphagia following cerebral infarction, encounter for gastrostomy, repeated falls and cardiomegaly.</p> <p>On 9/9/24 at 11:43 AM, R6 was observed in the hallway next to the nurse's station in a reclining chair. His right hand was closed resting on his stomach. R6 was not able to answer questions.</p> <p>On 9/9/24 at 11:19 AM, V4 said R6 is newer resident who sustained stroke. V4 said she has made the recommendation for right resting hand splint and notified V2 about the splint. V4 is still waiting for R6's resting hand brace. R6 was discharged from therapy until the brace is received. Braces/Splints help prevent the further decline of contractures/mobility. V4 notified V2 about the R6's brace on 8/22/24 (18 days ago).</p> <p>On 9/9/24 at 12:42 PM, V2 said he is aware of R6's hand splint and does not have the splint as of today. R6's Occupational Therapy note dated 8/22/24 documents recommendation for right hand splint, V2 and V3 (Director of Nursing) made aware.</p> <p>R6's Occupational Therapy note dated 8/27/24 documents awaiting resting hand splint, V2 made aware to order splint.</p> <p>The facility did not provide a policy for splints/orthotic devices.</p>