

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  06/04/2025
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.

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was treated with dignity while being fed for 1 of 20 residents (R41) reviewed for resident rights in the sample of 20.</p> <p>The findings include:</p> <p>On 6/2/25 at 11:49 AM, V11, Certified Nursing Assistant (CNA) was standing up feeding R41 lunch in the dining room.</p> <p>On 6/3/25 at 12:37 PM, V2, Director of Nursing (DON), said when staff is feeding a resident, they should sit down with the resident at eye level and have a conversation with the resident. V2 said it's important to provide social interaction and make the interaction more pleasant.</p> <p>The facility's Promoting/Maintaining Resident Dignity During Mealtimes Policy (implemented 5/2025) shows it is the practice of the facility to treat each resident with respect and dignity and care for each resident in a manner that enhances her quality of life. All staff members involved in providing feeding assistance to residents promote and maintain resident dignity during mealtimes. All staff will be seated while feeding a resident.</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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on interview and record review the facility failed to ensure an as needed psychotropic medication order had a stop date for 4 of 5 residents (R49,R175,R16,R54) reviewed for chemical restraints in the sample of 20.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1.R49 Physician's Order shows, lorazepam 0.5 milligram give 1 tablet by mouth every 4 hours as needed for anxiety. Start date 04/28/2025, no stop date or duration provided.</li> <li>2.R175 Physician's Order shows, lorazepam 1 milligram give 1 tablet by mouth every 8 hours as needed for anxiety/restlessness/agitation. Start 05/22/2025, no stop date or duration provided.</li> <li>3. R54's Face Sheet printed on 6/3/25 showed R54 had a diagnosis of anxiety.</li> </ol> <p>R54's Order Summary Report printed on 6/3/25 showed an order for lorazepam (anxiety psychotropic medication) to be given as needed. The order had a start date of 5/13/25. There was no duration or stop date for the medication.</p> <ol style="list-style-type: none"> <li>4. R16's Face Sheet printed on 6/3/25 showed R16 had a diagnosis of anxiety.</li> </ol> <p>R16's Order Summary Report showed an order for lorazepam to be given as needed. The order had a start date of 5/14/25. There was no duration or stop date for the medication.</p> <p>On 06/03/25 at 11:32 AM, V2 (Director of Nursing) said as needed psychotropic medications should have a stop date.</p> <p>The facility's Use of Psychotropic Medication(s) policy with a revised date of 3/25 showed as needed (PRN) orders for psychotropic medications shall be limited to no more than 14 days unless for attending physician believes it is appropriate to extend the order beyond the 14 days and indicate a specific duration.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 ensure residents fingernails were clean and trimmed for 2 of 20 residents (R47, R27) reviewed for Activities of Daily Living care in the sample of 20.</p> <p>The findings include:</p> <p>1.) On 06/02/25 at 1:34PM, R47 was sitting in the hall. R47 had scratches to his forehead, right eye orbit, and left temple area. R47's right middle, ring, and small fingers was contracted. R47's fingernails extended past the tip of his fingers.</p> <p>On 06/02/25 at 1:34PM, R47 was asked, do you like your fingernails long? R47 responded, No.</p> <p>On 06/02/25 at 1:40 PM, V10 CNA-Certified Nursing Assistant said, when R47 becomes anxious he tends to scratch himself, he has scratches all over his body.</p> <p>R47's Minimum Data Set, dated [DATE], shows, R47 is dependent on staff for personal hygiene. Staff does all of the effort. Resident does none of the effort to complete the activity.</p> <p>2.) On 6/2/25 at 9:45 AM, and again on 6/3/25 at 8:58 AM, R27 was observed and had very long nails with black debris underneath them on both hands.</p> <p>On 6/3/25 at 12:19 PM, V8 (CNA) said nail care is done for residents on their shower days but since R27 is diabetic the nurses should be the ones to cut his fingernails.</p> <p>R27's current care plan shows he has a memory impairment and requires extensive staff assistance with his Activities of Daily Living (ADL's)</p> <p>A policy on nail care was requested on 6/3/25 from V2 (Director of Nursing) but was not able to be provided.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident with congestive heart failure (CHF) had weights done as ordered for 1 of 2 residents (R14) reviewed for quality of care in the sample of 20.</p> <p>The findings include:</p> <p>R14's Face Sheet printed on 6/3/25 listed heart failure as a diagnosis.</p> <p>R14's Physician Progress Note dated 5/25/25 showed R14, .suffers from congestive heart failure. The same note showed R14 had no worsening of lower extremity edema.</p> <p>On 06/02/25 at 11:12 AM, R14 was sitting at the edge of the bed. R14's pant legs ended mid shin. R14 did not have socks on and was wearing slippers. R14 had what appeared to be edema to both legs.</p> <p>R14's Order Summary Report printed on 06/03/25 showed an order for daily weights and to notify the health care provider if there was an increase of more than two pounds and the weights were being done for edema. The order had a start date of 5/5/25.</p> <p>R23's Medication Administration Record for May 2025 showed a recorded weight on 5/6/25, 5/20/25, and 5/27/25.</p> <p>R23's Monthly Weight Report printed on 6/3/25 showed a recorded weight done on 5/6/25.</p> <p>The facility was unable to provide any other weights for May 2025.</p> <p>On 06/03/25 at 11:49 AM, V12 (Registered Nurse) said for a resident with CHF weights are done to monitor for fluid overload.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, interview, and record review the facility failed to ensure pressure relieving interventions were in place for a resident at risk for pressure injuries for 1 of 2 residents (R54) reviewed for pressure injuries in the sample of 20.</p> <p>The findings include:</p> <p>R54's Braden Scale for Predicting Pressure Score Risk done on 04/11/25 showed R54 was at risk for developing pressure injuries.</p> <p>R54's Order Summary Report printed on 6/3/25 showed an order for and air mattress while in bed.</p> <p>On 06/02/25 at 09:12 AM and at 2:05 PM, R54 was in bed. Hanging on the foot of the bed was an air mattress pump. The power switch was not lit up and in the off position.</p> <p>On 06/03/25 at 08:13 AM and at 11:47 AM, R54 was in bed. Hanging on the foot of the bed was air mattress pump. The power switch was not lit up and in the off position.</p> <p>On 06/03/25 at 11:56 AM, V13 (Certified Nursing Assistant) was asked by the survey if R54's air mattress pump was on. V13 looked at R54's pump and said the air mattress pump was off. V13 said the air mattress pump is an intervention to help prevent pressure injuries.</p>

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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>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to identify and assess a resident's contracted left hand. The facility also failed to ensure a resident's wheelchair was the appropriate fit to allow him to sit comfortably in the chair. This applies to 1 of 6 residents (R37) reviewed for range of motion and mobility in a sample of 20.</p> <p>The findings include:</p> <p>On 6/2/25 at 10:17 AM R37 stated that the facility took his wheelchair and gave him a high back wheelchair that he can't propel himself in and is not comfortable and he gets stuck in the hallway for long periods of time. R37 stated he did not know why they changed his wheelchair, but he does not like this one.</p> <p>On 6/3/25 at 9:19 AM R37 was transferred from his bed to his high back reclining wheelchair using a mechanical lift. R37's left hand was in a closed position with his fingernails pressing into the palm of his hand. R37 was asked if he could straighten his fingers on his left hand and R37 stated, I used to have a ball that I would hold on to. Using his right hand, R37 was able to partially open up his left fingers. R37 stated, They are so tight.</p> <p>On 6/4/25 at 8:35 AM V16 (Physical Therapy Assistant) stated, I do believe he did have a splint- things somehow get lost around here. V16 explained that splints are ordered by OT (Occupational Therapy) and she would have to check with them. At 10:33 AM V16 stated, (R37) did not come to the facility with a splint- he was within functional limits when we looked at him for OT. We have never received a referral for him to be looked at for a brace. He doesn't like the chair because he doesn't fit in the chair that we got him- that was a conversation we had with the old Administration. We recommended the chair- they ordered a couple (High back) chairs, and they were all the same size. He is too tall for the chair and when he sits in it his knees are bent up. He doesn't have good trunk control and can't be in a regular chair like he was. He thinks he can do things like he used to but he can't. Even a high back wheelchair causes him to lean forward too much. He thinks he can propel himself around the facility, but he still has a tendency to lean too much to the left. They really haven't been getting him up because he doesn't like the chair because he doesn't fit in it.</p> <p>On 6/4/25 at 10:59 AM V2 (Director of Nursing) stated, We have an informal (restorative) program at best. The residents have a lot of opportunities for restorative built in throughout the day. I enjoy restorative and am certified as a restorative nurse and so it would be me or a nurse supervisor that will be taking over the program. We have not had a restorative nurse in the last 5 weeks that I have been here. The caregivers are doing the upper extremities with dressing. Some of the residents are walking so they are documenting that the lower extremity ROM is being done. The CNAs are doing the programs. Overseeing progress is my responsibility at this time. (R37) used to have a ball- bright yellow if I recall. I just heard about it today and OT is looking at him today. I was not aware of his wheelchair being too small for him, but I will look into that too.</p> <p>R37's Face Sheet shows that he was admitted to the facility on [DATE] with diagnoses including Epilepsy and Epileptic Syndromes, History of Transient Ischemic Attacks and Cerebral Infarction without residual deficits and Type 2 Diabetes.</p> <p>(continued on next page)</p>		

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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>R37's Minimum Data Set of April 1, 2025, shows that R37 has one sided Functional Limitation in Range of Motion.</p> <p>R37's Physical Therapy and Occupational Therapy Discharge Summary, both dated 5/12/25- do not address R37's contracted left hand or the use of the high back wheelchair.</p> <p>R37's current Care Plan shows does not address R37's contracted hand, need for a splint/ball and does not address R37's need for a high back wheelchair.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on observation, interview, and record review the facility failed to ensure dietitian's recommendations were implemented and failed to ensure a dietary supplement was given to a resident. This applies to 2 of 5 residents (R23 and R27) reviewed for weight loss in the sample of 20.</p> <p>The Findings include:</p> <p>1.) R23's Weight Summary report printed on 6/4/25 showed the following weights: 173.2 pounds on 4/17/25, 169 pounds on 5/14/25, and 167.6 pounds on 6/3/25.</p> <p>R23's Nutrition/Dietary Note dated 4/17/25 indicated the dietitian recommended to add double portions to breakfast with the goal of stabilizing R23's weight and allowing weight gain.</p> <p>R23's Nutrition/Dietary Note dated 5/22/25 indicated the dietitian recommended adding a house supplement to be given twice a day.</p> <p>R23's Order Summary Report printed in 6/3/25 did not indicate orders for double portions at breakfast or a house supplement. The same document showed an order that R23 may receive calorie, protein, and/or nutrient supplements per the dietitian's recommendation.</p> <p>R23's meal ticket printed on 6/4/25 did not indicate he was to receive double portions with breakfast.</p> <p>On 06/04/25 at 10:39 AM, V17 (Dietitian) said R23's weight was trending downward. V17 said she recommended double portions at breakfast and a house supplement for R23. V17 added that she could not enter orders at the facility, therefore her recommendations are sent to the Administrator, Director of Nursing, and kitchen staff to be implemented.</p> <p>2.) R27's 12/6/24 Dietary note completed by V17 (Registered Dietician) shows R27 is on dialysis for renal failure, had recently been hospitalized and was having poor meal intake. On 11/5/24 R27 weighed 156.9 pounds and on 12/3/24 he weighed 142.5 pounds a 14.4 pound 9.2% weight loss in one month. R27's note shows she added a dietary supplement of Magic Cup daily at lunch. (R27's weight since has stabilized).</p> <p>R27's active Physician Order Summary shows he should receive a Magic Cup daily at lunch.</p> <p>On 6/3/25 at 11:48 AM, V9 (Licensd Practical nurse/LPN) said R27 can feed himself and he does receive supplements.</p> <p>On 6/3/25 the noon meal service was observed. At 11:52 PM, V8 (Certified Nursing Assistant) took R27's meal tray into his room. There was no Magic Cup on R27's meal tray even though his meal card indicated he should have a magic cup on the tray. R27 never received the Magic Cup with his meal.</p> <p>On 6/3/25 at 12:10 PM, V6 (Cook) said the facility does have Magic Cup in stock and the kitchen staff should be putting them on the resident meal trays when they come out of the kitchen.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/4/25 at 10:46 AM, V17 said R27 had a significant weight loss which was identified in December 2024, and she added a magic cup for a supplement for R27. V17 said she has not discontinued the supplement and R27 should still be receiving his magic cup daily at lunch for extra calories and protein.</p> <p>The facility provided not dated Weight Monitoring policy shows interventions should be initiated and implemented to maintain acceptable nutrition goals.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>Based on interview and record review the facility failed to follow dialysis recommendations for daily weights for 1 of 2 residents (R27) reviewed for dialysis in the sample of 20.</p> <p>The findings include:</p> <p>R27's face sheet shows he has diagnoses including: End Stage Renal Disease, Dependence on Renal Dialysis, and Dementia.</p> <p>A Health Status Note completed by V15 (Registered Nurse) on 5/21/25 at 9:14 PM, shows that R27 had gone out to dialysis and returned at 3:55 PM. The note also states, Per dialysis they would like pt (patient) on a 1200 CC fluid restriction and daily weights.</p> <p>R27's active Physician Order Summaries show the dialysis recommended daily weights was added into the active orders on 5/21/25.</p> <p>R27's Electronic Medical Record (EMR's) Weight Summary report and Medication Administration Record Summary (MAR) show he was weighed on 5/24/25 with no additional recorded weights after that date.</p> <p>On 6/3/25 at 11:48 AM, V9 (Licensed Practical Nurse/LPN) said R27 is weighed via a mechanical lift scale and does not refuse to be weighed. V9 said R27 goes to dialysis 3 times a week and she believes dialysis had called the facility to ask for daily weights for R27 because they were concerned about a weight gain and fluid overload.</p> <p>On 6/3/25 at 1:10 PM, V2 (Director of Nursing) said the facility had recently gotten all new scales due to some inconsistency with weights on the old scales. V2 said there is also an issue with weights from the MAR not transferring over to the Weight Summary report. V2 verified there was a hospice recommendation for R27 to have daily weights and that order was not carried over to the MAR to be completed.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>3. On 06/02/25 at 1:32 PM, V10 CNA-Certified Nursing Assistant emptied R47's indwelling urinary catheter bag. V10 CNA did not wear a gown when emptying the urinary collection bag. R47's room door had a sign that showed, Enhanced Barrier Precautions. Staff must wear gloves and a gown when providing care for a resident with a urinary catheter.</p> <p>On 06/04/25 at 10:05 AM, V2 DON-Director of Nursing said, residents with indwelling urinary catheters are on EBP-Enhanced Barrier Precautions. There is a chance of being splashed by urine when emptying the urinary catheter bag, gloves and a gown should be worn. We also provide face shields to protect the staff's eyes.</p> <p>The facility's Enhanced Barrier Precautions dated 04/2024 shows, Implementation of Enhanced Barrier Precautions: Make gowns and gloves available immediately near or outside of the resident's room. Note: face protection may also be needed if performing activity with risk of splash or spray. PPE-Personal Protective Equipment for enhanced barrier precautions is only necessary when performing high-contact care activities High-Contact resident care activities include .urinary catheters</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff changed their gloves and performed hand hygiene after providing incontinence care, failed to handle medications without contaminating them, and failed to ensure gowns were worn during care for residents on enhanced barrier precautions. These failures affected 3 of 20 residents (R34, R63, and R47) reviewed for infection prevention in the sample of 20.</p> <p>The findings include:</p> <p>1. On 6/2/25 at 10:35 AM, V10 and V11, Certified Nursing Assistants (CNAs), went in to change, dress, and get R34 out of bed. V11 used gloved hands to wipe R34's frontal perineal area, then they rolled her to the right and V11 wiped R34's backside. Without changing her gloves or performing hand hygiene, V11 proceeded to put a clean brief on R34 and then go to the closet and take out clothes for R34 to wear. V11 put R34's clothes and shoes on, transferred her with a mechanical lift to her wheelchair, and pushed buttons to adjust R34's wheelchair.</p> <p>On 6/3/25 at 12:37 PM, V2, Director of Nursing (DON), said staff need to change their gloves after providing incontinence care.</p> <p>The facility's Hand Hygiene Policy (revised 11/2024) shows the use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. Hand hygiene is indicated and will be performed after assistance with personal body functions and after handling items potentially contaminated with body fluids, secretions, or excretions.</p> <p>2. During the morning medication pass beginning on 06/03/25 at 8:30 AM, V9, Licensed Practical Nurse (LPN) was observed during her medication administration for R34 and R63. V9 dispensed each medication from the bottles of medication directly into her bare hands or popped each pill out of the medication card into her bare hand, then placed the pill(s) into the medication cup. V9 did not perform hand hygiene before, after or between dispensing and administering R34 and R63's medications.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/3/25 at 12:37 PM, V2 said staff should not handle pills with their bare hands to prevent cross contamination. If a medication needs to be in the nurse's hand, the nurse should wear gloves.</p> <p>The facility's Medication Administration Policy (revised 11/2024) shows medications are administered in a manner to prevent contamination or infection. The nurse should remove medication from the source, taking care not to touch medication with bare hands.</p>		

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  06/04/2025
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on interview and record review the facility failed to have documentation that residents received or refused the pneumococcal vaccine for 2 of 5 residents (R11 and R28) reviewed for immunizations in the sample of 20.</p> <p>The findings include:</p> <p>R11 and R28's immunization records printed on 6/3/25 did not indicate they received or declined the pneumococcal vaccine</p> <p>On 06/03/25 at 11:28 AM, V2 (Director of Nursing) said the facility did not have documentations indicating R11 or R28 received or declined the pneumococcal vaccine.</p> <p>The immunization policy was requested on 6/3/25 and the facility could not provide the policy prior to exiting the facility on 6/4/25.</p>