

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ASL510217</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/18/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CEDARHURST OF WATERLOO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>526 LEGACY DRIVE</b> <b>WATERLOO, IL 62298</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comment  Complaint Investigation #2542162/IL187954	A 000		
A2050	Section 295.2050 Incident and Accident Reporting  This Regulation is not met as evidenced by: Violation Type 3 Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident. (Source: Amended at 47 Ill. Reg. 13264, effective August 30, 2023)  Based on interview and record review, the Establishment failed to report a fall that resulted in an emergency room visit for a fractured right wrist to the Illinois Department of Public Health. (R1)  Findings include:	A2050		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A2050	<p>Continued From page 1</p> <p>R1's Incident report, dated 11/21/24 at 6:00 PM documents, Resident was trying to bowl in the activity room, lost her balance and fell laying on her bottom but hurt her left lower arm wrist area and breaking her glasses. Transferred to ER.</p> <p>R1's After Visit Summary, dated 11/21/25 from the local hospital documents, Diagnosis: Closed fracture of distal end of right radius, unspecified fracture morphology, initial encounter, Fall, initial encounter."</p> <p>There is no evidence or documentation that R1's fall with emergency room visit for fracture of the right wrist was reported to IDPH.</p> <p>On 3/17/25 at 12:41 PM, E1 confirmed that R1's fall with fracture on 11/21/24 was not reported to IDPH.</p>	A2050		