STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510102	A. BUILDING: _____ B. WING _____	C 09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF JACKSONVILLE	2225 W MORTON AVE JACKSONVILLE, IL 62650

(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 Original Investigation 178296, 178155, 178034 IL178296- The allegation was not substantiated and no findings were cited. IL 178155-Violation(s) cited 295.6000 13) Type 2. IL 178034-Violation(s) cited 295.6000 13) Type 1.	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: IL I78155 Type 2 Violation Section 295.6000 Resident Rights 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; These requirements were not met as evidenced by: Based by interview and record review the establishment failed to follow R2's service plan. R2 was in need of assistance with transfers and escorting. Assistance was not provided on 9/16/24 resulting in two falls. This caused harm to a resident. Findings include: Interview: E2 stated that R2 that staff had noted a steady decline in the health conditions in R2. Record Review: It was noted that R2 had a decreased appetite and notable weight loss on 8/29/24. A decrease in food and fluid intake is noted throughout the observation reports from 8/29/24 to 9/13/24. On 8/13/24 R2 was sent to	A6000		

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A6000	Continued From page 1 the doctor for malnourishment and an abnormality to their right breast. On 8/30/24 R2 was noted to be ambulating in the dining room with an unsteady gait. On 9/16/24 R2 was sent to the hospital twice for falls. On 9/17/24 R2 was admitted to hospice. Last update on date on service plan were noted to be on 6/25/24 in the service plan. Service plan updates included escorting and assisting the resident with transfers. The final service plan was were noted to be updated on 9/17/24. R2 passed away on 9/21/24. Transferring and escort service assistance was not provided to the resident on 9/16/24 when the two falls occurred. IL 178034 Type 1 Violation Section 295.6000 Resident Rights 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; These requirements were not met as evidenced by: Based by interview and record review the establishment failed to keep R3 free from abuse. This caused harm to a resident. Findings include: Interview: Interviews with E1, E2, and E5 confirmed that R3 was mistreated and was forcefully placed on a toilet by E4 while assisting R3 to the bathroom. Record Review: Review of records confirms that R3 was injured while being assisted to the bathroom by E4. E4 forcefully pushed R3 down on the toilet and pried E3's hand from a grab rail near the toilet. R3 sustained an injury to the right	A6000		

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A6000	Continued From page 2 knee and was sent to urgent care with pain related issues to the right knee.	A6000		