

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Tower Hill Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  759 Kane Street South Elgin, IL 60177	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>45540</p> <p>Based on interview and record review the facility failed to complete neurological assessments following a fall. This applies to 1 of 3 (R1) resident reviewed for falls.</p> <p>The findings include:</p> <p>On 4/28/2025 at 9:01AM, R1 was observed laying in his bed with the head of bed elevated watching his computer with headphones on. R1 did not appear to have any bruising or swelling on his head.</p> <p>On 4/28/2025 at 9:01AM, R1 said he fell out of bed a day or two after he arrived at the facility. R1 said he hit his head when he fell . R1 said he went out to the hospital and returned the same day.</p> <p>On 4/28/2025 at 12:13PM V7 Restorative Nurse said neuro checks are done for 72 hours post fall. V7 said neuro checks should have resumed when [R1] returned from the hospital.</p> <p>On 4/28/2025 at 11:36AM, V2 Director of Nursing (DON) said neuro checks are done for an unwitnessed fall or when a resident hits their head for 72 hours after the fall. V2 said neuro checks are important because they help identify changes in condition. V2 said neuro checks should be continued when a resident returns from the hospital.</p> <p>R1's Progress notes from 4/17/2025 state his fall occurred at 6:00AM and the resident returned from the hospital at 12:00PM.</p> <p>The facility provided Neurological Assessment does not show an initial incident time and does not begin charting beginning until 10:30PM on 4/17/2025. The Neurological Assessment sheet shows initial x1, every 15 mins x6, every 30 mins x4, every hour x4, and every shift until the checks are completed 72 hours post fall. R1's progress notes state the resident fell at 6:00AM and returning to the facility at 12:00PM. Two hourly checks were missed one at 12:30PM and the second one at 1:30PM.</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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