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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146130	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Retirement Village	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review the facility failed to document a residents fall and update a care plan post fall for 1 of 3 residents (R2) reviewed for safety and supervision in the sample of seven.The findings include: R2's Progress Notes showed, 12/24/25 at 10:09 AM, catheter dislodged. New 16 French catheter inserted per physician order using aseptic technique. At 6:30 PM, R2 has catheter removed during her recent fall. At 9:43 PM, catheter removed during fall. R1's Progress Notes did not show the date, time, location or any additional information related to her fall.R2's Care Plan dated 12/15/25 showed R2 is at risk for falls related to hallucinations, antidepressant use, behaviors (resident intentionally slides herself out of wheelchair to the floor when she is up longer than she wants). The care plan was not reviewed and/or revised after her fall on 12/24/25.On 1/13/25 at 1:35 PM V4 Licensed Practical Nurse - LPN stated if a resident falls, they are assessed immediately. Neurological checks are done if it is an unwitnessed fall or a fall that they hit their head. V4 stated If the resident complained of pain or shoulder they would get an X-ray. V4 stated an incident report is done for the fall. V4 stated she did not know when a resident's care plan is updated or who updates them after a fall.On 1/13/26 at 2:08 PM, V2 Director of Nursing - DON stated after a resident falls they are assessed by the nurse right away and if there is no injury the mechanical lift is used to get the resident up. V2 stated the incident is to be documented in risk management. A note is populated into the resident's notes but only if the box is checked for it to go there. V2 stated other nurse's will just write a separate note in the progress notes for the fall. V2 stated post fall monitoring is done and charted for 3 days. V2 stated the resident's care plan is updated after a fall. V2 stated she is the one that updates the care plans, and she did not update R2's care plan after her fall. V2 stated she was not even aware R2 had a fall. V2 stated R2 did not have any injuries when she went to the hospital recently. R2 was admitted for a change in condition and diagnosed with metabolic encephalopathy and chronic kidney disease. V2 stated R2 is in the hospital every couple of weeks.On 1/13/26 at 2:38 PM, V2 stated the nurse never put a note in risk management or any note about R2's fall in the electronic medical record. V2 stated the nurse should have documented what happened. V2 stated she was not aware of R2's fall and should have been.The Face Sheet dated 1/13/26 for R2 showed diagnoses including dementia, major depressive disorder, restlessness and agitation, wedge compression fracture, hypothyroidism, dehydration, acute metabolic acidosis, anxiety disorder, ulcerative colitis, chronic kidney disease, adult failure to thrive, paroxysmal atrial fibrillation, peripheral vascular disease, hematuria, hallucinations, urinary tract infection, hydronephrosis, insomnia, anemia, type 2 diabetes mellitus, hyperkalemia, adjustment disorder, hypertension, atherosclerotic heart disease, acute embolism, ileostomy, and retention of urine.The facility's policy and procedure for falls (no date) showed, the nurse is to complete risk management in point click care for un-witnessed and/or witnessed falls. Nurse to complete incident note under progress notes in electronic medical record at the time of the incident. Interventions will be initiated (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	immediately by licensed nurse based on residents' specific needs.