

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2025
NAME OF PROVIDER OR SUPPLIER  Apostolic Christian Restmor		STREET ADDRESS, CITY, STATE, ZIP CODE  1500 Parkside Avenue Morton, IL 61550	

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 - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>33973</p> <p>Based on observation, interview, and record review the facility failed to perform facial grooming for one of one (R12) resident reviewed for activities of daily living in the sample of 30.</p> <p>Findings include:</p> <p>The facility's undated Residents' Rights and Responsibilities' policy documents Quality of Life: 7. The right to reside and receive services with reasonable accommodations of individual needs and preferences, except where the health or safety of the individual or other residents would be endangered.</p> <p>R12's Minimum Data Set/MDS Assessment, dated 1/23/25, documents R12 is cognitively intact and requires substantial/maximal staff assistance for personal hygiene.</p> <p>On 4/15/25, at 10:54am, R12 sat in her room with several long white chin whiskers.</p> <p>On 4/16/25, at 9:55am, R12 sat in her room with several long white chin whiskers noted. V25 Certified Nursing Assistant/CNA exited R12's room and stated that R12 just had a shower.</p> <p>On 4/16/25, at 9:58am, R12 stated that she knows she has chin whiskers and that they are long. I can feel them and don't like them. They make me feel uncomfortable. I want them to pull them out. R12 confirmed she just had a shower and that her chin whiskers were not groomed.</p> <p>On 4/16/25, at 10:05am, V25 CNA confirmed R12 has long chin whiskers and stated the following: A couple of weeks ago V25 left a note in report to the nurse about calling R12's family for them to get R12 a ladies razor since the other kind of razors hurt her. Unsure who the nurse was or if she did anything about it. I've been off two weeks after that. V25 said that (R12) was trying to pull them out and said, they are so pesky, and they keep coming back.</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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32189</p> <p>Based on observation, interview, and record review, the facility failed to ensure pressure relieving interventions were utilized as ordered for one (R44) of three residents reviewed with pressure ulcers in a sample of 30.</p> <p>Findings include:</p> <p>The Intensive Skin Care Program policy, dated 02/2003, documents The facility's purpose is to ensure residents with pressure ulcers receive necessary treatment and services to promote healing and prevent new sores from developing. All direct care staff shall receive education upon hire and annually thereafter regarding the prevention and treatment of pressure ulcers. Any individual at risk to develop a pressure ulcer should be placed on a pressure reducing device, such as foam, static air, alternating air, gel or water mattress.</p> <p>R44's Face Sheet documents R44 was admitted on [DATE] with diagnoses of Kyphosis, Lordosis and Compression Fracture of Lumbar Vertebra.</p> <p>R44's Progress Notes dated 9/6/24 documents R44 had an open area (pressure ulcer) on her spine from her bra rubbing.</p> <p>R44's current Care Plan for April 2025 documents an intervention for R44's pressure ulcer was to utilize a reactive air mattress (electric powered air pressure relieving mattress).</p> <p>On 4/15/25 at 10:35 AM, R44 was observed lying in bed and the reactive air mattress unit was not on and not functioning.</p> <p>On 4/15/25 at 11:25 AM, V6 (Licensed Practical Nurse) looked at R44's reactive air mattress unit, confirmed air mattress was not functioning, and was unsure how long it was not functioning. V6 stated I am not familiar with this unit and don't know how to use this mattress. I'll have to ask.</p> <p>On 4/15/25 at 11:45 AM, V7 (Maintenance) and V8 (Maintenance) confirmed R44's air mattress was not functioning and was not reported to him. V8 replaced R44's reactive air mattress unit and stated the prior unit was not functioning.</p> <p>On 4/18/24 at 10:25 AM, V3 (Chief Nursing Officer) confirmed the reactive air mattress should have been functioning and agreed the facility did not have a process in place to ensure the reactive air mattress units were functioning.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>33973</p> <p>Based on observation, interview, and record review the facility failed to document skin changes for a resident on an anticoagulant with known bruises for one (R37) of five residents reviewed for skin conditions in a sample of 30.</p> <p>Findings include:</p> <p>The facility's Intensive Skin Care Program, dated 2/2023, documents II. Policy: D. A daily skin inspection will be done by direct care staff during cares and any new redness or discoloration, or discomfort will be reported to the charge nurse immediately, who will assess and make appropriate interventions according to protocol.</p> <p>The facility's Medical Records policy, dated April 2024, documents IV. Resident Medical Record: A. Records shall be kept current. Entries shall be written in ink or typed; shall be dated, signed, and shall include the profession or title of the person making the entry. B. 11. Periodic summary of resident's condition and status of nursing goals.</p> <p>R37's current Physician Order Sheet/POS documents an order for Eliquis 5mg (milligrams) twice per day.</p> <p>On 4/15/25, at 12:42pm, R37 was in bed. Multiple scattered deep purple bruised areas are on R37's right and left forearms.</p> <p>R37's Progress note, dated 1/31/25, documents There is scattered bruising on all extremities. No redness or breakdown noted.</p> <p>R37's clinical record has no further documentation of R37's scattered bruising to her upper extremities since 1/31/25. No documentation of specific sizes, locations, or description of R37's skin condition.</p> <p>On 4/17/25, at 11:15am, V12 Registered Nurse/RN stated that V12 is aware of R37's bruises and stated that R37 is on a blood thinner which can cause bruising.</p> <p>On 4/17/25, at 11:23am, V12 RN verified R37's bruises on her bilateral wrists and forearms.</p> <p>On 4/17/25, at 2:15pm V23 and V24 Certified Nursing Assistants both stated they had awareness of R37's upper extremity bruises and that the nurses have been informed.</p> <p>R37's current Care plan for April 2025 does not document the current skin condition of multiple bruises on R37's upper extremities.</p> <p>On 4/18/25, at 2:00pm. V3 Chief Nursing Officer confirmed that the last documentation regarding R37's upper extremity bruising was on 1/31/25. V3 stated The nurses should have kept documenting on her bruises.</p>		