

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Hillcrest Retirement Village		STREET ADDRESS, CITY, STATE, ZIP CODE 1740 North Circuit Drive Round Lake Beach, IL 60073	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47552</p> <p>Based on interview and record review the facility failed to ensure the safety of a resident. This failure resulted in R1 being found in bed with R1's left hip being internally rotated and later being diagnosed as a displaced left hip fracture. This applies to 1 of 3 residents (R1) reviewed for falls with injury in the sample of 3.</p> <p>The findings include:</p> <p>R1's Facesheet dated 2/26/25 shows R1 has diagnoses including, but not limited to, osteoarthritis, dementia, cataract, major depressive disorder, gastro-esophageal reflux disease, hyperlipidemia, and unspecified abnormalities of gait and mobility.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] shows R1 required substantial/maximal assistance to sit upright from a lying position while in bed. R1's MDS also shows that R1 required partial/moderate assistance to stand from a seated position.</p> <p>On 2/27/25 at 8:00 AM, V5 (LPN) said for the last few months, V5 and other nursing staff transferred R1 using a mechanical lift for transfers including, but not limited to, getting R1 in and out of bed.</p> <p>On 2/26/25 at 11:06 AM, V5 said she worked a double shift working both the morning shift from 6:00 AM until 2:00 PM and the evening shift from 2:00 PM until 10:00 PM on Friday, 2/21/25. V5 said R1 did not express any complaints of pain in her left hip during either shift nor did R1 experience any falls.</p> <p>On 2/26/25 at 11:25 AM, V3 (RN) said when she came in for the overnight shift and took report from V5, V5 said V12 (Certified Nursing Assistant- CNA) had put R1 down for bed earlier in the evening shift because R1 was not feeling well.</p> <p>On 2/26/25 at 2:25 PM, V12 said she worked the evening shift from 2:00 PM until 10:00 PM on 2/21/25. V12 said at the beginning of her shift, V5 instructed V12 to put R1 to bed because R1 was not feeling well and was tired. When V12 put R1 to bed, V12 stated R1 had no complaints of hip pain and no bruising to R1's face. V12 said she rounded on R1 throughout the shift and last recalls changing R1 due to incontinence between 7:00 PM and 8:00 PM on 2/21/25. V12 said R1 was resting peacefully and there were no falls with R1 during V12's shift.</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/26/25 at 5:32 PM, V11 (CNA) said R1 was already in bed sleeping when V11's shift started at 10:00 PM on 2/21/25. During V11's initial round on R1, V11 said R1 was not incontinent and did not need to be changed so V11 let R1 sleep and continued to round on R1 every few hours. V11 stated that there were no indications that R1 had fallen during V11's shift.</p> <p>On 2/26/25 at 11:25 AM, V3 said during the morning medication pass around approximately 5:30 AM on 2/22/25, V3 entered R1's room and noted R1 to look flushed (including R1's face), was sweating, and was not responding per baseline. V3 and V11 both denied seeing bruising to R1's face. When V3 removed the covers from R1, V3 noticed that R1's left hip was rotated inward and looked dislocated. When V3 and V11 tried to provide care to R1, both V3 and V11 noted R1 to be crying out in immense pain and reaching towards R1's left leg. V3 then notified V1 (Administrator), V2, and V13 (Physician) who instructed to send R1 to the local hospital for emergency treatment.</p> <p>On 2/27/25 at 2:03 PM, V15 (Lead Paramedic) said when V15 arrived to the facility, a nurse (presumably V3) met V15 and the crew in the hallway outside of R1's room. V3 told V15 that V3 was going to change R1 when V3 noticed that R1 was wet. When V3 went to change R1, V3 noted R1's hip deformity. V15 then conducted a physical assessment of the resident, noting R1 had a deformity to R1's left hip and redness to the left cheek. V15 stated the redness to R1's cheek was not equal to both sides, just on the left cheek. Based on the hip deformity and the redness to R1's cheek, V15 asked V3 if R1 had fallen and V3 denied any falls.</p> <p>Local Fire Department prehospital care report, written by V15, dated 2/22/25 states, . The patient was assessed and noted to be feverish and uncomfortable. A rapid trauma assessment was preformed [sic] noting an obvious deformity to the patients left hip as well as redness to the patients left cheekbone that had the appearance of bruising. The staff denied the patient having any fall, however the crew suspects a fall did occur due to the noted injuries.</p> <p>R1's hospital records from 2/22/25 hospital stay shows R1's x-ray imaging findings included a comminuted fracture left hip intertrochanteric region and base of the hip with displaced lesser trochanteric fragment, indicating R1's hip had been fractured in multiple places just below the neck of the femur where the femoral head enters the pelvis.</p> <p>On 2/26/25 at 2:40 PM, V13 said the facility notified V13 of the incident after it occurred and the local hospital notified V13 of the x-ray findings, noting R1 was not a candidate to receive a surgery for the hip fracture. V13 believes this type of fracture could be the result of a fall but V13 did not know all of the specifics at that time.</p> <p>On 2/26/25 at 2:15 PM, V2 said V1 and V2 conducted an investigation and at this time, R1's injuries are considered an injury of unknown origin and that any type of abuse had been ruled out.</p>		