

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146010 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/05/2025 |
| NAME OF PROVIDER OR SUPPLIER Accolade Healthcare of Pontiac | | STREET ADDRESS, CITY, STATE, ZIP CODE 300 West Lowell Pontiac, IL 61764 | |

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>Based on Interview, Observation and Record Review the facility failed to follow admission orders for c-collar care for one (R1) out three residents reviewed on a sample list of three. Findings Include: On 7/18/2025, R1 had a fall that resulted in a C2 fracture of the neck. R1 was sent to the emergency room for evaluation due to pain in the left shoulder and returned on 7/19/25 with an Aspen C-Collar (Cervical Collar) and orders for care of the C-Collar. On 8/2/25 at 8:05AM, V8 (Certified Nursing Assistant) stated V8 put resident (R1) to bed on 7/18/25, there was no recliner in the room, which V8 stated that R1 usually sleeps in recliner. On 7/18/25, V8 found resident (R1) had rolled out of bed and was complaining of shoulder pain and with the assistance of V9 (Certified Nursing Aide) and V10 (Registered Nurse) resident (R1) was put back to bed via Hoyer lift. On 8/2/25 at 1:18 PM, V10 stated that after resident (R1) returned, the facility received orders to complete skin checks weekly. V10 stated since the bed had been taken out, there was only a recliner in the room and R1's c collar wasn't fitting right. The staff tried to adjust the C-Collar in the recliner, but the recliner wouldn't lay flat and R1 was in pain and yelling it hurts and is burning. V10 called the Medical Director and R1 was sent to the ER. V10 stated no daily skin checks were completed on R1 and 7/24/25 was the first time the C-Collar had been adjusted. On 8/5/25 at 8:30AM, V11 (Medical Director) stated that R1 needed to be lying flat when C-Collar was adjusted and not in a recliner and skin checks needed to be completed every day. On 8/5/2024 at 11:10AM, V1 (Administrator) and V2 (DON) agreed that admission orders were not followed when R1 returned to the facility on 7/19/25 that R1 readmission orders confirmed skin checks daily and R1 needed to be laid flat in a bed instead of a recliner that doesn't lay flat. Policy: admission Orders and Process dated 7/25 documents that upon admission/readmission, orders for care of the resident are received from attending physician, placed on physician's order sheet. This policy also documents that the facility will review all available transfer information.</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 |
|---|---|--------------------------------------|
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 146010 | If continuation sheet Page 1 of 1 |