STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145469	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Paris	1011 North Main Street Paris, IL 61944

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to report to the state agency an alleged accident with a traumatic injury for one (R2) of three residents reviewed for accidents on a sample list of ten.Findings:On 4/20/26 at 10:22 a.m., R2 was observed lying in bed covered by a blanket. She appears very thin and of small stature. R2 stated a couple of weeks ago she was standing at the bathroom sink brushing her teeth when the sink suddenly fell off the wall and struck her right forearm. R2's Minimum Data Set, dated [DATE] documents that R2 has moderate cognitive impairment.R2's Electronic Health Record (EHR) contained a nursing note completed by V3 and dated 4/1/26 that documented R2 was washing hands and brushing teeth when the bathroom sink detached from the wall and struck her right forearm. This note also documented a 12-inch hematoma to R2's right forearm, complaints of pain with movement of the fingers and wrist, and that Emergency Medical Services were notified, resulting in transport to the local emergency room for evaluation and treatment.On 4/20/26 at 12:01 p.m., V5, Certified Nurse Assistant (CNA), stated she was working when the sink detached from the wall and struck R2's right arm. V5 stated she was not assigned to R2, but V4, CNA, was. V5 reported that R2 and V4 came out of R2's room and stated that the bathroom sink had fallen. V5 observed R2's right forearm, describing it as discolored and puffed up, and noted that R2 complained of pain.On 4/21/26 at 2:25 p.m., V3, Registered Nurse (RN), stated she was caring for R2 when an unidentified CNA brought R2 down the hallway to report that the bathroom sink had fallen from the wall and struck R2's forearm. V3 stated the injury was unusual in appearance, describing the resident's arm from wrist to elbow as developing a purplish discoloration with an area resembling a raised blood blister approximately one inch off the arm. V3 stated R2 complained of pain and was sent to the emergency room immediately.V3 stated she later observed the sink dangling from the wall, supported only by the attached plumbing.On 4/20/26 at 1:18 p.m., V14, Medical Doctor (MD), stated he was familiar with R2 and the recent incident in which a sink fell from the wall and struck R2's right forearm. V14 stated R2 was sent to the emergency room on 4/1/26 and that he evaluated her the following day. V14 stated he observed R2's right forearm and noted a large area of dark purple discoloration from the wrist to the elbow. V14 stated R2 sustained an injury related to the incident and, although minor, R2 experienced pain and harm.On 4/20/26 at 3:11 p.m., V1, Administrator, stated she started a soft file on R2's incident involving R2's bathroom sink but did not report the incident to the state agency because emergency room treatment only consisted of basic first aid and no major injury was identified. R2's EHR contains a medical record from the local emergency room dated 4/1/26 that documented R2 sustained a traumatic hematoma that covered 70 % of R2's right forearm.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145469	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Haven of Paris	1011 North Main Street Paris, IL 61944

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a safe environment when a bathroom sink detached from the wall and struck R2's right forearm for one (R2) of three residents reviewed for accidents in a sample of ten. This failure resulted in R2 sustaining a hematoma that covered 70% of the right forearm and significant pain. Findings Include: The facility's Safety and Supervision Guideline, revised 1/30/25, states the facility is committed to maintaining an environment that is as free from accident hazards as possible. It further identifies resident safety, supervision, and assistance to prevent accidents as facility-wide priorities.On 4/20/26 at 10:22 a.m., R2 was observed lying in bed, covered by a blanket. She appeared very thin and of small frame, with a frail presentation. R2 stated a couple of weeks ago she was standing at the bathroom sink brushing her teeth when the sink suddenly fell off the wall and struck her right forearm. R2 stated she did not touch the sink at the time and is unsure why it fell. R2 indicated that someone from maintenance had been working on the sink a week prior to the incident.R2 lifted the right sleeve of her jacket and pointed to an area on her right forearm between the wrist and elbow, where a dime-sized knot was present. R2 stated the area was very tender.R2's Minimum Data Set, dated [DATE] documents that R2 has moderate cognitive impairment.R2's Electronic Health Record (EHR) contained a nursing note completed by V3 and dated 4/1/26 that documented R2 was washing hands and brushing teeth when the bathroom sink detached from the wall and struck her right forearm. This note also documented a 12-inch hematoma to R2's right forearm, complaints of pain with movement of the fingers and wrist, and that Emergency Medical Services were notified, resulting in transport to the local emergency room for evaluation and treatment.On 4/20/26 at 12:01 p.m., V5, Certified Nurse Assistant (CNA), stated she was working when the sink detached from the wall and struck R2's right arm. V5 stated she was not assigned to R2, but V4, CNA, was. V5 reported that R2 and V4 came out of R2's room and stated that the bathroom sink had fallen. V5 observed R2's right forearm, describing it as discolored and puffed up, and noted that R2 complained of pain. V5 further stated R2 reported maintenance had worked on the sink approximately one week prior to the incident.On 4/21/26 at 2:25 p.m., V3, Registered Nurse (RN), stated she was caring for R2 when an unidentified CNA brought R2 down the hallway to report that the bathroom sink had fallen from the wall and struck R2's forearm.V3 stated the injury was unusual in appearance, describing the resident's arm from wrist to elbow as developing a purplish discoloration with an area resembling a raised blood blister approximately one inch off the arm. V3 stated R2 complained of pain and was sent to the emergency room immediately.V3 stated she later observed the sink dangling from the wall, supported only by the attached plumbing.On 4/20/26 at 1:18 p.m., V14, Medical Doctor (MD), stated he was familiar with R2 and the recent incident in which a sink fell from the wall and struck R2's right forearm. V14 stated R2 was sent to the emergency room on 4/1/26 and that he evaluated her the following day. V14 stated he observed R2's right forearm and noted a large area of dark purple discoloration from the wrist to the elbow. V14 stated R2 sustained an injury related to the incident and, although minor, R2 experienced pain and harm.R2's EHR contains a medical record from the local emergency room dated 4/1/26 that documented R2 sustained a traumatic hematoma that covered 70% of R2's right forearm