

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145933	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2025
NAME OF PROVIDER OR SUPPLIER  Apostolic Christian Skylines		STREET ADDRESS, CITY, STATE, ZIP CODE  7023 North East Skyline Drive 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)
<p>F 0559</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 share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>49187</p> <p>Based on observation, interview, and record review, the facility failed to issue a written notice of room moves for two of three residents (R1 and R2) reviewed for room moves in a sample of 3.</p> <p>Findings include:</p> <p>The facility's Room Change Policy, undated, documents, It is the policy of (the facility) to promote a resident's right to make choices and to promptly receive written notice of a room change or change in an assigned roommate. The facility supports the resident's right to refuse a room change made for the purpose solely for the staff's convenience. B. Room Change (Transfer Room to Room). f. If the facility requests the resident to move to a different room, within the provisions of Federal and State Regulations, the facility will give prompt notice to the resident and representative. i. The issuance of the notice, the reason for the room changes and the resident's and representatives' response to the move will be documented in the resident's record.</p> <p>R1 and R2's current Census Sheet documents R1 and R2 both moved from the Dementia Unit to the Skilled Nursing Unit on 4/8/25.</p> <p>R1's Electronic Medical Record does not include a notice of room change issued to R1 or V7/R1's Power of Attorney.</p> <p>R2's Electronic Medical Record does not include a notice of room change issued to R2 or V9/R2's Power of Attorney.</p> <p>On 4/11/25 between 10:52 AM and 11:10 AM, V6/Memory Care Coordinator, V7/Social Service Director, and V8/Admission Coordinator, denied giving any notice in writing for the room moves to R1 and R2's resident representatives, and confirmed the room moves were facility initiated.</p> <p>On 4/11/25 at 12:03PM, V9/R2's Power of Attorney confirmed R2 had a room move this week. V9 stated she was notified face to face by V6/Memory Care Coordinator and not in writing.</p> <p>On 4/11/25 at 2:15PM, V1/Executive Director stated V8/Admission Coordinator is new and did not give a written move/transfer notice to R1 and R2's resident representatives and should have.</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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