STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146195	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical McHenry	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review the facility failed to store controlled drugs in a secure manner. This applies to all the residents in the facility.The findings include:The Centers for Medicare and Medicaid Services form 671 dated 11/18/2025 shows there were 84 residents in the facility. On 11/19/2025 at 2:00 PM the Medication room on the [NAME] unit was observed. In the unlocked refrigerator in the medication room, three convenience containers were observed to contain Lorazepam (a schedule class 4 controlled substance and an anti-anxiety medication). Six vials of Lorazepam 2 milligram (Mg) per milliliter (ML) and 3 vials of Lorazepam 2mg per ML in 30ml vials.On 11/29/2025 at 9:50 AM, V2 Chief Nursing Officer said Lorazepam is a controlled drug and should be double locked. V2 later said the refrigerator was not able to be locked.The facility policy with a revision date of 11/2024 for controlled medications shows medications listed in schedules 2-5 are to be stored under double lock in a locked cabinet or safe designated for that purpose.

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to maintain a sanitary kitchen environment. This applies to all the residents in the facility.The findings include:The Center for Medicare and Medicaid services form 671 dated 11/18/2025 shows there were 84 residents in the facility.On 11/18/2025 at 10:00AM, work surfaces in the kitchen, the floors of the kitchen, the floors of the dry storage, refrigerator and freezer were observed with food debris. The carts used to transport the resident food trays to the units were observed with dried food debris. A large pile of empty boxes and other garbage bags were observed within the kitchen on the floor. The monthly cleaning list posted in the kitchen was dated October 1, 2025, with the direction that assigned staff must initial after completion of the task. The form had only four spaces completed. No sheet for November 2025 was observed.On 11/19/2025 at 11:00 AM, V5 Executive Chef said the dietary department is short of staff and could use another employee to run the dishwasher and assist with the cleaning duties. V5 said it's important to have a clean kitchen to prevent a food borne illness. V5 said he always checks with the staff to make sure the cleaning has taken place before the employees leave for the day, but he was not checking the cleaning list for completion of the tasks.The Dietary cleaning policy with a revision date of 11/2024 shows the facility will store, prepare, distribute and serve food under sanitary conditions to ensure that proper sanitation and food handling practices to prevent the outbreak of food borne illnesses is attained continuously. The procedures show wipe any spills on the floor immediately, keep the floor free of debris. The staff will use a clean as you go technique to the kitchen areas clean. Clean and sanitize the work area, tables, chairs using sanitizer spray. Sweep floors in kitchen and then wet mop the floors. Staff members are responsible for checking the cleaning schedules daily to ensure that tasks scheduled are completed.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide complete grooming/personal hygiene for a female resident with long facial hair to her chin for 1 of 1 residents (R9) reviewed for activities of daily living in the sample of 34.The findings include:On 11/19/2025 at 9:16 AM, R9 was sitting in a padded wheelchair in the common area. R9 was dressed and had a blanket over her lap. R9 had long white whiskers to her chin area. R9 was observed scratching the hair on her chin. R9 was confused and could not be interviewed. On 11/19/2025 at 2:11 PM, V10 Certified Nursing Assistant - CNA stated residents are given showers twice per week and shaving is done for men and women at that time. V10 stated they don't have any female residents that refuse to have facial hair shaved. V10 went to R9's room to see the facial hair that was present and stated hospice was doing her showers and stated she would talk to hospice about it. On 11/19/2025 at 2:21 PM, V11 Licensed Practical Nurse - LPN went to R9's room and stated R9 needed to be shaved. V11 stated that he thought she had it done in the beauty shop and the last time she went to the beauty shop was two weeks ago. The Minimum Data Set, dated [DATE] for R9 showed moderate cognitive impairment; dependent for shower/bathing, and personal hygiene. The Care Plan dated 11/7/25 for R9 showed she has an activity of daily living self-care performance deficit and limited physical mobility related to fatigue, impaired balance due to weakness and advanced disease, and chronic back pain. Shower/bathe self: extensive assist. Personal Hygiene: assist. The Face Sheet dated 11/19/25 for R9 showed diagnoses including heart failure, epilepsy, syncope and collapse, atrial fibrillation, hypertension, dorsalgia, dementia, chronic respiratory failure, peripheral vascular disease, delusional disorder, cardiac pacemaker, osteoarthritis, major depressive disorder, acute embolism and deep venous thrombosis. The facilities Activities of Daily Living policy (10/2024) showed, Procedure: A. Hygiene - Resident self-image is maintained.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide care for a residents long thick toenails for 1 of 1 resident (R9) reviewed for activities of daily living in the sample of 34.The findings include:On 11/19/2025 at 9:16 AM, R9 was sitting in a padded wheelchair in the common area. R9 was dressed and had a blanket over her lap. R9 had slip on shoes with vented holes in them and her long thick toenails were visible through the holes. On 11/19/2025 at 2:11 PM, V10 Certified Nursing Assistant went to R9's room with the surveyor. R9 was lying in bed with her bare feet exposed. R9 had long thick nails and a thick yellow buildup on her great toes. R9 had flaky cracked skin to her feet. V10 stated the CNAs don't provide nail care to the resident's feet; it is done by podiatry. V10 stated when they notice a resident needs their toenails cut, they notify the nurse. On 11/19/2025 at 2:21 PM, V11 Licensed Practical Nurse - LPN went to R9's room and stated R9 needed to be seen by the podiatrist. The Minimum Data Set, dated [DATE] for R9 showed moderate cognitive impairment; dependent for shower/bathing, and personal hygiene. The Care Plan dated 11/7/25 for R9 showed she has an activity of daily living self-care performance deficit and limited physical mobility related to fatigue, impaired balance due to weakness and advanced disease, and chronic back pain. Shower/bathe self: extensive assist. Personal Hygiene: assist. The Face Sheet dated 11/19/25 for R9 showed diagnoses including heart failure, epilepsy, syncope and collapse, atrial fibrillation, hypertension, dorsalgia, dementia, chronic respiratory failure, peripheral vascular disease, delusional disorder, cardiac pacemaker, osteoarthritis, major depressive disorder, acute embolism and deep venous thrombosis. The facilities Activities of Daily Living policy (10/2024) showed, Procedure: Nail care will be provided as needed. CNAs or Nursing can reduce fingernails; however, toenails will be reduced by podiatry.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review the facility failed to ensure an indwelling catheter was kept below the level of the bladder and off the floor during a transfer for 1 of 2 residents (R128) reviewed for catheters in the sample of 34.The findings include:On 11/18/25 at 12:16 PM, R128 was lying in bed with his lower body dressed, a hospital gown on his upper body, and sling to his left arm. R128 had the total lift sling under his body. R128 had an indwelling catheter draining clear yellow urine into the drainage bag attached to the side of the bed. R128 said they're getting me ready for my appointment. R128 said he was going to the urologist to get his catheter changed and for a check-up. V6 and V7 (Certified Nursing Assistants - CNAs) entered R128's room with the total lift. V6 and V7 attached the loops of the sling to the total lift. V6 (CNA) removed the catheter bag from the side of the bed and hooked it above the level or R128's bladder, on the lift sling. R128's urine flowed back into the tubing towards his body. R128 was lowered into the wheelchair and his catheter bag sat on the floor while they removed the lift from the room. V6 picked R128's catheter drainage bag off the floor and placed it in a privacy bag, under the wheelchair. R128's Face sheet dated 11/20/25 showed diagnoses to include but not limited surgical after care following a cardiac defibrillator placement, heart failure, ulcerative colitis, anxiety disorder, benign prostatic hyperplasia (enlarged prostate), anemia, generalized muscle weakness, difficulty walking and need for assistance with personal care. R128's Brief Interview for Mental Status Evaluation dated 11/20/25 showed he was cognitively intact. R128's Physician Order Sheet dated 11/20/25 showed he had an indwelling catheter. On 11/20/25 V3 (Assistant Chief Nursing Officer) said during a total lift transfer R128's catheter should not have been placed above the level of the bladder. V3 said the drainage bag placed above the level of the bladder can cause the urine to flow back into the bladder and increase the risk of an infection developing. V3 said the catheter should be placed in the resident's lap, lower than the bladder and not on the sling to prevent accidental dislodgement during the transfer. V3 said R128's catheter should not have been on the floor due to risk of contamination. The facility's revised policy 11/2024 showed, .14. Hang collection bag appropriately to the side of the bed, keeping it below the bladder and off the floor.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to ensure gowns were worn when care was provided for residents on enhanced barrier precautions. The facility failed to ensure gloves were removed and hand washing was done after incontinence care and prior to touching resident contact surfaces. This applies to 3 of 8 residents (R42, R128 & R111) in the sample of 34.The findings include: 1. On 11/18/2025 at 11:02 AM, R42 was in bed on her back with a clean incontinence brief on and her pants down around her thighs. The soiled incontinence brief was in the garbage next to R42's bed. V8 Certified Nursing Assistant was next to R42's bed providing care; he had gloves on and did not have a gown on. V8 stated he just finished providing care for R42 and was getting her dressed. V8 turned R42 side to side to finish pulling up her pants. V8 removed R42's hospital type gown and put a shirt on her. V8 removed his gloves, left the room to get help for a mechanical lift transfer. R42 stated V8 helped her eat breakfast, changed her and got her dressed so she could get up. V8 came back into the room with V6 CNA, and V9 Therapy Tech to transfer R42 from her bed to wheelchair using the mechanical lift. They all had gloves on; no one was wearing gowns. They put offloading boots on her feet and positioned her feet on the footrests. V6 CNA was showed the magnet on R42's door frame that stated she is on enhanced barrier precautions. V6 stated R42 was on EBP for her wound and the magnet is up as a precaution, so they wear gloves when touching R42 or her boot. The magnet on the door frame stated enhanced barrier precautions. Everyone must clean their hands including before entering and when leaving room. Provider and staff must also wear gloves and gown for the following high contact guest activities: dressing, .providing hygiene, changing briefs or assisting with toileting On 11/19/2025 at 9:50 AM, V2 Director of Nursing - DON stated the EBP magnets are up for residents on EBP so people know they are on it, and it shows staff what they should wear such as gowns and gloves for the care listed on magnet sign. V2 stated they are up for infection control. V2 stated it is important to prevent staff from getting anything or the resident from getting anything. The Face Sheet dated 11/19/25 for R42 showed diagnoses including chronic kidney disease, type 2 diabetes mellitus with foot ulcer, peripheral vascular disease, diabetic neuropathy, obstructive sleep apnea, hypothyroidism, neuromuscular dysfunction of the bladder, retention of urine, major depressive disorder, glaucoma, hyperlipidemia, hypertension, urinary tract infection, charcot's arthropathy, pressure ulcer of left heel, anemia, and heart failure. The Physician Orders for R42 for November 2025 showed guest is on enhanced barrier precautions related to wounds. The Wound Round documentation dated 11/19/25 for R42 showed a left pedal foot partial thickness diabetic/vascular wound that was 9 cm x 5.5.cm x 0.10 cm. The Care Plan dated 11/17/25 for R42 showed R42 is on enhanced barrier precautions due to chronic wounds. The resident will have appropriate isolation precautions and procedures followed during the period that isolation is necessary per facility policy. The facility's Enhanced Barrier Precautions policy (March 2024) showed, this facility follows recommendations and guidance from the Centers for Disease Control in order to keep all residents safe from Healthcare Acquired Infections (HAI). Multidrug-resistant organism (MDRO) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality. EBP (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	is used in conjunction with standard precautions and expand the use of Personal Protective Equipment (PPE) to donning of gown and gloves during high contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. Gowns and gloves are used during high -contact activities with increased risk for MDRO transmission to staff clothing and hands including but not limited to: dressing, bathing/showering, transferring, providing hygiene, changing linen, changing briefs or assisting with toileting, device care.wound care: any skin opening requiring a dressing. 2. On 11/18/25 at 12:16 PM, R128 was lying in bed with his lower body dressed, a hospital gown on his upper body, and sling to his left arm. R128 had the total lift sling under his body. R128 had an indwelling catheter draining clear yellow urine into the drainage bag attached to the side of the bed. V6 and V7 (Certified Nursing Assistants – CNAs) entered R128's room with the total lift. V6 and V7 were not wearing gown or gloves. They touched R128's bedding and attached the total lift sling. V6 removed R128's catheter bag from the side of the bed and placed it on the lift sling. They transferred R128 to the wheelchair using the total lift. V6 picked R128's catheter off the floor and placed it in the privacy bag, then assisted R128 with removing his sling and gown. V6 assisted R128 with putting on his T-shirt and zip up jacket, then placed the sling back on R128's left arm. R128's Physician Order sheet dated 11/20/25 showed he had an order for Enhanced Barrier Precautions due to an indwelling catheter and incision. This order was initiated 11/16/25. R128's Facesheet dated 11/20/25 showed diagnoses to include but not limited surgical after care following a cardiac defibrillator placement, heart failure, ulcerative colitis, anxiety disorder, benign prostatic hyperplasia (enlarged prostate), anemia, generalized muscle weakness, difficulty walking and need for assistance with personal care. On 11/20/25 at 9:08 AM R128's door had a sign that showed he was on Enhanced Barrier Precautions. This sign showed provider and staff must also wear gloves and gown for high contact activities. These activities included, but were not limited to dressing, transferring, and device care. The surveyor asked V3 (Assistant Chief Nursing Officer) if she knew why R128 was on Enhanced Barrier Precautions. V3 removed the sign and looked at the back and stated he had a catheter and wound. V3 said staff should be wearing a gown and gloves whenever providing hands on care to R128. V3 said a gown and gloves should have been worn for a total lift transfer, dressing, and handling R128's catheter. V3 said the purpose of wearing proper Personal Protective Equipment (PPE) during high contact activities was to protect the residents and staff. 3. R111's admission Record, provided by the facility on 11/20/2025, showed he had diagnoses including, but not limited to urinary tract infection (UTI), acute kidney failure, fracture of the third lumbar vertebra, age-related osteoporosis with current pathological fracture, COPD, anemia, vitamin D deficiency, muscle weakness, and need for assistance with personal care. R111's Order Summary Report, printed by the facility on 11/20/2025, showed an order started on 11/18/2025 for Enhanced Barrier Precautions due to R111 having an intravenous line (IV). The report also showed an order for Amoxicillin-Pot Clavulanate (a combination prescription antibiotic used to treat a wide range of bacterial infections) 875-125 mg (milligrams). Take one tablet by mouth two times a day for UTI for 10 days. R111's care plans, provided by the facility on 11/20/2025, showed R111 was on enhanced barrier precautions related to having an IV, had impaired cognitive function, and was dependent on staff for toileting, dressing, personal hygiene and transfers. On 11/18/2025 at 12:50 PM, V17 (Registered Nurse-RN) and V18 (Certified Nursing Assistant-CNA) (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	were providing incontinent care for R111. R111 had been incontinent of stool. V18, cleaned the stool from R111. V18 left the gloves on used for incontinent care and touched R111's bedside table to move it out of way. V18 touched the door handle to R111's closet, reached in and grabbed a pair of shorts, pulled up R111's socks and put the shorts on him. V18 touched the arm of the wheelchair to move it over, grabbed some wipes and cleaned a moderate amount of stool from the seat of R111's wheelchair. V18 removed the gloves and put on another pair of gloves. No hand hygiene (alcohol-based hand rub or soap and water) was performed between glove changes. V18 tied off the trash bag in R111's room, pulled her gown back, reached into her scrub pocket, grabbed a roll of bags out of her pocket and put a new bag in the trash can. V18 put the roll of bags back in her pocket, picked up a gait belt and placed the gait belt in her other pocket. On 11/20/2025 at 11:37 AM, V2 (Director of Nursing) and V16 (VP of Clinical Operations) said for infection control measures, the CNA should have removed the gloves used for incontinence care and performed hand hygiene, before touching anything in the environment, or the resident. V2 and V16 said V18 should have performed hand hygiene before putting the new gloves on. The facility's policy and procedure titled Handwashing, with a review date of 11/2024, showed proper hand washing is necessary for the prevention and the transmission of infectious disease. The policy showed 1. Handwashing is done before and after resident contact, before and after any procedure, after using a (tissue) or the restroom, before eating and handling food, when hands are obviously soiled and regardless of glove use. The facility's policy and procedure titled Gloves, with a review date of 11/2024, showed 1. Gloves are worn when there is a chance of coming into contact with excretions, secretions, blood, body fluids, mucous membranes, non-intact skin or other potentially infective material. 2. Gloves are discarded in the waste receptacle in the resident's room. 3. Staff should not walk in the hall or from room to room with the same gloves on their hands. 4. Hands should always be washed after removing the gloves. 5. Gloves are a one-time use only item.