

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

Printed: 06/26/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146195	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Ignite Medical McHenry		STREET ADDRESS, CITY, STATE, ZIP CODE 550 Ridgeview Drive McHenry, IL 60050	
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	<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** 40085</p> <p>Based on interview and record review the facility failed to implement fall interventions into the care plan after a fall for a resident at risk for falls, for 1 of 3 residents (R1) reviewed for safety in the sample of 7.</p> <p>The findings include:</p> <p>R1's Face Sheet shows she was admitted to the facility 3/25/24 and discharged [DATE]. R1's admitting diagnoses included muscle weakness, unsteadiness on her feet, reduced mobility, cellulitis of the left upper limb, end stage renal disease, and need for assistance with personal cares.</p> <p>R1's admitting Fall Risk Evaluation shows she scored a score of 12 which indicated she is a high fall risk.</p> <p>An Un-witnessed fall incident report dated 4/10/24 shows R1 had a fall that day in her room. She was found lying on the floor between her bed and her wheelchair.</p> <p>A second Witnessed fall incident report dated 4/22/24 shows R1 had another fall on 4/22/24 while transferring into bed, she slid off the bed and onto the floor.</p> <p>R1's Fall Risk Care Plan shows it was initiated on 3/25/24 (on admission) and included 4 standard admitting interventions: Anticipate and meet the resident's needs, ensure bed brakes are locked, follow facility fall protocol, and review information on past falls to determine the root cause.</p> <p>No interventions were changed or added to R1's Care Plan after the fall on 4/10/24 or 4/22/24.</p> <p>On 4/30/25 at 12:27 PM, V2 (Director of Nursing) said she can only speak for the current practice, however when a resident has a fall the Care Plan should be updated to document the fall with the interventions that will be added.</p> <p>The facility provided Fall Prevention policy dated November 2020 shows that the facility should add safety interventions to a residents Care Plan for residents at risk for falls. The policy also shows the facility team members get to know the resident interventions should be individualized toward that resident to help avoid factors that may cause a fall.</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