

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ignite Medical Hanover Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 West Lake Street Hanover Park, IL 60133	
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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to establish care schedules based on individual resident preferences and needs rather than staff convenience for 5 of 5 residents (R1, R2, R3, R7, and R8) in the sample of 5 reviewed for overnight care schedules. Specifically, timecard records revealed two dedicated wound nurses routinely initiated shift duties as early as 2:30 AM to perform non-emergent wound care while residents were sleeping, solely to accommodate employee personal and educational schedules. This deficient practice directly affected 83 residents with active wound care orders and had the potential to affect all 90 current residents in the facility should they require wound care services. Findings include: On 7/27/26 at 10:10 AM, V1 (Administrator) provided the facility census roster showing 90 current residents, with 83 residents maintaining active physician orders for wound care management. Review of facility timecard records for Wound Nurse A (V4) and Wound Nurse B (V5) dated [July/2026] showed shift start times consistently scheduled between 2:30 AM and 3:30 AM. Clinical record review for R1, R2, R3, R7, and R8 on 7/27/26 confirmed active orders for routine wound treatments, with no physician orders specifying middle-of-the-night administration. Record review further revealed no documented assessments of individual sleep preferences or overnight care routines, and no documented resident consent to receive routine care between 2:30 AM and 4:00 AM. Review of Treatment Administration Records (TARs) for R1, R2, R3, R7 and R8 revealed nurse initials documenting completion of wound care treatments; however, TAR entries lacked specific execution timestamps to verify actual care delivery times. On 7/27/26 at 10:30 AM, an interview was conducted with V1 (Administrator). V1 stated she had no issues with V4 and V5 punching in as early as 2:00 or 3:00 AM to perform wound treatments, noting that no one had ever complained about this practice prior to the survey. V1 stated this schedule had been in place for at least three years, originating prior to her tenure as administrator. V1 added that if any resident were to complain, the facility would adjust the schedule. When asked regarding the clinical importance of uninterrupted resident sleep, V1 refused to comment, maintaining that there was no issue with the early shift timing. Review of facility policies and resident records confirmed the facility maintained no baseline mechanism or assessment tool to capture resident schedule preferences prior to initiating overnight care routines, operating instead on unwritten practice until a complaint was submitted. On 7/27/26 at 10:45 AM, V2 (Director of Nursing) stated V4 (Wound Nurse A) and V5 (Wound Nurse B) typically punch in between 3:00 AM and 3:30 AM to conduct wound treatments to accommodate their personal schedules, noting specifically that V4 is attending school for a nurse practitioner degree. V2 stated this schedule has been in place for approximately three years, explaining that previous administration was desperate to retain V4 and created this arrangement to accommodate her long commute and educational schedule. V2 acknowledged the clinical necessity of uninterrupted sleep for (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 146143	Facility ID: 146143
		If continuation sheet Page 1 of 14

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on observation, interview, and record review, the facility failed to ensure a functional Restorative Nursing Program was maintained and executed to ensure residents maintain functional abilities and range of motion in accordance with comprehensive assessments and care plans. Specifically, the facility failed to allocate dedicated restorative nursing personnel, maintain supervisory oversight, or deliver structured restorative interventions, and instead integrated restorative care tasks into general Certified Nursing Assistant Point of Care electronic documentation, relying on unverified check-box entries without confirming session duration or care delivery. This deficient practice resulted in staff failing to provide care-planned restorative nursing services for four of four residents (R4, R5, R6, and R7) reviewed for Activities of Daily Living, directly affected twenty-seven residents listed on the active restorative roster, and had the potential to affect all ninety residents residing in the facility. On 7/27/26 at 10:10 AM, V1 Administrator provided the facility census roster showing ninety current residents. On 7/28/26 at 2:15 PM, V12 Restorative and Minimum Data Set Coordinator was interviewed and stated the facility does not operate an active Restorative Nursing Program or employ designated Restorative Nursing Aides facility wide. V12 stated approximately twenty-seven long-term residents are listed on restorative care tasks assigned to general floor Certified Nursing Assistants. V12 acknowledged that despite holding the title of Restorative Director, she does not supervise, monitor, or audit restorative care across any unit, and has never observed floor Certified Nursing Assistants performing dedicated restorative tasks. V12 confirmed that restorative interventions are not delivered as separate, structured fifteen-minute sessions anywhere in the facility, but are instead folded into routine daily floor care. When asked regarding protocol for residents who complete formal therapy services and require restorative nursing to maintain functional levels, V12 stated those residents are discharged from therapy without restorative programming, adding that the current roster of twenty-seven long-term care residents were grandfathered into the system under the new operating entity. On 7/28/26, a review of Point of Care electronic documentation printouts for the twenty-seven identified residents on the restorative roster revealed check-box entries for daily restorative tasks without documentation of session duration, specific techniques utilized, or actual time spent. On 7/29/26, beginning at 1:50 PM, interviews were conducted with floor Certified Nursing Assistants regarding the provision of restorative nursing services. On 7/29/26 at 1:50 PM, V12 Certified Nursing Assistant stated he does not perform separate or dedicated restorative therapy for any assigned residents. V12 Certified Nursing Assistant stated he documents restorative tasks as completed in the electronic system because he considers restorative care part of standard daily Certified Nursing Assistant duties, confirming no distinct restorative care is provided beyond routine care activities. On 7/29/26 at 1:55 PM, V13 Certified Nursing Assistant stated that no residents on the floor received restorative care. V13 Certified Nursing Assistant stated nursing staff did not have time to spend fifteen minutes on any resident due to high resident care workloads. On 7/29/26 at 2:00 PM, V14 Certified Nursing Assistant stated if staff had time they would try to do it. When asked by the surveyor to clarify what was meant by trying to do it, V14 Certified Nursing Assistant stated she has never spent fifteen minutes providing restorative care to any resident due to being busy. When asked if she ever assisted an assigned resident to walk down the hallway for fifteen minutes or observed range of motion exercises, V14 Certified Nursing Assistant stated no. On 7/29/26 at 2:05 PM, V15 Certified Nursing Assistant stated staff had too many duties to perform restorative care in addition to regular (continued on next page)		

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on observation, interview, and record review, the facility failed to maintain a sufficient number of nursing staff to ensure restorative care plans and scheduled therapeutic interventions were executed as ordered. Specifically, the facility failed to allocate designated Restorative Nursing Aides (RNAs) and failed to provide adequate floor nursing coverage to complete ordered restorative interventions. This failure resulted in omitted restorative care, unapplied adaptive prosthetics, and unfulfilled therapeutic exercise routines for 4 sampled residents (R4, R5, R6, R7) reviewed for sufficient nursing staff, affected 27 residents on the restorative roster, and had the potential to affect all 90 residents residing in the facility. On 7/27/26 at 10:10 AM, V1 (Administrator) provided the facility census roster showing 90 current residents residing in the facility. On 7/28/26 at 2:15 PM, V12 (Restorative/MDS Coordinator) was interviewed regarding facility nursing staffing models and restorative program management. V12 stated that the facility does not employ dedicated Restorative Nursing Aides (RNAs) or allocate specialized staffing positions to execute restorative care plans facility wide. V12 stated that approximately 27 long-term care residents are designated on the facility's restorative roster, but all restorative care tasks are added directly to the daily Point of Care (POC) electronic task lists of general floor Certified Nursing Assistants (CNAs). V12 acknowledged that despite holding the administrative title of Restorative Director, she does not schedule, supervise, or audit restorative care delivery, and has never observed floor staff providing structured, dedicated 15-minute restorative sessions. V12 confirmed that due to current facility staffing allocations, restorative care is not delivered as distinct, scheduled programming, but is instead expected to be absorbed into routine CNA floor care assignments. V12 further stated that residents who complete formal therapy services and require restorative nursing to maintain functional levels are simply discharged from therapy to the community without restorative programming, adding that the current roster of 27 long-term care residents were merely grandfathered into the system under the new operating entity. On 7/28/26, a review of Point of Care electronic staffing documentation for all 27 residents on the restorative roster confirmed that restorative assignments are structured solely as electronic check boxes for floor CNAs, lacking any operational tracking for session duration, specific techniques used, or verification of staff delivery. On 7/29/26, beginning at 1:50 PM, interviews were conducted with floor Certified Nursing Assistants (CNAs) regarding staffing levels and the provision of restorative nursing services. On 7/29/26 at 1:50 PM, V12 CNA stated that he did not perform separate restorative therapy for residents. V12 CNA stated he documented restorative care as completed because he considered it part of his standard CNA duties, confirming that no distinct restorative care was provided beyond his routine care activities due to floor duties. On 7/29/26 at 1:55 PM, V13 CNA stated that no residents on the floor received restorative care. V13 CNA stated that nursing staff did not have time to spend 15 minutes on any resident due to high resident care workloads. On 7/29/26 at 2:00 PM, V14 CNA stated, If we had time we would try to do it. When asked by the surveyor to clarify what was meant by trying to do it, V14 CNA stated she has never spent 15 minutes providing restorative care to any resident because she is too busy. When asked if she would ever assist an assigned resident to walk down the hallway for 15 minutes or observe range of motion exercises, V14 CNA stated no. On 7/29/26 at 2:05 PM, V15 CNA stated she did not understand the surveyor's question and stated that staff had too many duties to perform restorative care in addition to their regular workload. On 7/29/26 at 2:10 PM, V16 CNA stated that she did not perform restorative care on any resident due to workload constraints. On 7/29/26, interviews and record reviews were (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ignite Medical Hanover Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 West Lake Street Hanover Park, IL 60133	
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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	conducted for four cognitively intact residents (R4, R5, R6, R7, BIMS scores 14 to 15) specifically evaluating nursing staff availability and assignment constraints: On 7/29/26 at 9:50 AM, R4 (BIMS 15, diagnoses including Type 2 Diabetes and Congestive Heart Failure) stated that general floor CNAs do not have sufficient time during their shifts to spend the required 15 minutes with him to perform care-planned exercises or grooming programs. R4 explained that floor staff are rushed due to high resident workloads, completing brief essential care before moving on to other assigned residents, resulting in his scheduled restorative care being omitted. On 7/29/26 at 9:55 AM, R5 (BIMS 14, diagnoses including End Stage Renal Disease and Type 2 Diabetes) stated that floor nursing staff routinely fail to provide assistance with applying her lower extremity prosthesis due to staff availability and time constraints. R5 reported going two consecutive days without her prosthetic applied because assigned CNAs were rushing through floor duties, and stated CNAs do not conduct upper extremity exercise routines with her. On 7/29/26 at 10:00 AM, R6 (BIMS 14, diagnoses including Type 2 Diabetes and End Stage Renal Disease), confirmed that floor CNAs do not provide dedicated time or assistance for her three care-planned restorative programs, noting that floor staff are only able to perform basic daily care due to workload demands. On 7/29/26 at 10:10 AM, R7 (BIMS 15, diagnoses including Hemiplegia and Gait Abnormality) stated that following his discharge from therapy, floor nursing staff failed to perform his ordered active range of motion and dressing routines utilizing exercise equipment. R7 stated CNAs enter his room to perform quick daily routines but do not conduct or assist with exercise routines due to shift time limits. A review of facility Point of Care documentation for R4, R5, R6, and R7 revealed electronic checkmarks indicating restorative tasks were marked as completed by floor CNAs. However, staff interviews with V12 (Restorative Director) and floor CNAs (V12 CNA through V16 CNA) confirmed these electronic entries do not represent dedicated 15-minute restorative nursing sessions, but rather routine basic care electronically mapped to satisfy restorative task lists. Facility administration acknowledged that general floor CNAs do not log actual session duration, specific restorative techniques utilized, or separate therapeutic delivery times. Furthermore, the electronic checkmarks were directly contradicted by interviews with R4, R5, R6, and R7, who each confirmed that floor CNAs provided only brief basic daily care and routinely omitted scheduled restorative programming due to shift workload constraints. Consequently, the facility's reliance on routine electronic POC checkmarks fails to verify or substantiate that sufficient nursing staffing was provided to execute ordered Restorative Nursing Program interventions. Facility policy titled Restorative Activities of Daily Living Services (dated 1/2026) specifies that the facility shall establish, implement, and maintain an active Restorative Nursing Program designed to assist each resident in attaining and maintaining their highest practicable level of physical, mental, and psychosocial functioning. The policy requires that restorative programming provide individualized interventions-including active or passive range of motion, grooming, bathing, dressing, hygiene, guided transfer techniques, ambulation, and the application of adaptive prosthetics or orthotics-delivered in structured 15-minute sessions. The policy mandates that restorative care interventions be actively provided by designated, trained nursing personnel across all shifts, specifying that care delivery must not be omitted, delayed, or substituted with routine basic care due to floor shift duties or staffing fluctuations.		

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NAME OF PROVIDER OR SUPPLIER Ignite Medical Hanover Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 West Lake Street Hanover Park, IL 60133	
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that a comprehensive care plan was implemented for 4 of 4 residents (R4, R5, R6, R7) reviewed for care plan implementation in the sample of 8. Specifically, the facility failed to ensure that individualized care plan interventions-including restorative nursing programs for dressing, grooming, ambulation, transfers, active range of motion, and bed mobility-were executed and provided as care planned. On 7/29/26, physical observations, resident interviews, and record reviews revealed the facility failed to implement comprehensive care plan interventions for 4 sampled residents (R4, R5, R6, R7) reviewed for care plan implementation: On 7/29/26 at 9:50 AM, Resident R4, an [AGE] year-old male (BIMS 15, indicating intact cognition, with diagnoses including Atrial Fibrillation, Type 2 Diabetes, Severe Malnutrition, Congestive Heart Failure, and Major Depressive Disorder), was observed seated in a wheelchair in his room with an unkempt beard, disheveled facial hair, and an overall ungroomed appearance. Review of R4's comprehensive care plan revealed mandates for three active Restorative Nursing Programs: Dressing and Grooming, Ambulation, and Transfers for 15 minutes daily, 6 to 7 days per week. R4 stated facility staff regularly fail to perform or assist with these separate restorative care plans. Review of R4's daily care logs confirmed missing and incomplete implementation records, and staff interviews confirmed these dedicated restorative programs were omitted and instead folded into standard daily ADL care. On 7/29/26, Resident R5, a [AGE] year-old female (BIMS 14, indicating intact cognition, with diagnoses including End Stage Renal Disease, Type 2 Diabetes, Absence of Right Leg Below Knee Amputation, and Idiopathic Peripheral Neuropathy), was observed in bed while her lower extremity prosthesis remained sitting on the floor unapplied. R5 stated staff failed to assist her with applying her prosthetic leg for two consecutive days, leaving her unable to utilize her prosthesis as intended. R5 further stated staff do not perform or assist with her Active Range of Motion (AROM) or Bed Mobility restorative programs. Review of R5's comprehensive care plan confirmed mandates for active daily prosthetic assistance, AROM, and Bed Mobility programs for 15 minutes daily, 6 to 7 days per week; however, facility records showed these care plan interventions were unfulfilled, and staff acknowledged the programs were not delivered as care planned. On 7/29/26, Resident R6, a [AGE] year-old female (BIMS 14, indicating intact cognition, Spanish-speaking, with diagnoses including Type 2 Diabetes, End Stage Renal Disease, Acute Kidney Failure, and Atrial Fibrillation), was interviewed in Spanish and stated staff fail to provide dedicated assistance with her ordered restorative ambulation, dressing, and transfer routines. R6's comprehensive care plan mandates structured daily assistance for 15 minutes per day, 6 to 7 days per week across all three programs, incorporating a rolling walker, gait belt, and step-by-step guidance. Review of tracking documentation confirmed incomplete delivery of ordered care, and staff validated that these required restorative programs were not provided 6 to 7 days per week but were instead folded into standard daily ADL care. On 7/29/26, Resident R7, a [AGE] year-old male (BIMS 15, indicating intact cognition, with diagnoses including Hemiplegia and Hemiparesis affecting the left non-dominant side, Abnormality of Gait and Mobility, Muscle Wasting and Atrophy, and Need for Assistance with Personal Care), stated that following his discharge from formal physical and occupational therapy, staff ceased providing his ordered restorative programs for active range of motion and dressing. R7's comprehensive care plan mandates daily AROM to his lower extremities utilizing 2 lb. ankle weights, green Theraband, an Omnicycle, and a Nautilus leg press, along with (continued on next page)		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	upper body dressing assistance for 15 minutes per day, 6 to 7 days per week. R7 stated no staff member conducts these therapy exercises or dressing routines with him. Clinical record review confirmed missing 15-minute daily tracking logs, and staff interviews validated that his restorative care plan interventions were not performed as care planned. On 7/28/26 at 2:15 PM, V12 (Restorative/MDS Coordinator) confirmed that required daily care plan interventions for the 27 identified residents on the restorative roster were not monitored or verified. V12 acknowledged staff regularly fold or omit these ordered individual routines into general floor care rather than implementing the comprehensive care plans as written, adding that residents completing formal therapy are discharged without restorative programming and that the current 27 residents were merely grandfathered into the system under the new operating entity. A review of the facility policy titled Restorative Activities of Daily Living Services (dated 1/2026) specifies that all residents will receive assistance with activities of daily living every shift as appropriate to achieve and maintain their highest practicable level of functionality. The policy requires that care plans indicate individualized approaches and assistive devices, and that planned interventions be implemented and documented by staff.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observation, interview, and record review, the facility failed to ensure residents received necessary care and services to maintain optimal personal hygiene, grooming, and physical functioning. Specifically, the facility failed to ensure ordered adaptive prosthetic equipment was applied, hygiene and grooming care plans were executed, and therapeutic exercise regimes were carried out as ordered. This resulted in unmet personal hygiene needs, unapplied prosthetics, and omitted therapeutic care for 4 of 4 residents (R4, R5, R6, R7) reviewed for quality of care in the sample of 8. On 7/28/26 at 2:15 PM, V12 (Restorative/MDS Coordinator) was interviewed and stated the facility does not operate an active Restorative Nursing Program or employ designated Restorative Nursing Aides. V12 stated approximately 27 long-term residents are listed on restorative care tasks assigned to general floor Certified Nursing Assistants (CNAs). V12 acknowledged despite holding the title of Restorative Director, she does not supervise, monitor, or manage restorative care, and has never observed floor CNAs performing dedicated restorative tasks. V12 confirmed restorative interventions are not delivered as separate, structured 15-minute sessions, but are instead folded into routine daily care, such as standard transfers and ADLs. V12 further stated residents who complete formal therapy services and require restorative nursing to maintain functional levels are simply discharged from therapy to the community without restorative programming, adding the current roster of 27 long-term care residents were merely grandfathered into the system under the new operating entity. On 7/28/26, a review of Point of Care electronic documentation printouts for the identified residents confirmed a simple check-box format lacking verifiable details regarding the duration or execution of restorative interventions. On 7/29/26, beginning at 1:50 PM, interviews were conducted with floor Certified Nursing Assistants (CNAs) regarding the provision of restorative nursing services. On 7/29/26 at 1:50 PM, V12 CNA stated he did not perform separate restorative therapy for residents. V12 CNA stated he documented restorative care as completed because he considered it part of his standard CNA duties, confirming no distinct restorative care was provided beyond his routine care activities. On 7/29/26 at 1:55 PM, V13 CNA stated no residents on the floor received restorative care. V13 CNA stated nursing staff did not have time to spend 15 minutes on any resident due to high resident care workloads. On 7/29/26 at 2:00 PM, V14 CNA stated, If we had time we would try to do it. When asked by the surveyor to clarify what was meant by trying to do it, V14 CNA stated she has never spent 15 minutes providing restorative care to any resident because she is too busy. When asked if she would ever assist an assigned resident to walk down the hallway for 15 minutes or observe range of motion exercises, V14 CNA stated no. On 7/29/26 at 2:05 PM, V15 CNA stated she did not understand the surveyor's question and stated staff had too many duties to perform restorative care in addition to their regular workload. On 7/29/26 at 2:10 PM, V16 CNA stated she did not perform restorative care on any resident. On 7/29/26, physical observations, resident interviews, and record reviews were conducted for four residents reviewed for quality of care: On 7/29/26 at 9:50 AM, R4 (BIMS 15, indicating intact cognition, diagnoses including Atrial Fibrillation, Type 2 Diabetes, Severe Malnutrition, Congestive Heart Failure, and Major Depressive Disorder) was observed seated in a wheelchair in his room with an unkempt beard, disheveled facial hair, and an overall ungroomed appearance. Review of R4's comprehensive care plan revealed mandates for three active Restorative Nursing Programs: Dressing/Grooming, Ambulation, and Transfers for 15 minutes daily, 6 to 7 days per week. During an interview, R4 stated staff never spend the required 15 minutes with him, explaining when CNAs enter his room, they assist him quickly to get cleaned up but fail to help him brush his teeth, comb his hair, or shave as required by his grooming program. R4 further stated he is (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	never ambulated with his wheelchair or otherwise, noting while staff occasionally wheel him to the dining area, he does not consider this a structured restorative program. Review of R4's daily care logs confirmed missing and incomplete implementation records, and staff interviews confirmed these dedicated restorative programs were omitted and instead folded into standard daily ADL care. On 7/29/26 at 9:55 AM, R5 (BIMS 14, indicating intact cognition, diagnoses including End Stage Renal Disease, Type 2 Diabetes, Absence of Right Leg Below Knee Amputation, and Idiopathic Peripheral Neuropathy) was observed in bed while her lower extremity prosthesis remained sitting on the floor unapplied. Review of R5's comprehensive care plan revealed mandates for two active Restorative Nursing Programs: Active Range of Motion (AROM) to bilateral upper and lower extremities and Bed Mobility for 15 minutes per day, 6 to 7 days per week, alongside daily assistance with her prosthetic leg. During an interview, R5 stated staff failed to assist her with applying her prosthetic leg for two consecutive days, noting she has to specifically ask staff to apply it and stated if staff claim they put it on regularly, would not be true. When the surveyor motioned to provide an example of upper extremity exercises, R5 stated CNAs absolutely never instruct or assist her with upper extremity range of motion exercises. R5 further reported she has never been visited or asked how she was doing by a restorative nurse, assuming restorative care simply ended after her formal therapy services concluded. R5 emphasized this lack of care is not right, stating she needs restorative nursing to maintain her functioning and believes she is declining functionally without it. Record review confirmed daily restorative tracking logs were unfulfilled, and staff interviews validated that her separate restorative care programs were not delivered as care planned. On 7/29/26 at 10:00 AM, R6 (BIMS 14, Spanish-speaking, diagnoses including Type 2 Diabetes, End Stage Renal Disease, Acute Kidney Failure, and Atrial Fibrillation) has care plans mandating three daily 15-minute programs for Ambulation with a rolling walker and gait belt, Dressing, and Stand-Pivot Transfers 6 to 7 days per week. R6 stated staff do not provide separate or dedicated assistance for these programs. Record review confirmed incomplete tracking logs, and staff validated sessions were not delivered as planned. On 7/29/26 at 10:10 AM, R7 (BIMS 15, indicating intact cognition, diagnoses including Hemiplegia and Hemiparesis affecting the left non-dominant side, Abnormality of Gait and Mobility, Muscle Wasting and Atrophy, and Need for Assistance with Personal Care) stated following his discharge from formal physical and occupational therapy, staff ceased providing his ordered restorative programs for active range of motion and dressing. R7's comprehensive care plan mandates daily active range of motion (AROM) to his lower extremities utilizing 2 lb. ankle weights, green Theraband, an Omnicycle, and a Nautilus leg press, along with upper body dressing assistance for 15 minutes per day, 6 to 7 days per week. R7 stated earlier in the day on 7/29/26, a male CNA entered his room but did not perform any exercises with him, help him with range of motion, or instruct him to raise his arms for exercise. When the surveyor asked if he had ever worn ankle weights as part of restorative exercises, R7 responded, never ever. R7 stated no staff member conducts these therapy exercises or dressing routines with him. Clinical record review confirmed missing 15-minute daily tracking logs, and staff interviews validated his restorative care plan interventions were not performed as care planned. Facility policy titled Restorative Activities of Daily Living Services (dated 1/2026) specifies all residents will receive assistance with activities of daily living every shift as appropriate to achieve and maintain their highest practicable level of functionality. The policy requires care plans indicate individualized approaches and assistive devices, and planned interventions be implemented and documented by staff.		