STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146015	A. Building B. Wing	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hearthstone Manor	920 N Seminary Ave Woodstock, IL 60098

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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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. 22499 Based on observation, interview, and record review, the facility failed to provide restorative care to ensure a resident's ability to ambulate did not diminish. This applies to 1 of 12 residents (R31) reviewed for ADLS/Restorative Care in the sample of 12. The findings include: R31's Nurse Practitioner Progress Note, dated 7/11/24, states, Patient can move BUE (Bilateral Upper Extremities) and BLE (Bilateral Lower Extremities) against gravity. AROM (Active Range of Motion) to BUE and BLE limited - but within functional limit. Sitting up with fair sitting balance. Able to propel self in a wheelchair. Ambulates with RW (Rolling Walker). Patient is discharging from skilled therapy with maximum practical potential met, functional progress reviewed. Will benefit from HEP (Home Exercise Program). R31's Physical Therapy Discharge Summary states, HEP provided and reviewed with return demonstration. Recommended continuing with HEP, functional maintenance program, and participation with facility activities. Functional Maintenance Program/Trained=Ambulation Program, Range of Motion Program. Ambulation Program Established/Trained: Gait training with Rolling [NAME] and wheelchair follow with CGA x 30-50 feet. R31's Care Plan, dated 8/27/24, states, (R31) has self care deficit related to weakness, gait/balance problem, antipsychotic medication use, incontinence, Shortness of breath , right hand swelling. The Interventions include: The resident requires extensive assistance by 1 staff to move between surfaces and PT/OT evaluation and treatment per MD orders. On 8/27/24 at 10:48 AM, R31 complained he was not being walked. R31 stated he is no longer receiving therapy and there is no one to walk with him. R31 stated he can walk with the walker, but now has to sit in the wheelchair all the time. (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

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/28/24 at 8:21 AM, V2 (Director of Nursing) stated, No one is getting range of motion (ROM) or walking other than with therapy. We have not done ROM since I got here over a 1 year ago. I just got certified and I am just starting to work on a program. On 8/28/24 at 9:13 AM, V8 (Certified Occupational Therapy Assistant- Director of Therapy) stated, On discharge (7/3/24) he was a CGA(Contact Guard Assist) at 50 feet- he needed some assist with standing (min to mod) assist with the grab bar. (V9) our PTA (Physical Therapy Assistant) walks with residents when there is spare time- like when they are requesting it. On 8/28/24 at 10:50 AM, V8 and V9 were interviewed together. V9 stated, (R31) has been discharged from therapy. Our Physical Therapist told me that he had requested to walk- sometime at the end of July, so I walked with him. V9 presented a document entitled Patient Request to Walk dated 7/31/24. This document states, Patient ambulated using 2 wheeled walker, CGA for 30 feet. V9 continued, I walked with him once by his request. But that is it. V8 stated, We haven't had a restorative program since 2019. I was told we don't have restorative because the company in New York does not require restorative programing, so therefore we don't have it here. We would love to see a restorative program here. We teach the HEP and make sure they can return demonstrate but we would love to see more of a program.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 33760 Based on observation, interview, and record review, the facility failed to assess and obtain treatments of a facility acquired skin condition to 1 of 12 residents (R21) reviewed for skin conditions in the sample of 12. The findings include: On 8/26/24 at 1:50 PM, R21 was in bed. V10 (Certified Nursing Assistant-CNA) was in R21's room providing incontinence care. Several open areas were noted to R21's right buttocks. V10 (CNA) said she noticed the open areas this morning when he got R21 up for breakfast and informed the Nurse (V11). The Nurse (V11) told her said she knew about the open areas, and just go ahead and get R21 up. At 2:05 PM, V11 (License Practical Nurse-LPN) said she got in report last week that R21 has open areas to his buttocks. V11 (LPN) said she did not do anything (did not notify R21's Physician and did not get any treatments) because that's (V7, Wound Nurse) job. (V7) normally gets the treatment and notifies the Physician. V11 said V11 did not notify V7 because she assumed V7 already knew of R21's open areas. At 2:15 PM, V7 (Wound Nurse) said no one informed her R21 has new skin irritations until today. V7 said R21 has history of developing moisture associated skin disorder (MASD). Nurses should have initiated skin assessment and obtain treatments to the skin irritations and not wait a week later. V7 said R21's skin will be assessed today and wound treatment will be obtained today. R21's skin assessment, dated 8/26/24, shows, multiple superficial skin loss to right buttocks area/ moisture associated skin damage. Will order Zinc Oxide TID (three times a day) and PRN (as needed) until healed. The facility Policy entitled Skin Integrity Management of Non Pressure, dated 4/2024, shows-Non Pressure-any skin integrity alteration not caused by pressure. 2. The Charge Nurse that notes the alteration in skin will complete incident report. 3. Physician . and resident are to be notified of alteration skin. 4. Treatment orders are secured and noted on the Treatment Administration Record (TAR).

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 22499 Based on observation, interview, and record review, the facility failed to assess and provide pressure relieving interventions for a pressure injury on a resident's left heel. This failure resulted in R31's left heel pressure injury progressing to a necrotic (devitalized tissue) area. The facility also failed to assess and provide treatment for a resident with a pressure injury on his buttocks (R21). This applies to 2 of 3 residents (R31, R21) reviewed for pressure injuries in the sample of 12. The findings include: 1. R31's Progress notes, dated 7/29/24, state, Intact Fluid Filled blister measuring approximately 5.5 cm x 3 cm to the left heel. NP (Nurse Practitioner) notified and aware. Awaiting orders. V7, Wound Nurse, confirmed there were no other wound assessments for this wound. R31's current Physician's Order Sheet shows an order, dated 7/29/24, that reads, Cover left heel blister with island dressing. Change only if soiled one time a day. On 8/26/24 at 10:00 AM, R31 was propelling his wheelchair down the hallway using his arms and his feet. R31 was wearing thigh high compression socks and non-skid slipper socks. R31's feet appeared somewhat tight and swollen. On 8/28/24 at 8:41 AM, V7 (RN- Wound Nurse) stated, He has a large blister on his heel- I haven't really seen it in a while. We are just putting a protective foam dressing on it. On 8/28/24 at 9:50 AM, V7 observed R31's left heel. V7 removed the dressing that was put on earlier that morning (per R31). R31 had a golf ball sized necrotic area to inner left heal and pea sized open area to left inner bunion. There was no dressing to the bunion area and old drainage was visible on compression socks in the area of the opening. V7 stated, I would call that necrotic. V7 then pressed on the area with her gloved hand. Oh yes, it is hard. V7 stated, I haven't seen it since it was a blister on 7/29. I will notify the wound doctor who is coming today, usually in the afternoon. For now I will just put a foam dressing on it. R31's care plan, dated 8/28/24, states, (R31) has a blister to his left heel and he is at risk for skin breakdown due to fragile skin, Diabetes Mellitus, limited mobility, incontinence. The interventions include: Identify/document potential causative factors and eliminate/resolve where possible and Monitor/document location, size and treatment of skin injury, Report abnormalities, failure to heal, signs and symptoms of infection, maceration etc. to MD. The facility policy entitled Skin Integrity Monitoring System- Pressure/Non-Pressure dated 4/24 states, When a pressure injury is identified: Assessment of the pressure injury is documented using the Weekly Skin Assessment Weekly Pressure Injury Evaluation in the clinical software. This same policy also states, If pressure causes changes in the resident's skin, it is the responsibility of the nursing staff to initiate guideline for pressure injury per physician's orders. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	33760 2. R21's Braden scale, dated 6/26/24, shows R21 is high risk to develop pressure injuries. On 8/26/24 at 1:50 PM, R21 was in bed being provided incontinence care by V10 (Certified Nursing Assistant). An open area was noted to R21's left buttocks with no dressing in place. V10 (CNA) said she noticed R21's open areas this morning when he got R21 up for breakfast. V10 said she informed V11 (Nurse) regarding R21 having an open area to his buttocks and there was no dressing to it. V11 (License Practical Nurse-LPN) told her to just go ahead and get R21 up. At 2:05 PM, V11 (LPN) said she got in report last week that R21 has open area to his buttocks. V11 said she did not do anything (did not notify physician and did not get any treatments) because that's V7's (Wound Nurse) job. V11 said she also did not notify V7 because she assumed V7 already knew of R21's open areas. At 2:15 PM, V7 (Wound Nurse) stated V7 was not aware of R21's facility acquired pressure injury until today. Nurses are suppose to assess, notify Physician and get treatment orders for any new and acquired pressure injury as soon as it was discovered and not a week later to prevent the pressure injury from getting worse. V7 said R21's skin will be assessed today and wound treatment will also be initiated today. R21's skin assessment, dated 8/26/24, shows, Stage 2 open area to left buttocks measuring Approximately 0. 8 cm X 0.6 cm well-circumscribed partial-thickness loss of skin with exposed dermis to left buttocks and pink wound bed consistent w/ (with) stage II pressure ulcer. Will order to cleanse w/ NSS, (normal saline) apply bordered foam dressing 3x/week and PRN if soiled. The Facility Policy entitled Skin Monitoring System dated 4/2024 shows, . 4. When a pressure injury .skin deficit is identified, treatment orders are obtained from physician.

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F 0692 Level of Harm - Actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 33760 Based on observation, interview and record review the facility failed to implement dietary recommendations and provide nutritional supplements to residents with significant weight loss. These failures resulted in R19 sustaining a 5.9% weight loss in 1 month and a 11.28% weight loss in 3 months, and R23 sustaining a 9. 37% weight loss in 3 months. This applies to 2 of 4 residents (R19, R23) reviewed for weight loss in the sample of 12. The findings include: 1. R19's Physician Order Sheet (POS) show R19 has diagnoses of Alzheimer's dementia, Parkinson's and dysphagia (difficulty swallowing) R19's careplan, initiated 2023, shows, (R19) has potential risk for altered nutritional status and or weight loss due to Alzheimer disease. With intervention to include: will eat 50-75% of meals, weight to be around 160 lbs . for the next 90 days. (A) Provide (supplements) TID. monitor acceptance. R19's Dietary notes, dated 7/11/24, states, - significant weight loss 5.9% past 1 month. Weight 7/24- 144 pounds (lbs), 6/24-151 lbs. Estimated nutritional needs 1950 calories (cal) daily. Regular diet, Minced and Moist , (Nectar Thick) consistency. Significant weight loss, (interventions) Supplements: Supercereal q (with) breakfast, Health shake added BID (twice a day) with meals and (nutritional supplement) 2.0 120ml (milliliters) TID (three times a day) to provide additional 1370cal and 52gm (grams) protein. R19's Dietary notes, dated 8/18/2024, states, Significant weight loss 3 and 6 months. Weight 8/1/24- 146.2 lbs, 8/16 144 lbs, 7/24- 144 lbs. Diet Rx: Regular Minced and Moist Nectar thick liquids. Supplements: Supercereal q breakfast, Health shake added TID (from BID) with meals and (Nutritional supplement) 2.0 120ml after meals when (R19) doesn't eat. On 8/26/24 at 12:56 PM, R19 was in the dining room for lunch being fed by V10 (Certified Nursing Assistant-CNA). R19 was only taking bites of her meal of pureed chicken, pureed mixed vegetables, and pureed orzo pasta. There were no supplements noted on R19's tray as confirmed by V10. R19 only had thickened punch and thickened water included on her tray. After lunch, V10 said R19 only ate 25% of her meal. On 8/27/24 at 8:30 AM, R19 was in the dining room for breakfast. V13 (CNA) was feeding R19. R19 had a bowl of supercereal, pureed eggs, and pureed bread. There was no health shake noted in R19's breakfast tray. V13 said R19 ate poorly at breakfast. R19 took a few bites of her Supercereal. (continued on next page)

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F 0692 Level of Harm - Actual harm Residents Affected - Few	On 8/27/24 at 9:30 AM, V15 (Registered Nurse-RN) said R19's electronic medication record (EMR) does not show R19 has to be given healthshakes. V15 said the kitchen should be giving R19's healthshakes. On 8/27/24 at 10:45 AM, V4 (Registered Dietitian-RD) said, (R19) had significant weight loss for the past few months. (R19) was placed on supplements to meet her nutritional needs- supercereal at breakfast, health shakes with meals placed on her tray by Dietary (kitchen), and if (R19) does not eat, she was given (nutritoinal supplement) plus the healthshakes. V4 (RD) said R19 needed around 1876 calories per day. V4 was informed there was no healthshake noted on R19's meal tray during lunch yesterday (8/26/24) and there was no healthshake noted on R19's meal tray during breakfast this morning. V4 said the kitchen should be providing the healthshakes. V2 (Director of Nursing- DON), who was with V4 (RD), said the healthshakes should come from the kitchen. At 11:00 AM, V3 (Dietary Manager) said the kitchen has never provided health shakes/supplements to R19. V3 said the kitchen only serves R19's supercereal at breakfast, but not R19's healthshakes. V3 said she thought the nurses were giving R19's healthshakes. A new Nutrition Note, dated 8/27/24, for R19 states, Weight review- 8/27/24- 148 lbs, 8/22/24-147.2 lbs, 7/12/24 144-lbs, 6/4/24- 152.5 lbs and 5/24-167 lbs . Diet Minced and Moist, Intervention-Supplemental nutrition orders: Supercereal q breakfast, (nutritional supplement) 2.0 120ml TID, Healthshake TID to provide additional nutrition (to R19) -Recommend add Healthshake to meals TID and provide (nutritional supplement) 2.0 120ml TID with no limit to intake. Gradual weight gain is desirable and should continue with current intake and supplemental nutrition. At 1:00 PM, both V2 (DON) and V4 (RD) said it has been clarified. The kitchen will provide R19's shakes and supercereal and the nurses will now be providing R19's (nutritional supplement). On 8/28/24 at 8:15 AM, R19 was in the dining room being fed breakfast by V14 (CNA). R19's breakfast tray still did not have her healthshake as confirmed by V14. V2 (DON) also saw R19 still did not have her healthshakes with her breakfast tray. V2 said she will take care of this today. At 12:00 PM, V1 (Administrator) said as of today (8/28/24), all of R19's nutritional supplements (healthshakes and nutritional supplement) will now be provided by Nursing and signed off in R19's EMAR. R19's supercereal will still be provided by kitchen. 22499 2. R23's Face Sheet, dated 8/28/24, shows R23 has diagnoses including Parkinson's Disease, Chronic Kidney Disease, and Major Depression. (continued on next page)

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F 0692 Level of Harm - Actual harm Residents Affected - Few	R23's weight list shows she weighed 130.2 lbs on 5/6/24, and has had a slow decrease in weight to 118 lbs on 8/23/24. (9.37% in 3 months). R23's Dietary Note, dated 8/17/24, states, (Nutritional supplement) 2.0 120 ml three times a day. Meal intake is fair with meal refusals noted. Refuses breakfast routinely . Add health shake BID at lunch and dinner . R23's Physician's Order Sheet shows only an order, dated 8/20/24,- (Nutritional supplement) two times a day for weight loss, 120ml. On 8/27/24 at 12:33 PM, V4 (Dietician) stated, Health shakes are a mystery to me. (Nutritional supplement) was decreased to twice a day. I found out the nurses are using the (nutritonal supplement) instead of the health shakes- they were using them interchangeably. They are 2 different things. I email my recommendations to (V2 - Director of Nursing) and then (V2) is supposed to put the orders in after she runs them past the Nurse Practitioner. V2 and V3 (Food Service Director) are both supposed to review them. R23's Care Plan, dated 8/27/24, does not address R23's weight loss or need for supplements.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 47552 Based on observation, interview, and record review, the facility failed to ensure a 4 ounce (oz) portion of pureed lemon baked chicken was provided at lunch. This applies to 4 of 4 residents (R86, R88, R9, R2) reviewed for pureed diets in the sample of 12. The findings include: Facility provided Diet Type Report, dated 8/26/24, shows R86, R88, R9, and R2 receive pureed diets. On 8/26/24 at 12:00 PM, V3 (Food Service Director) placed a yellow handle scoop into the pureed lemon chicken prior to service. V3 used this scoop throughout service for all pureed plates. On 8/26/24 at 12:40 PM, V3 stated the yellow handle scoop is equivalent in volume to a #10 scoop, which provides 3 ounces. Facility recipe for pureed lemon baked chicken shows one portion is to be provided with a #8 scoop, which provides 4 ounces. On 8/27/24 at 12:45 PM, V4 (Registered Dietitian) said the recipe should have been followed and a #8 scoop should have been used for the pureed lemon baked chicken. If the wrong scoop size is used, there is the potential for weight loss.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47552 Based on observation, interview, and record review, the facility failed to ensure cookware was air-dried when removed from the three-compartment sink. This failure has the potential to effect all 33 residents residing in the facility. The findings include: Centers for Medicare and Medicaid form 671, dated 8/26/24, shows there are 33 residents that reside in the facility. On 8/26/24 at 10:45 AM, V6 (Cook) finished the puree chicken and brought the food processor components to V5 (Cook) to wash the components in the three-compartment sink. V5 washed and rinsed all the components and placed them into the sanitize sink. At 10:49 AM, V5 removed the food processor components from the sanitize sink, handed them to V6, who grabbed paper towels and proceeded to dry the food processor components before starting the puree bread. On 8/26/24 at 10:52 AM, V5 removed a large pot from the three-compartment sink area, grabbed a paper towel and dried the pot before placing it on a nearby rack for storage. At 10:53 AM, V5 removed a metal spatula from the three-compartment sink area, grabbed a paper towel, and dried the metal spatula before putting it away. V5 continued this process and continued to dry items removed from the three-compartment sink with a paper towel. On 8/27/24 at 12:45 AM, V4 (Registered Dietitian) said it is not the standard of practice to dry items with a paper towel, and staff should instead allow items to air dry. Facility Cleaning Dishes/Dish machine policy, dated 2019, states, All flatware, serving dishes, and cookware will be cleaned, rinsed, and sanitized after each use . Procedure: . 9. Dishes should be air dried on the dish racks. Do not dry with towels.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47552 Based on interview and record review, the facility failed to ensure pneumonia vaccinations were offered or provided. This applies to 2 of 5 residents (R27, R23) reviewed for vaccinations in the sample of 12. The findings include: On 8/27/24 at 9:00 AM, V7 (Infection Prevention Nurse/Wound Care Nurse, RN) said residents are offered the pneumonia, hepatitis, influenza, and Covid vaccinations upon admission. V7 will gather consents and declinations from residents or their representatives prior to vaccination clinics, where the residents will receive the respective vaccines. V7 said that immunizations will then be reviewed quarterly or as needed if V7 finds illness trends throughout the facility. 1. R27's Admission Record, dated 8/27/24, shows R27 was admitted to the facility on [DATE]. R27's Immunization Audit Report, dated 8/27/24, shows R27 has no pneumonia vaccinations on record. Facility provided vaccination consent for R27, dated 11/30/22, states, (R27) has no record of Pneumonia Vaccination. CDC (Centers for Disease Control and Prevention) has approved the Pneumo20 which is a one-time vaccination. R27's Physician's Orders report, dated 8/28/24, shows R27 had an order to receive the Prevnar20 vaccine (Pneumonia vaccination), with a start date of 12/10/22. On 8/28/24 at 12:18 PM, V1 (Administrator) said the facility received consents from R27's representative to provide the pneumonia vaccination, but the pneumonia vaccine was never provided. 2. R23's Admission Record, dated 8/27/24, shows R23 was admitted to the facility on [DATE]. R23's Immunization Summary, dated 8/27/24, shows R23's last known Pneumococcal Polysaccharide Vaccine PPSV23 (Pneumovax 23) was received on 9/25/2003. The facility was unable to provide documentation showing R23 was offered or provided any additional pneumonia vaccinations after admission. Facility Influenza, Pneumococcal, and COVID19 Vaccines policy, dated 8/2024, states, Admission Policy: All residents will be screened upon admission to our facilities to evaluate influenza/pneumococcal/COVID19 immunization status. Documentation of the resident's influenza/pneumococcal,COVID19 immunization history will be maintained in the medical record. Education will be provided to the resident or responsible party regarding the benefits and potential side effects and risks of the vaccine(s). Consent for annual influenza vaccination and a pneumococcal vaccination (PPSV23 or PCV13) or a declination will be obtained within seven days of admission and documented in the medical record . Previous vaccination with PPSV23 -- adults aged <[AGE] years an additional dose of PPSV23 is indicated and should be administered >5 years after the most recent dose of PPSV23.