STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5108235	A. BUILDING: _____ B. WING _____	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF WOODSTOCK	10511 ROUTH 14 WOODSTOCK, IL 60098

(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 ANNUAL SURVEY CITED 295.4010	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE 77 Ill. Adm. Code 295 STATEMENT OF FINDINGS/ VIOLATIONS Cedarhurst of Woodstock 10511 US 14 Woodstock, Il 60098 TYPE 2 VIOLATION Annual Licensure Survey August 6, 2024 Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 3) A registered nurse, if the resident is	A4010		

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A4010	Continued From page 1 receiving nursing services or medication administration or is unable to direct self-care. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: 1) The level of service the resident is receiving, including: C) special accommodations for the resident. 2) The amount, type, and frequency of health-related services needed by the resident. 3) Staff responsible for the provisions of the service plan. h) The service plan shall include all support services provided or arranged for by the establishment. These requirements are not met as evidenced by: Based on record review, and interview, the facility failed to ensure coordination between outside services (Dialysis, Urology, Oxygen Therapy). This involved 4 of 5 residents (R1, R2, R3 R5)	A4010		

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A4010	Continued From page 2 resident reviewed for service plan Findings include: R1 was admitted to facility on 7/26/24 with following diagnoses per face sheet, diabetes, arthritis, chronic kidney disease. Service plan under Cares Provided noted dialysis did not indicate where R1 was receiving her dialysis, what type of catheter and or AV shut R1 had, and what interventions the facility provides for these access ports/catheters while resident is in the facility (exp check for bruit, thrill) dressings dry and intact not signs of infections. R2 was admitted on 10/28/22 with diagnoses of type 2 diabetes, vitamin d deficiency, hyperlipidemia, major depressive disorder, sleep apnea, CHF. Service plan under Cares Provided noted no intervention for infection control with foley catheter, and description of urine (cloudy, odor) who provides care for foley catheter, who follows Urologist, how often catheter is changed and who does it. E3 DON did not know the diagnosis for the indwelling catheter. On face sheet and care plan no diagnosis was present for the indwelling catheter. R3 was admitted on 9/26/23 with following diagnoses CHF, chronic kidney disease, hypothyroidism. Service plan did not address Oxygen therapy R3 receives, who cares for the ordering of the tanks, who changes the tanks of oxygen and how often does the personnel change and check on the oxygen.	A4010		

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A4010	Continued From page 3 On 8/7/24 E3 noted that he is a new employee and working with PCC (Point Click Care) he is trying to be orientated himself to the service plan this facility works with. E3 also did not realize that correct diagnoses must be on service plan face sheet, and all outside services who care for the resident (R1, R2, R3) must be on care plan with interventions. R5 was admitted on 12/4/22 with following diagnoses Dementia, anxiety, seizures, osteoarthritis, hypertension. On 8/8/24 surveyor was observing the Memory Care unit, R5 was very combative with facility staff and hospice staff, interventions were not working. E4 (LPN) noted that R5 is very difficult to control, with her behaviors, psych has been notified and has readjusted meds without success. E4 noted that it is a daily issue with R5, and staff get hit and kicked daily. Service plan did not address is psych was seeing R5, pysch medication being administered with changes. Service plan did not address the combative behavior toward staff, and safety for other residents in the Memory Care Unit.	A4010		