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| 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 10/11/2024 |
| 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) |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39537</p> <p>Based on interview and record review the facility failed to ensure appropriate supervision was in place for a resident on pass to the community for 1 of 3 residents (R1) reviewed for safety and supervision in the sample of 16.</p> <p>The findings include:</p> <p>On 10/10/24 at 11:11 AM, R1 said R2 drove her to a local store to go shopping for gym shoes. R1 said on the way back from the store, R2 pulled into a local forest preserve and exposed his penis to her and propositioned her. R1 said R2 gave her a ride a couple times. R1 said the facility knew that she was going shopping with R2.</p> <p>On 10/10/24 at 12:36 PM, R2 said he had a car at the facility and he went out on pass a few times a week. R2 said he had driven R1 around a couple of times. R2 said he took R1 to the store and they did stop at the forest preserve, but he didn't expose himself. R2 said he stopped there to use the bathroom. R2 said the facility knew he took R1 shopping. R2 said R1 started blowing up his phone and hounding him for rides and he didn't want to. R2 said R1 got mad when he stopped taking her calls and told her no.</p> <p>R1's Facesheet dated 10/11/24 showed she was admitted to the facility on [DATE] with diagnoses to include, but not limited to: metabolic encephalopathy, COPD (chronic obstructive pulmonary disease), vitamin B12 deficiency, unspecified mood disorder, cocaine use, cervical disc disorder after a motor vehicle accident, arthritis, seizures, and weakness.</p> <p>R1's Physician Order Sheet did not contain an order that R1 could leave the facility unsupervised.</p> <p>R1's facility assessment dated [DATE] showed she was cognitively intact; required substantial to maximal assistance for transfers; and had not attempted care transfers due to medical condition and safety concerns.</p> <p>R1's Care Plan did not address her if R1 was able to leave the facility unsupervised.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>R1's Progress Note did not show that the facility had performed an assessment to determine if R1 was safe to leave the facility unsupervised. R1's Progress Note dated 9/26/24 showed, Resident out on pass with another resident to Walmart. Resident has a 4 hour pass. Administration is aware that the resident is out. R1's Progress note dated 10/1/24 showed that R1 reported to V3 (Social Service Director) that R1 went to a local store with R2 and she reported he took her to a lake. This note showed that R2 said he was pulling over to pee and revealed his private parts to R1.</p> <p>R1's Community Survival Skills assessment dated [DATE] showed, Therapy and nursing staff will need to evaluate to determine if [R1] is safe going OOP (out on pass) unsupervised. (There is no evidence in the EMR (Electronic Medical Record) that such an assessment was completed.)</p> <p>R1's Sign In/Out Sheet showed she left the facility at 1:25 PM on 9/26/24 to go shopping and R2 was her escort.</p> <p>On 10/10/24 at 1:28 PM, V3 (Social Services Director) said she had transitioned to the position three months ago. V3 said she knew that R2 had a care and left the facility. V3 said she was not aware that R2 drove R1 to the store, prior to them going shopping. V3 said she heard about R2 driving R1 to the store after the fact. V3 stated, I advised [R2] not to give [R1] rides after I found out. V3 said the therapy department and nurses do an assessment to determine if a resident can go out on pass unsupervised. V3 said the assessment should be in the EMR. V3 said when the residents want to leave the facility, then they let the nurse know. V3 said she wasn't sure if R2 should be driving R1 around in his car. V3 stated, The staff can't give residents rides due to liability issues. I would think the same would go for residents driving other residents. I didn't want [R2] to be in that position. V3 said she didn't know if R2 had a valid driver's license or car insurance.</p> <p>On 10/11/24 at 8:51 AM, V10 (Receptionist) said the residents are required to sign in and out in the binders at the front desk. V10 said he had left the facility for a few months and had only been back about two weeks ago. V10 said if the managers doesn't report that a resident can't go out, then the resident is allowed to leave the facility. V10 said the nurses should tell him if the resident's need to be supervised. V10 said there is not a list of which residents can leave the facility unsupervised. V10 said he was not aware of R1 and R2 leaving together. V10 said they should be driving around together.</p> <p>On 10/11/24 at 10:24 AM, V4 (Director of Therapy) said the therapy department does not assess a resident's ability to drive a car. V4 said they do a more functional assessment to ensure they can safely transfer in and out of the care and walk. V4 said therapy was not notified before R1 went out of the facility on a pass and no functional assessment was completed for a safe community pass for R1. V4 said R1's transfer abilities are variable. V4 said R1 does everything herself in her room, but when she comes to therapy then she needs clinical standby and contact guard. V4 said R1 is at the facility for rehab, but is non-complaint with her therapy. V4 said R2 is on oxygen and gets short of breath with minimal exertion. V4 said R2's condition could be a medical liability with walking. V4 stated, I definitely don't think it's safe for him to drive other residents around. V4 said R1 had safety awareness issues, is at risk for falls, and had poor impulse control.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 10/11/24 at 10:52 AM, V1 (Administrator) said if a resident wants to leave the facility an evaluation is completed to determine if the resident can go by themselves or with family. V1 said an assessment should be completed to ensure the resident's safety. V1 said the evaluation and order should be in the EMR. The surveyor asked V1 to open R1's EMR and look for these items. V1 stated, I don't see them. Can we bring the DON (Director of Nursing) into this conversation). At 11:12 AM, V 2 (DON) said she expects the nurses' to follow the facility's policy for Therapeutic Leave and an order should be in place. The surveyor asked V2 to review R1's chart for a order and Community Skills Assessment. V2 stated, I've never seen one in Community Skills Assessment. The surveyor explained that R1's EMR contains a Community Survival Skills assessment dated [DATE]. V2 opened the assessment and read it allowed. The surveyor asked V2 to show where R1's assessment for unsupervised leave was located. V2 said she couldn't find it. The surveyor asked if R1 had an order for unsupervised leave and if R1's care plan addressed her leaving the facility unsupervised. V2 replied, No, I don't see that in here. The surveyor asked V2 if R2 had a valid driver's license and if he had insurance. V2 replied, That's a good question. V2 said R1 should not have been allowed to go shopping with R2 driving her around. V2 said it's a safety concern. At 11:49 AM, V1 (Administrator) said R2 would not be considered supervision for R1's leave. V1 said R2 should not have been driving R1. The surveyor asked V1 if R2 had a valid driver's license and car insurance. V1 stared blankly and replied, That's a good question.</p> <p>The facility's Therapeutic Leave Policy dated 9/2023 showed, It is the policy of this facility to allow residents to leave the facility for a non-medical visit, thereby known as therapeutic leave, in accordance with Federal and State guidelines and applicable Medicare, Medicaid, and private insurance guidelines. Each resident will be permitted to return to the facility after therapeutic leave, regardless of payment source. Definition: Therapeutic Leave - A resident initiated transfer that results in an absence from the facility for purposes other than required hospitalization . Compliance Guidelines: 1. The nurse will obtain an order from the practitioner specifying approval of a therapeutic leave. (Specify any additional information to be included in the order, if indicated.) .</p> <p>The surveyor requested a Community Pass Policy and one was not received.</p> | | |