

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145712	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Pavilion on Main Street, The		STREET ADDRESS, CITY, STATE, ZIP CODE 515 North Main Sandwich, IL 60548	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>34891</p> <p>Based on interview and record review the facility failed to supply a bed hold notice to a resident representative at the time of transfer for 1 of 1 resident (R1) reviewed for resident rights in the sample of 3.</p> <p>The findings include:</p> <p>R1's Notice of Involuntary Transfer or Discharge form dated 5/21/24 showed, R1 was transferred out of the facility due to the safety of individuals in the facility were endangered. The same form had a box checked that indicated a copy of the facility bed hold policy was given to the resident or their responsible party.</p> <p>On 6/25/24 at 10:07 AM, V4 (Social Service Director) stated she was responsible for completing the form. V4 said she did not actually send a copy of the bed hold policy at that time. V4 said the bed was held for the required 10 days automatically, so she just checked the box to show that.</p> <p>On 6/25/24 at 12:30 PM, V2 (Director of Nurses) stated she did not have any documentation of a bed hold notice sent with R1 at the transfer. V2 said the form box was marked incorrectly and nothing was ever provided to the resident or his state guardian.</p> <p>The facility's undated Holding Bed Space policy states: 1. Upon admission and when a resident is transferred for hospitalization or for therapeutic leave, a representative of the business office will provide information concerning our bed-hold policy.</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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