

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ASL510203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/06/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHVIEW IN THE WOODLANDS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 FALCON POINT PLACE ROCKTON, IL 61072</b>
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A 000	Initial Comment  Annual Licensure Survey conducted Violations: 295.2040 b) 5) d) Disaster Preparedness 295.2050 a) b) Incident and Accident Reporting 295.4000 a) Physician's Assessment 295.4010 b) 3) Service Plan 295.4050 Tuberculin Skin Test Procedures 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease b)2) 295.6000 a) 13) Resident Rights	A 000		
A2040	Section 295.2040 Disaster Preparedness  This Regulation is not met as evidenced by: REPEAT VIOLATION-Type 2 Violation Section 295.2040 Disaster Preparedness  b) Each establishment shall:  5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative.  d) The establishment shall conduct a tornado drill on each shift during February of each year for employees.  These requirements were not met, as evidenced by:  Based on record review and interview, the establishment failed to conduct a tornado drill on	A2040		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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A2040	<p>Continued From page 1</p> <p>each shift during February of each year. The establishment also failed to orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. These failures create a substantial probability of harm to all residents, visitors, and employees of the establishment.</p> <p>Findings include:</p> <p>During record review on 10/02/2025 at 9:30 AM it was found that the establishment's last annual survey was conducted on 10/23/2024. The 10/23/2024 survey cited the establishment for 295.2040- Disaster Preparedness.</p> <p>During record review on 10/02/2025 at 1:30 PM the establishment provided disaster drills for 2025. It was found that that establishment only had one tornado drill. This tornado drill was dated 5/15/2025 and labeled as first shift.</p> <p>During record review on 10/02/2025 at 3:02 PM it was found that the Establishment Emergency Response Manual (Updated 8/2025) states, "All Highview in the Woodlands employees are responsible for: 4. Participating in fire drills and other emergency drills."</p> <p>During record review on 10/02/2025 at 3:35 PM B.M.'s documents were reviewed. R3 has a documented admission date of 4/30/2025. R3's progress notes document R3's arrival to the facility on 5/2/2025. R3's resident orientation was dated 5/13/2025. This is outside of the 10 day after arrival required window.</p> <p>During record review on 10/02/2025 at 3:41 PM the establishment's resident orientation to emergency preparedness policy was reviewed.</p>	A2040		

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A2040	Continued From page 2  The policy states, "Practice: 2. Within 10 days of admission, every resident will be presented with an admission packet that includes information on emergency preparedness process for the facility." The facility failed to follow its own policy.  During an interview with E1 (Director) on 10/02/2025 at 1:33 PM they stated, "Yes, that is our only tornado drill. We have one scheduled for tomorrow."	A2040		
A2050	Section 295.2050 Incident and Accident Reporting  This Regulation is not met as evidenced by: Type 3 Violation  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.  These requirements are not met as evidenced by:	A2050		

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A2050	<p>Continued From page 3</p> <p>Based on interview and record review the establishment failed to report an incident or accident within 24 hours of the date of the incident or accident. This applies to 1 of 3 (R2) reviewed for incident/accident reporting in the sample of 3.</p> <p>The findings include:</p> <p>R2's Progress Notes dated 9/24/2025 at 10:19PM state [R2] was closing the blinds to her living room and she was walking back to her bedroom and got tired and lost her balance and fell backwards. . . Denied hitting her head but said her right side rib area hurt. . . no injuries noted at the time. . . [R2] states she does not want to go to the hospital. . . NP and POA made aware. . .</p> <p>On 10/2/2025 at 1:36PM, E1 Director said they didn't think [R2] had an injury from her fall on 9/24/2025. E1 said later the [R2] had pain and bruising. E1 said an x-ray was completed and [R2] was found to have a fracture on 9/25/25 and was sent out to the ER. E1 said the incident was reported following the x-ray report showing a fracture. E1 said the report was sent in on 9/26/2025.</p> <p>The establishment provided Incident Report lists [R2] has having a fall on 9/24/2025 at approximately 9:30PM. The Incident Report also states the resident had bruising, swelling, and pain in her right elbow on 9/25/2025 at 5:30AM. An x-ray was completed around 3:00PM on 9/25/2025. The x-ray results showed an acute to subacute avulsion fracture of the lateral epicondyle of the right elbow.</p> <p>The establishment provided email shows a sent</p>	A2050		

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A2050	Continued From page 4  time of 3:12PM on 9/26/2025. E1 confirmed this was the date and time the incident report was submitted regarding R2's fall.  The establishment provided Incident and Accident Reporting policy dated 9/2025 states, . . . Submit completed form to the Director or designee as soon as possible. Injuries requiring outside intervention must be reported to IDPH within 24 hours or the next working day, using the attached form. . .	A2050		
A4000	Section 295.4000 Physician/s Assessment  This Regulation is not met as evidenced by: Type 3 Violation  Section 295.4000 Physician's Assessment  a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition.  These requirements are not met as evidenced by:  Based on interview and record review the establishment failed to complete a physician	A4000		

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A4000	<p>Continued From page 5</p> <p>assessment on residents prior to admission. This applies to 2 of 3 residents (R2, R3) reviewed for physician assessment in the sample of 3.</p> <p>The findings include:</p> <p>On 10/6/2025 at 11:39AM, E5 Nurse Manager said they did not have a physician assessment on [R2] or [R3].</p> <p>R2's Transfer/Discharge Report lists an admission date of 3/25/2025.</p> <p>R3's Transfer/Discharge Report lists an admission date of 8/12/2025.</p> <p>The establishment failed to provide a physician assessment within 120 days prior to R2 or R3's admission to the establishment.</p> <p>The establishment provided Physician Certification and Assessment for Admission policy dated 9/2025 states, . . . Completion of Physician Certification: A licensed physician (MD) . . . must complete the form . . . Certification must be completed within 120 days prior to the anticipated move in date. . .</p>	A4000		
A4010	<p>Section 295.4010 Service Plan</p> <p>This Regulation is not met as evidenced by: REPEAT VIOLATION-Type 3 Violation</p> <p>Section 295.4010 Service Plan</p>	A4010		

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A4010	<p>Continued From page 6</p> <p>b) The service plan shall be developed by:</p> <p>3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the establishment failed to have a Registered Nurse (RN) develop and sign the residents service plans. This applies to 2 of 3 (R1, R3) reviewed for service plans in the sample of 3.</p> <p>The findings include:</p> <p>During record review on 9/30/2025 at 9:30 AM it was found that the establishment's last annual survey was conducted on 10/01/2024. The 10/01/2024 survey cited the establishment for 295.4010- Service Plan.</p> <p>On 10/6/2025 at 10:43AM, E5 Nurse Manager said she reviews and signs all the service plans. E5 said she an LPN (Licensed Practical Nurse).</p> <p>R1's current Service Plan Report was signed on 8/13/2025 by E5, R1, and E6 Social Worker, but does not include RN's signature.</p> <p>R3's current Service Plan Report was signed on 6/10/2025 by E5, R3, and E6 Social Worker, but does not include RN's signature.</p> <p>The establishment provided Resident Service Plan Development and Review policy dated 9/2025 states . . . The Service Plan must be signed and dated by the responsible staff and the resident or representative. . .</p>	A4010		

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A4050	Continued From page 7	A4050		
A4050	<p>Seciton 295.4050 Tuberculin Skin Test Procedures</p> <p>This Regulation is not met as evidenced by: Type 3 Violation</p> <p>Section 295.4050 Tuberculin Skin Test Procedures</p> <p>Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).</p> <p>Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease</p> <p>A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and Guidelines for Health-Care Settings.</p> <p>b) Screening for Active TB Disease. The following persons shall be screened for active TB disease:</p> <p>2) Clients admitted to health care settings and residential care settings serving high-risk groups; and</p> <p>These requirements are not met as evidenced by:</p>	A4050		

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A4050	<p>Continued From page 8</p> <p>Based on interview and record review the establishment failed to comply with Control of Tuberculosis Code (77 Ill. Adm. Code 696) by not following their own policy and failing to obtain or complete a two-step TB (Tuberculosis) test for residents upon admission according to the establishments policy. This applies to 2 of 3 (R2, R3) reviewed for TB testing in the sample of 3.</p> <p>The findings include:</p> <p>On 10/6/2025 at 10:24AM, E5 Nurse Manager said she did not see a second TB test for [R2]. E5 said she did not have a TB test for [R3]. E5 said TB testing is done upon admission.</p> <p>R2's Immunization Report dated 10/2/2025 shows a TB 1 Step Mantoux (PPD) tests administered on 3/25/2025. A second TB test is not listed on R2's Immunization Report.</p> <p>The establishment failed to provide a TB test for R3.</p> <p>The establishment provided Tuberculosis: Surveillance and Documentation policy dated 9/2025, states . . . Within 7 days of admission to the establishment the patient will be screened for Tuberculosis infection with a two-step Mantoux test per physician order. . .</p>	A4050		
A6000	<p>Section 295.6000 Resident Rights</p> <p>This Regulation is not met as evidenced by: Type 2 Violation</p>	A6000		

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A6000	<p>Continued From page 9</p> <p>Section 295.6000 Resident Rights</p> <p>a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights:</p> <p>13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor;</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the establishment failed to ensure that a resident was free from neglect by failing to notify a provider of a residents change in condition in a timely manner. This applies to 1 of 3 (R2) reviewed for resident rights in the sample of 3. This failure creates a substantial probability of harm to a resident or residents.</p> <p>The findings include:</p> <p>The establishment provided Incident Report lists [R2] has having a fall on 9/24/2025 at approximately 9:30PM. The Incident Report also states the resident had bruising, swelling, and pain in her right elbow on 9/25/2025 at 5:30AM. An x-ray was completed around 3:00PM on 9/25/2025. The x-ray results showed an acute to subacute avulsion fracture of the lateral epicondyle of the right elbow.</p> <p>On 10/6/2025 at 9:30AM, Z1 Nurse Practitioner (NP) said staff notified her on 9/24/2025 in the evening that [R2] had a fall. Z1 said she was not</p>	A6000		

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A6000	<p>Continued From page 10</p> <p>notified again until the morning of 9/25/2025 that [R1] was having pain and bruising on her arm. Z1 said staff would normally call if a resident was having pain and bruising. Z1 said if staff had called sooner, she would have ordered the x-ray sooner but is unsure if that would have changed when the x-ray was completed. Z1 said she ordered the x-ray as routine and not stat.</p> <p>On 10/2/2025 at 3:18PM, E3 Licensed Practical Nurse (LPN) said it was reported to her that [R2] had a fall that evening prior to her shift. E3 said when she saw [R2] around 10:00PM the resident wasn't complaining of pain. E3 said later between 11:30PM and 12:00AM [R2] had complaining of arm pain, and she gave her a Norco for pain. E3 said [R2] was complaining of pain throughout the night with and without movement. E3 said she did not notify the doctor of the pain. E3 said she put a note in the computer and let the oncoming nurse know.</p> <p>R2's Progress note date 9/25/2025 at 5:45AM state, post fall follow up unwitnessed neuros initiated right elbow pain elbow swollen constant pain with or without movement [as needed] given throughout the night able to use walker and toilet self will continue to monitor.</p> <p>On 10/2/2025 at 3:29PM, E4 LPN said she came into work at 6:00AM on 9/25/2025. E4 said at approximately 7:45AM she saw [R2]. E4 said [R2] had some arm discomfort, faint forearm bruising, and swelling at the right elbow. E4 sad she called the NP around 8:30AM and let her know and an x-ray was put in. E4 said x-ray arrived around 3:00PM. E4 said the results of the x-ray didn't come back until 6:55PM and the results were relayed to the NP. E4 was sent out to the ER via non-emergent ambulance. E4 said [R2] returned</p>	A6000		

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A6000	<p>Continued From page 11</p> <p>to the establishment since, and she has cared for her. E4 said [R2] has a soft cast on and ace wraps.</p> <p>R2's Medication Administration Record dated 9/1/2025 - 9/30/2025 shows R2 receiving Hydrocodone-acetaminophen 5-325mg at 12:00AM on 9/25/2025 with a pain score listed at 5. R2 received Hydrocodone-acetaminophen 5-325mg again at 8:17AM on 9/25/2025 with a listed pain score of 5. R2 also received Tylenol 500mg at 5:40AM on 9/25/2025.</p> <p>The establishment provided Change in Condition Notification, When and how to notify Provider policy dated 9/2025 states. . . The physician, resident and family are notified when the resident/patient's condition or status changes unexpectedly or substantially. . .</p>	A6000		