

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2025
NAME OF PROVIDER OR SUPPLIER  Heritage Health-Hoopeston		STREET ADDRESS, CITY, STATE, ZIP CODE  423 North Dixie Highway Hoopeston, IL 60942	

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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview the facility failed to maintain a homelike environment by failing to maintain linen in good condition. This failure affected two of twelve residents (R25, R33 ) reviewed for homelike environment on the sample list of 36. 1. On 7/27/2025 at 10:39 AM R25 stated the towels are worn and have frayed edges and holes. R25 held up a towel with worn, frayed edges and two washcloths with frayed edges on every side. R25 stated she doesn't understand why the staff don't get rid of the worn linen and instead provide linen that is in good shape for residents to wash up with. R25's Minimum Data Set (MDS) dated [DATE] documents R25 is cognitively intact. 2. On 7/28/25 at 8:06 AM R33 stated the edges of towels get frayed. There was a wet washcloth on bathroom sink with frayed, stringy edges. R33 held up another washcloth that had frayed edges with golf ball sized hole along edge. R33 stated he has seen worse than those and with such a nice place you would think they would provide nicer towels and washcloths. R33's Minimum Data Set (MDS) dated [DATE] documents R33 is cognitively intact. On 7/29/2025 at 1:20 PM there was three washcloths with frayed edges in the clean linen cart on north hall. On 7/29/2025 at 1:41 PM V4 Housekeeping Supervisor stated the facility outsources laundry services and when it returns clean the housekeeping staff put the clean linen in the storage room. When staff need more on the floor, they come to the storage room and get what they need. V4 confirmed staff should be throwing away linen that has frayed edges and holes. V4 stated he will educate staff to toss the worn linen and let him know it needs to be replaced.</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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