

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145892	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2026
NAME OF PROVIDER OR SUPPLIER Sunny Hill Nursing Home of Will County		STREET ADDRESS, CITY, STATE, ZIP CODE 421 Doris Avenue Joliet, IL 60433	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation interview and record review the facility failed to protect a resident from a fall during care activities. This applies to 1 of 3 residents (R126) reviewed for falls in a sample of 29. The findings include: On 03/03/2026 at 11:07 AM, R126 stated he fell in the shower when he slipped off the shower chair. R126 stated only one staff member was with him when he fell. On 03/05/2026 at 9:56 AM, R126 stated he did not recall if he was wearing a safety belt while on the shower chair. On 03/05/2026 at 10:03 AM, V16 CNA (Certified Nursing Assistant) stated R126 was placed on the bath chair with the assistance of another staff member, but that person did not stay for the whirlpool bath. V16 stated she placed R126 in the whirlpool tub while he was seated on the bath chair to complete his bath. V16 stated when she opened the tub door to help R126 out of the tub, he slid off the bath chair and fell between the tub and tub door and onto his left hip. V16 stated she did not recall placing the safety belt on R126 while he was on the chair. V16 stated if a belt had been on R126, he wouldn't have fallen off the chair. V16 stated her intention was to dry and dress R126 while he was sitting on the bath chair. On 03/05/2026 at 10:20 AM, the bath chair on R126's unit had only half of the black safety belt on it. On 03/05/2026 10:40 AM, V15 ADON (Assistant Director of Nursing) stated she recently had white safety straps placed on the bath chairs because the previous ones were soiled. V15 denied knowledge prior to current day of the safety straps missing or in disrepair. On 03/05/2026 at 10:26 AM, V17 (Maintenance) stated if the safety straps on the bath chair needed to be replaced, he would have received a work order from V15 or have a request submitted from nursing on the request log. V17 stated he did not recall receiving any requests to repair the bath chair. No repair requests were written on the maintenance repair log/clipboard on the breakroom wall on R126's unit. The bath chair instruction manual states all residents must always be securely safety belted at the waist when using any of the lift systems. Warning- Failure to secure the resident properly with the safety belt could result in injury to the resident or operator. The facility policy Preventative Maintenance Responsibilities dated December 13, 2024, states it is the policy of the facility to maintain a safe physical environment for the comfort of our residents. The Facility Policy Fall Prevention and Management dated January 12, 2026, states it is the policy of the facility to ensure that (1) the resident environment remains as free from accident hazards as possible and (2) each resident receives adequate supervision and assistive devices to prevent accidents.</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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