STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145768	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lutheran Hillside Village	6901 North Galena Road Peoria, IL 61614

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	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 interview, observation and record review, the facility failed to provide appropriate nursing interventions related to life-sustaining treatment during a choking episode, failed to provide supervision during meals and failed to follow a physician's diet order; and failed to obtain a Negotiated Risk Assessment for one of three (R1) residents reviewed with swallowing difficulty and on special/modified diets who required supervision during meals. This failure resulted in R1 choking on a tater tot and ultimately expired. This past non-compliance, which involved R1, occurred from 4/15/26 to 5/12/26.Findings include:The Emergency Response policy revised 10/23/24 documents the goal of staff training is to enable employees to provide basic life support and/or first aid interventions. In case of life-threatening injuries or situations, the goal is patient stabilization until emergency responders arrive. Basic first aid intervention includes choking and breathing emergencies.Licensed Practical Nurse (LPN) role description dated 12/24 documents nurses to practice nursing care within the scope of licensure and in accordance with the state Nurse Practice Act and facility's policies and procedures. Utilizes the electronic medical record to capture full clinical documentation in accordance with policy and procedure. Observe residents' status to assure quality of care, coordinates with other resident services to assure continuity of care and document in the medical record detailed, timely and accurate reports. Overseas and directs the certified staff and others as assigned to ensure standards of care and services are provided. Works collaboratively with the interdisciplinary team in defining individualized plans of care for each resident. Maintains working knowledge and understanding of the observation/assessment and documentation process for the level of licensure in which they work. LPN's must be Cardiopulmonary Resuscitation (CPR) certified.The 2025 American Heart Association Adult Basic Life Support (BLS) Procedure Part 7: Adult Basic Life Support documents for adults with severe Foreign Body Airway Obstruction (FBAO), repeated cycles of 5 back blows (slaps) followed by 5 abdominal thrusts should be performed until the object is expelled or the person becomes unresponsive. Rescuers should activate the emergency response system for adults with severe FBAO. If adults with severe FBAO become unresponsive, rescuers should start CPR, beginning with chest compressions and activate the emergency response system if not already done. Remove any visible foreign body when opening the airway to provide breaths. Blind finger sweeps should not be performed for adults with FBAO. Observational data suggest that when a foreign body is not visible, the risk associated with performing a blind sweep and worsening an airway obstruction outweighs any potential benefit.The Staff Education Sign-In Sheets Choking Emergency Policy (Emergency Response policy dated 10/23/24)-Staff Education All staff are reminded that choking is a medical emergency requiring an immediate response. Our policy is to call 911 without delay for any individual who is actively choking, regardless of their code status (including DNR) or hospice enrollment. While some residents may have comfort-focused goals of care, choking represents an acute and potentially reversible airway obstruction. Emergency services are necessary to provide advanced airway management that cannot be delivered within the facility. Key Points: Call 911 immediately at the first sign of choking. Initiate appropriate first aid (e.g. abdominal thrust) per training while awaiting EMS. (continued on next page)

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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F 0689 Level of Harm - Actual harm Residents Affected - Few	Do not delay calling 911 to verify code status or hospice directives. Continue to prioritize resident comfort and dignity throughout the event. Staff Educations Sign-In Sheet Diet Order Compliance and Supervision- Staff Education All staff are reminded that resident diet orders must be followed at all times, without exception. Diets are prescribed to ensure resident safety and to reduce the risk of complications such as choking, aspiration or other medical concerns. Even if a resident requests food or drink that is not consistent with their ordered diet, staff are not permitted to override or modify diet orders. Residents do have the right to refuse or not comply with therapeutic or mechanically altered diets. However, this must be formally addressed through the care planning process. The risks and potential consequences must be clearly discussed with the residents and/or Power of Attorney (POA), and the decision must be documented and reflected in the care plan with appropriate orders in place. Any resident on a modified diet must eat and drink in the main dining room or be within staff sight with close supervision at all times during meals and consumption of fluids. This ensures timely intervention if difficulty swallowing or choking occurs. The only exception to a resident's ordered diet is if the resident has a signed Negotiated Risk Agreement Form and it has been reviewed, approved and documented in the resident's medical record and entered into the dietary management system. No deviations from diet orders may occur without completion of this process. Residents must have a signed Negotiated Risk Agreement Form in place in order to: request food or drink items that do not comply with their ordered diet and request to have thickened liquids available in their own room at all times without direct supervision. Any approved altered resident preferences must also be clearly documented on the meal ticket to ensure dietary staff are aware and able to safely and accurately prepare the resident's meals.R1 was admitted on [DATE] with diagnoses of Parkinson's Disease, Dementia, Spondylosis, Heart Failure, Dysphagia and Cerebral Infarction.R1's current Care Plan documents R1 is at risk for alteration in respiratory status due to potential for aspiration. R1 receives a regular diet with moderate honey thickened liquids. No bread products. R1 has elected Hospice benefits and has a Physician's Order for Life Sustaining Treatment (POLST) which documents Do Not Resuscitate.R1's Practitioner Order for Life-Sustaining Treatment (POLST) Form dated 4/22/25 documents R1 requests no cardiopulmonary resuscitation (CPR) and to provide comfort measures only such as oxygen, suctioning and manual treatment of airway obstruction.A Physician's Note dated 4/6/26 documents the visit resulted post multiple recent choking incidents in which the last occurrence required the Heimlich maneuver and emergency responders responded to the call. Due to advanced dysphagia, (R1) was previously on pureed diet with honey thickened liquids. Since, transitioning to hospice (3/25/26.) he has started eating a general diet.R1's Physician's Order dated 4/6/26 ordered an IDDSI Level 5 diet (International Dysphagia Diet Standardization Initiative/minced and moist, is a diet for individuals with reduced chewing ability, featuring small, soft, moist food pieces that require minimal chewing and are safe to swallow).R1's record did not include a signed Negotiated Risk Agreement or other documentation in the medical record or dietary management system.R1's Progress Note dated 4/15/26 (documented by V2/Director of Nursing currently retired) documents R1's meal was delivered to his room by V5 although V5 (Certified Nurse Aide) left the room to deliver another resident their meal tray. R1 ate a tater tot without supervision. At 4:45 PM, R1 activated his call light and self-propelled himself to the doorway of his room. V3 (Licensed Practical Nurse) responded and noted R1 to be in distress, retrieved a tater tot from his mouth and then R1 started to slide down in his chair. R3 instructed staff to assist with transferring R1 back to bed first and then to call 911 (emergency response services). V5 (Certified Nurse Aide) left the room to retrieve the crash cart while V3 and V6 (Certified Nurse Aid) transferred R1 back to bed. Following the transfer, R1 was noted to quit breathing and went pulseless. Due to R1's POLST (Do Not Resuscitate order) no resuscitation was attempted and R1 was pronounced dead at 5:00 PM, 15 minutes after choking event started.On 6/16/26 at 11:53 AM, V3 (Licensed Practical Nurse) stated at dinner time R1 was at his doorway in his wheelchair. R1's call light was on and appeared to be choking. V3 stated she conducted the Heimlich maneuver, and the tater tot came out. R1 was slumped (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	over and limp in his chair. I thought he was going to fall on the floor. I didn't want him to get hurt. (V5 and V6/Certified Nurse Aides) transferred (R1) back to bed but he was already gone. V3 stated she left the room to get another nurse (V4/Licensed Practical Nurse), and he had passed away before she returned. V3 stated 911 was not called because R1 passed away before she could make the call and because R1 was on Hospice, had a Do Not Resuscitate orders and wanted to honor his wishes.On 6/16/26 at 12:02 PM, V5 (Certified Nurse Aide) stated on 4/15/26, R1 was supposed to be on a soft-bite diet but the nurse told him R1 signed a waiver to eat whatever he wanted to eat. V5 delivered R1's meal which consisted of a cheeseburger and tater tots and left the room to deliver another resident's meal tray. Upon returning to R1's room, R1 was visibly choking. V5 went to get the emergency cart with suction and V6 (Certified Nurse Aide) stated she would call 911. Upon returning with the emergency cart, V3 stated 911 was not called because R1 was on hospice and was a DNR. V5 stated (V3) did a finger sweep. She got something out, but I feel (R1) should have been able to breathe or cough if it was fully removed. He made no sound and was blocked (airway). V3 left R1's room to get another nurse without the Heimlich maneuver or suctioning being conducted and R1 expired. V5 stated a week and a half ago R1 had a choking event and 911 was called.On 6/17/26 at 10:13 AM, V6 (Certified Nurse Aide) stated upon arrival, R1 was coughing and was about to come off his chair, so V3 (Licensed Practical Nurse) and V6 sat R1 up in his chair. V3 instructed V6 to go get a mechanical lift. V6 brought the mechanical lift to the room although had to send V5 (Certified Nurse Aide) to go get a sling to lift R1. Once R1 was transferred to the bed, V3 conducted a blind finger sweep, and no Heimlich maneuver was attempted. V3 stated R1 was on Hospice and was a Do Not Resuscitate and instructed V6 not to call 911. V3 left the room to go get another nurse. V6 stated R1 was alive and was making a gagging sound and noises until he expired prior to V3's return. V6 stated Typically, we call 911. That's what we were taught to do. (V2/Director of Nursing/currently retired) said 911 should be called when a resident is choking even if they are a DNR (Do Not Resuscitate) and are on Hospice.On 6/16/26 at 3:18 PM, V7 (Hospice Nurse) stated V3 (Licensed Practical Nurse) notified her that R1 had passed away from choking on a tater tot and she had performed a blind finger sweep to get the tater tot out but couldn't get all of it. V7 was unable to recall if V3 stated the Heimlich maneuver had been attempted.The Coroner's Death Certificate documents on 4/15/26 at 5:00 PM, R1 expired due to a choking episode said suffered health decline due to choking on a tater tot.On 6/17/26 at 1:00 PM, V1 (Administrator) agreed blind finger sweeps are not recommended for residents with Foreign Body Airway Obstruction and should not have been performed on R1; the Heimlich maneuver including back blows and abdominal thrust should have been conducted on R1 immediately and it was unable to be determined if the Heimlich maneuver was performed due to conflicting statements; 911 is to be called for every resident that has a choking event including residents on hospice care and have a Do Not Resuscitate order and 911 was not called and should have been for R1; Residents with modified diets must eat/drink in the main dining room or be with staff and have close supervision during meals and R1 was on a modified diet, then left alone in his room with a general diet meal tray; R1 was served a general diet which was not the diet ordered by the physician; and R1 did not have a signed Negotiated Risk Agreement.Prior to 6/16/26, the facility had taken the following actions to correct the non-compliance:1. Between 4/16/26 and 5/8/26, all clinical staff including nurses and certified nurse aides and dietary staff were educated on the Choking Emergency Policy and Diet Orders Compliance and Supervision.2. On 4/22/26, V3 received a written warning for unsatisfactory performance, conduct, attitude and non-compliance. V3 received education on the Choking Emergency policy and the Dining Supervision Requirements policy. Required to repeat the Cardiopulmonary Resuscitation certification class scheduled for 5/12/26. Expectations were defined for future performance and future disciplinary actions if protocols were not adhered to.3. On 5/12/26, V3 received the American Red Cross Training Service's Certificate of Completion and successfully completed the requirements for Basic Life Support.4. On 4/17/26, V1 requested access to the Dining RD (Registered Dietician) (Diet ordering software) access for V1, V8 (Director of (continued on next page)

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