

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2025
NAME OF PROVIDER OR SUPPLIER  Accolade Healthcare of Savoy		STREET ADDRESS, CITY, STATE, ZIP CODE  302 West Burwash Savoy, IL 61874	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observation, interview, and record review, the facility failed to protect a resident's right to privacy. This failure affects one resident (R1) of three reviewed for privacy in the sample of six. This past non-compliance occurred from 7/10/2025 to 7/16/2025. Findings include: R1's diagnosis list (8/7/2025) documents R1 has severe cognitive impairment, is immobile, and is dependent on staff for mobility and performing activities of daily living. The facility incident report (7/16/2025) documents V6 (formerly employed as a Certified Nurse Aide in the facility) had taken an unauthorized video of R1 with V6's cell phone. The report documents the video was no longer stored on V6's phone but a copy existed in V6's digital cloud storage. The report further documents access to V6's cloud storage was shared with V9 (V6's boyfriend) and V8 (mother of V9) subsequently had accessed the video via V9's phone and then reported the presence of the video to V7 (sister facility administrator) who in turn reported the concern to V1 (facility administrator). On 8/6/2025 at 3:45PM, V1 showed the surveyor the video V6 had taken of R1 which was approximately 10-12 seconds in duration, blurry, and depicted R1 fully clothed in bed with bedding covering R1's lower extremities and torso while R1 was speaking to V6. The audio accompanying the video was indecipherable. On 8/7/2025 at 2:24PM, V6 reported taking the above video of R1. The facility employee handbook (undated) documents facility employees should never photograph or record residents due to privacy rights. V6's Employee Acknowledgement form (8/6/2024) documents V6 understood and agreed to abide by the facility policies located in the employee handbook. V6's personally signed Witness Statement (7/16/2025) documents V6 took the video of R1 approximately a year prior to the incident and documents I (V6) know I should never take a video of residents at work. Prior to the survey date of 8/7/2025, the facility had taken the following actions to correct the noncompliance: 1. Staff were educated about appropriate cell phone usage while in the facility. 2. A supplemental special Resident Council meeting was held to discuss resident privacy rights and to educate residents to report any staff cell phone usage in resident areas. Department managers educated residents unable to attend the meeting. 3. The facility Administrator, Director of Nursing, Assistant Director of Nursing, or designee will physically audit staff compliance with cell phone use in the facility four times a day for three weeks, five times a week for two weeks, and three times a week for two weeks. 4. The facility Director of Nursing and Assistant Director of Nursing will maintain audit forms for the above audits and will continue to perform audits on an as-needed basis. 5. The facility Quality Assurance Performance Improvement (QAPI) committee will review the above audits for patterns and trends and will continue recommendations for process monitoring and improvement.</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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