

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2026
NAME OF PROVIDER OR SUPPLIER Haven of Champaign		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Curt Drive, Suite B Champaign, IL 61821	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to complete neurological assessments post head injury per facility policy for one resident (R1) reviewed for accident/incident on the sample list of 12 residents. Findings include: R1's Minimum Data Set (MDS) dated [DATE] documents R1 is cognitively impaired. On 4/29/26 at 8:50 AM, V15 Certified Nursing Assistant (CNA) stated V15 had R1 standing in the shower, holding onto the rail while putting a depend on R1 after showering. V15 CNA stated R1 started to slip but V15 caught R1 under R1's arms to keep R1 from falling. V15 CNA stated V15 helped R1 back in the shower chair at that time. V15 CNA stated R1 was confused and doesn't enjoy showers, so V15 was trying to hurry. V15 CNA stated V15 didn't notice any injury until V15 had R1 back in R1's room and was combing R1's hair, noticing a small amount of blood. V15 CNA then went to get the nurse. V15 CNA stated V15 did not see R1 hit R1's head. On 4/29/26 at 2:05 PM, followed V18 CNA to the shower room. V18 stated V18 helped V15 CNA get R1 into the shower chair from the wheelchair then V18 left. V18 CNA stated V18 told V15 CNA that V18 would be back in 15 minutes. V18 CNA stated V18 returned to help V15 get R1 back in the wheelchair from the shower chair. V18 stated that V15 told V18 they slipped a bit but V15 caught R1. V18 stated V15 didn't say anything about R1 hitting R1's head. V18 CNA stated that when they got R1 back to R1's room, they noticed a small amount of dried blood on R1's head when brushing R1's hair and that's when they notified the nurse. V18 stated the only thing V15 could think of was that R1 hit R1's head on the wheelchair or handlebar but nobody knows. On 4/29/26 at 2:30 PM, V12 Licensed Practical Nurse (LPN) stated V12 saw R1 when R1 was already back in R1's room. There was only a small amount of blood observed. V12 immediately sent R1 to the hospital. On 4/29/26 at 2:50 PM, V2 Assistant Director of Nursing (ADON) stated neurological checks were not done due to R1 going to the hospital. V2 stated they should have been done with R1 returning to facility that same day. Nursing assessment dated [DATE] documents Certified Nursing Assistant (CNA) reported to the nurse R1 hit the back of R1's head, got a cut on R1's left back side of R1's head during a shower, and the cut was 4cm (centimeters) long. Hospital summary dated 2/26/26 documents R1 had two staples placed for a laceration to R1's head. Facility Investigation Report dated 2/27/26 documents R1 had behaviors during the shower, bumping R1's head on the shower room wall, resulting in R1 receiving two sutures. The Neurological Assessment Policy dated August 2008 documents to generate neurological assessments for head injuries to be performed for a seventy two hour period unless otherwise ordered by the attending physician as follows every fifteen minutes for four hours, every hour for four hours, every two hours for four hours, every two hours for eight hours and every four hours until the seventy two hour period is complete.</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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