STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145953	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prairieview Lutheran Home	403 North Fourth Street Danforth, IL 60930

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32172 Based on interview and record review the facility failed to protect a resident's right to privacy for three of three residents (R1, R2, R3) reviewed for resident rights on the sample of three. Findings Include: The Resident's Rights for People in Long Term Care Facilities dated May 2018 documents residents have the right to privacy. The facility may not give information about residents or their care to any unauthorized person without the resident's permission. 1. R1's Medical Diagnoses list dated February 2025 documents R1 is diagnosed with Alzheimer's Disease. R1's Minimum Data Set (MDS) dated [DATE] documents R1 is severely cognitively impaired and requires staff assistance for all Activities of Daily Living. 2. R2's Medical Diagnoses list dated February 2025 documents R2 is diagnosed with Alzheimer's Disease. R2's Minimum Data Set (MDS) dated [DATE] documents R2 is severely cognitively impaired and requires staff assistance for all Activities of Daily Living. 3. R3's Medical Diagnoses list dated February 2025 documents R3 is diagnosed with Alzheimer's Disease. R3's Minimum Data Set (MDS) dated [DATE] documents R3 is severely cognitively impaired and requires staff assistance for all Activities of Daily Living. The facility's Final Investigation Report dated 1/24/25 documents on 1/20/25 the facility was alerted by V5 (employee (V4's) ex-boyfriend) that V4 Certified Nurses Assistant (CNA) had shared resident's names and some information about things that happened in V4's workday concerning residents (R1, R2, R3). V4 admitted to V1 Administrator during his investigation that she had shared details about her day with V5 on occasion and did mention resident's first names. V4 was terminated for violating the facility's confidentiality expectations. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145953	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prairieview Lutheran Home	403 North Fourth Street Danforth, IL 60930

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	V4's Record of Counseling dated 1/23/25 documents V4 was terminated related to a violation of the facility's confidentiality policies. On 2/11/25 at 1:20 PM V3 Memory Care Director stated V4 had admitted to venting to her boyfriend about her day and using resident's first names on occasion. V3 stated V4 had crossed a line and should not have been talking to her boyfriend about things going on at work. On 2/11/25 at 2:45 PM V6 Human Resources confirmed V4 admitted to sharing first names of a couple of residents with her boyfriend when venting to him about her day at work. V6 stated V4 was ultimately terminated because she shared first names of residents with an unauthorized person and that is not appropriate and considered a violation of residents right to privacy.