STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5108078	A. BUILDING: _____ B. WING _____	C 10/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF FRANKFORT	21507 SOUTH WOLF ROAD FRANKFORT, IL 60423

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A 000	Initial Comment Complaint Investigation IL197431 295.6000a)1) Facility Reported Incident IL197975 295.4010a)e)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation 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. 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). These requirements were NOT MET as evidenced by: Based on interview and record review, the facility failed to implement appropriate interventions and update the resident's service plan immediately after a fall for two residents (R1, R3) out of three residents reviewed for falls. This failure caused	A4010		

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A4010	Continued From page 1	A4010		

harm to a resident and has the potential to cause harm to other residents residing in the facility.

Findings include:

1) R1's Mini-Mental State Exam (MMSE) documents a score of 14/30 indicating moderate dementia.

R1's progress notes documents a fall on 2/12/25 and 2/17/25.

R1's care plan documents " Resident's Needs/Preferences: I have been assessed as high fall risk. Resident's Desired Goals & Outcomes: Monitor me for side effects of medication and notify my nurse and physician of any changes. Monitor me for signs of an infection and notify my nurse and physician of any changes. 3 falls on 7/14, 7/15,7/21/2024 resident instructed on using pull cord for assistance due to unsteady gait. 8/17/24 resident reeducated on the importance of using pull cord for any transfers. 9/9, 9/12/2024 resident had falls on both days going to ER with injuries. resident educated on using walker when ambulating. 10/12,10/19/2024 resident had unwitnessed falls staff instructed on doing frequent rounds on resident. Fall intervention 12/25/24- Remind me to wear and use my pendant whenever I need assistance. Fall intervention 1/29/25- Answer my call light or page from my pendant promptly. Fall intervention 2/7/2025- Reorient me to my surroundings whenever I appear turned around. Encourage me to drink so I avoid becoming dehydrated. 2/12/2025 resident encouraged to continue working with therapy to build his strength. 2/17/2025 resident encouraged to call staff overnight for any assistance 3/16/2025 resident encouraged to call staff to clean up his dishes.

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A4010	Continued From page 2	A4010		

3/21/2025 resident reminded to use he pendant and bedside pull switch for assistance. 4/18/2025- resident educated on the importance of making sure the floor is clean and dry before ambulating. 5/10/2025 resident reeducated on the proper techniques of getting out of bed. 6/15/2025- Resident educated on the importance of allowing staff to assist him in the shower. 7/17/2025- resident educated that the staff is there to help him, resident is not responsible for cleaning up his dishes. 7/21/2025-resident encouraged to call for staff assistance when feeling weak. Fall intervention 2/12/2025, 2/17/2025- Encourage me to wear appropriate, good fitting, non-skid shoes. 7/23/2025- resident encouraged to wear appropriate foot wear when ambulating outside of him apartment. 7/26/2025- Resident educated on the importance of calling for staff to assist him off the floor after falling. 9/5/2025- resident educated on the importance of calling for staff when assistance is needed. Fall with injury 9/25/2025- Dx: Pneumothorax, Altered mental status, Confusion. Fall intervention: Pain management. New orders for Norco and Morphine received from MD.

2) On 10/10/25 at 7:45 am, R3 was sitting in his wheelchair at breakfast. This surveyor attempted to interview R3 about his falls, but was unable to due to the resident's cognitive status.

R3's Mini-Mental State Exam (MMSE) documents a score of 6/30 indicating severe dementia.

R3's progress notes documents a fall on 4/9/25 and 4/11/25.

R3's care plan documents "Resident's Needs/Preferences: I am a high fall risk. remind me to use my walker and always lock my

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A4010	Continued From page 3	A4010		

wheelchair. Resident's Desired Goals & Outcomes: Monitor me for side effects of medication and notify my nurse and physician of any changes Monitor me for signs of an infection and notify my nurse and physician of any changes. 9/6/2024 resident found on floor with no injuries. POA and MD notified with no new orders. resident educated on making sure to feel wheelchair is touching back of legs before sitting down. 10/22/2024 resident had an unwitnessed fall without any injuries. POA and MD notified without any new orders. resident educated on making sure to call for assistance when resident feels balance is unsteady. Fall intervention 11/28/24-Remind me to wear and use my pendant whenever I need assistance. Fall intervention 2/24/2025- Remind me how to properly use my assistive equipment if you notice I ' m not using it correctly. 4/2/2025- Fall intervention- I sometimes do not use my assistive device when walking and need reminders. Fall intervention- 4/9/25, 4/11/25- Reorient me to utilize my pendant when I need assistance."

On 10/10/25 at 10:10 AM, E1, Executive Director, and E2, Wellness Director both confirmed that a reminder as a fall intervention for a resident with moderate to severe dementia is not appropriate. E1 stated the care plan should be updated within 12 hours after a fall.

On 10/11/25 at 8:05am, E1 was asked if R1's falls on 2/12 and 2/17 and R3's falls on 4/9 and 4/12 were added at the same time in the care plan. E1 confirmed that the 2 dates together in R1 and R3's care plan means the intervention was added at the same time.

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A6000	Continued From page 4	A6000		
A6000	Section 295.6000 Resident Rights	A6000		

This Regulation is not met as evidenced by:
Type 3 Violation

295.6000. Resident Rights

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:

1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect;

These requirements were NOT MET as evidenced by:

Based on observation, interview and record review, the facility failed to give a resident eating utensils for one resident (R5) out three residents reviewed for dignity.

Findings include:

On 10/10/25 at 7:36 am, R5 observed eating bacon and pancakes with syrup with his fingers. There are no eating utensils on or near where R5 was eating.

On 10/10/25 at 7:38 am, E4 Caregiver, was

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A6000	Continued From page 5 stopped and asked why R5 doesn't have any silverware. E4 stated "He doesn't? He's supposed to. I just forgot to grab it." E4 went to the kitchen, grabbed a fork and gave it to R5. R5 immediatley took the fork and started using it to eat his breakfast. R5's care plan does not docuemnt finger foods only.	A6000		