

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  08/11/2025
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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were changed in a timely manner for 1 of 5 residents (R5) reviewed for ADLs (activities of daily living) in the sample of 7. The findings include: On 8/11/25 at 10:22 AM, R5 was lying in bed in her room. A strong, foul odor was immediately noted upon entering R5's room. V6 and V7, Certified Nursing Assistants (CNAs) were in R5's room to change her. R5's brief, pad, and sheet were all saturated through to the mattress with dark, foul-smelling urine. On 8/11/25 at 10:39 AM, R5 said no one changed her earlier. On 8/11/25 at 1044 AM, V7 said she did not change or help change R5 earlier today and she doesn't know when R5 was last changed as V4 was R5's CNA. On 8/11/25 at 12:33 PM, V4 said R5 is her resident today and she and V6 changed R5 at about 7:30 AM today. V4 said residents should be changed every two hours. On 8/11/25 at 1:01 PM, V2, Director of Nursing/Chief Nursing Officer, said incontinent residents are supposed to be changed every two hours and as frequently as needed. V2 said staff are to prioritize the residents who cannot tell if they are wet or not, and they should be changed first. V2 said if a resident is changed and they are wet again in an hour, then they must change them again. R5's current care plan initiated on 10/18/21 shows R5 is incontinent of urine. R5's current care plan initiated on 12/28/23 shows R5 has an ADL (activities of daily living) self-care performance deficit. R5 is dependent on staff for toileting and toileting hygiene. The facility's Incontinence Care Policy (last reviewed 11/2024) shows incontinence care is provided to keep residents as dry, comfortable and odor free as possible. Incontinent residents are changed every two hours and more frequently if needed.</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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