

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: 146195	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
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	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure fall interventions were in place for a resident with a history of falls for 1 of 3 residents (R1) reviewed for safety in the sample of 3The findings include:R1's Physician Order Sheet dated 7/26 show R1 has diagnoses that include history of urinary tract infections (UTI), stroke affecting left dominant side and muscle weakness.R1 fall risk assessment dated [DATE] shows R1 is high risk for falls.R1's fall incident report dated 7/8/26 timed at 17:50 (5:50PM) documents, this nurse heard someone yelling out down the hall, upon entering [R1's] room, she was observed on the floor next to her bed wrapped up in a blanket and her oxygen tubing.environmental assessment show that this incident was most likely related to residents generalized weakness, impaired mobility history of CVA (stroke) with left hemiplegia. R1's care plan dated 6/29/26 show, The resident is at risk for falls. (R1) had an unwitnessed fall with no injury - observed on the floor next to her bed wrapped up in a blanket and her oxygen tubing. With intervention to include: 07/08/2026: Place a bedside floor mat adjacent to the bed to provide a cushioned surface during bed mobility and reduce the risk of injury associated with a change of plane. Bed in low position when in [NAME] 7/16/26 at 9:15 AM, R1 was in bed with oxygen via nasal cannula intact. R1's bed was not in low position; it was elevated to hip level. There was no fall mats noted on R1's floor. R1 said she had fallen out of bed from getting out of bed by herself. At 9:30 AM, V3 (Registered Nurse) and V4 (Certified Nursing Assistant-CNA) were in R1's room to reposition R1 in bed. R1's overbed table was also moved near R1. R1's bed was not in the lowest position. There were no floormats noted in R1's room. At 10AM, 11AM, and 12:30 PM, this surveyor noted R1 remained in bed, R1's bed was not in the lowest position. There were no floor mats on the residents' floor.On 7/16/26 at 1:15 PM, V5 (Certified Nursing Assistant-CNA) said she was R1's CNA today. V5 said she saw R1 around 7 this morning for initial rounds then later to check R1's vital signs. R1's bed was not in lowest position. V5 said there was no floor mats noted. V5 said this was the first time she was taking care of R1 and was not familiar with her care or fall interventions. On 7/16/26 at 1PM, V4 (CNA) said she was in R1's room earlier assisting V3 (RN) to reposition R1 in bed. V4 also said she did not notice any floormats and R1's bed was not in low position. On 7/16/26 at 12:30 PM, V3 (RN) said R1 was a fall risk due to history of falls. R1 was highly anxious. R1 does not wait for assistance. R1 has behaviors of getting out of bed unassisted not waiting for assistance. V3 said there were no floormats in R1's room and R1's bed was not kept in the lowest position. V3 said for R1 who has history of falling out of bed due to attempts of getting out of bed unassisted, keeping the bed in the lowest position reduces the distance of the fall. Floormats can reduce the risk of injury if a resident falls out of bed. On 7/16/26 at 12:40 PM, V2 (Asst Director of Nursing) said fall interventions should be in place for residents identified as high risk of falls or with history of falls. Bed should be maintained in lowest (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: Facility ID: 146195	If continuation sheet Page 1 of 2

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	position for residents' safety. Floormats should be in place. If the floormats are soiled, and need cleaning, a replacement should be provided for the intervention to remain in place. The facility policy on Fall Prevention dated 5/2026 shows, to ensure all residents have the necessary interventions in place to help prevent falls and promote safety in accordance with all state and federal regulations. Each resident residing at this facility will be provided with services and care that ensures that the residence environment remains as free from accident hazards as possible and its resident receives adequate supervision and assistive devices to prevent accidents.		