

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER HEARTHSTONE MANOR		STREET ADDRESS, CITY, STATE, ZIP 920 N SEMINARY AVE P O BOX 520 WOODSTOCK, IL 60098	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide incontinence care and repositioning for 1 of 3 residents (R1) reviewed for activities of daily living in the sample of 8. The findings include: R1's admission Progress Note dated February 29, 2020 shows R1 is alert and oriented times 4, has a abdominal midline incision, and a 5 cm by 2 cm wound on her left buttock. The same note shows R1 has also indicated that she wants to be turned every 2 hours without fail as she is not able to do this herself. R1's Wound Provider History and Physical dated (NAME)2, 2020 shows R1 has a stage 2 pressure injury to her left buttock and shows patient is at risk for further breakdown, follow pressure ulcer prevention methods including turning, offloading, pressure redistribution, incontinence management. On (NAME)4, 2020 at 9:49 AM, R1 was in bed, dressed in a gown, on her left side. R1 stated they put me here around 7:00 AM, when they changed and positioned me. There is no such thing as turn and repositioning every 2 hours here. I have [MEDICAL CONDITION] and I don't have much feeling to tell when I go so I need their eyes on me. On (NAME)4, 2020 at 11:40 AM, R1 was in bed, still in her gown, and was on her back. R1 stated she just came in and moved me like this, but she didn't change me. At 11:50 AM, V6 Certified Nursing Assistant (CNA) provided incontinence care for R1. R1's incontinence brief was wet with urine and the edge of the foam dressing on R1's bottom was rolled up and appeared to be wet. On (NAME)4, 2020 at 1:07 PM, V2 Director of Nursing said the expectation is that residents are turned and repositioned every 2 hours and incontinent residents should be checked more frequently. R1's Care Plan dated February 28, 2020 shows R1 is at risk for skin breakdown related to impaired mobility, [MEDICAL CONDITION], and incontinence. admitted with an open area to left buttocks. This same Care Plan shows interventions: prevent skin areas from prolonged contact, use pillows for positioning, float heels, assist to turn at least every 2-3 hours.		
F 0725 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on observation, interview, and record review the facility failed to provide sufficient staffing for 4 of 8 residents reviewed for staffing in the sample of 8. The findings include: On (NAME)4, 2020, 3 nurses and 5 Certified Nursing Assistants (CNA) were observed working on the day shift. On (NAME)4, 2020 at 8:54 AM, R4 stated I soil myself waiting for help, I feel yucky, it happens a lot. The meals are even late. On (NAME)4, 2020 at 9:13 AM, V4 Licensed Practical Nurse (LPN) said the staffing was horrible lately, one night there was only one CNA for the whole floor. V4 stated no one was up for breakfast so they had to change the meal time. There's not enough night shift CNA's so people aren't up to get to breakfast. On (NAME)4, 2020 at 9:29 AM, V5 CNA said they have been short on night CNA's and so she has almost all of her residents in her assignment to get up for breakfast. V5 said it's hard to get everyone up in the morning for breakfast. On (NAME)4, 2020 at 9:39 AM, R6 stated I'm supposed to get walked to breakfast, but it doesn't happen a lot because they don't have enough help on nights. They tell me they can't walk me because they are too busy getting every one else up for breakfast. On (NAME)4, 2020 at 9:49 AM, R1 stated the staffing is so bad, one night I even took notes. Sunday night ((NAME)1, 2020), I put my call bell on at 8 PM to get my medication, brush my teeth, get changed. At 12:30 AM, no one had come in, my call light was still going and I heard some one in the hall so I called out to them and said I wanted to get ready for bed. At 2:30 AM, I finally got help and went to bed. I had not been changed since 5 PM that night, I was soaking wet, it was like sitting in a pond. Urine had soaked thru under my back all the way up to my pillow and even got my sweater that I drape over me wet. My roommate (R8, non-interviewable) puts her call light on and no one comes, she stands in the doorway for hours waiting for help with her urine bag. On (NAME)4, 2020 at 1:30 PM, V8 Registered Nurse (RN) said she worked on Monday night ((NAME)2, 2020) and there was only one CNA. V8 stated I was quite livid. I called and texted V2 Director of Nursing and she didn't respond to either. I was able to text V1 and she knew what was going on. I was ready to quit. I was really hurt by the managers, it was like no one seemed to care about the safety of the residents or the staff. We had 59 residents that night and we could only make rounds twice. Residents on the long term side like to get up early. It's 5 AM and I'm passing medications so I couldn't help them. I felt bad, but I couldn't pass medications and get them up. On (NAME)4, 2020 at 1:55 PM, V9 RN said she worked as a CNA Monday night ((NAME)2, 2020) and the other scheduled CNA called in. V9 stated V8 texted the directors but there was no reply. I did the best I could. It was so hard. All I could do was answer the lights, nothing else, it was nonstop all night. On (NAME)4, 2020 at 11:19 AM, V2 said a scheduled agency CNA called in sick on (NAME)1 and 2, 2020 so the night shift was short. At 1:07 PM, V2 stated staffing is based on census, with the current census there should be more than one CNA on nights. R1's Point of Care Daily Charting of Activities of Daily Living (ADL) for (NAME)1, 2020 evening and night shift is blank (no ADL's performed) and is also blank for (NAME)2, 2020 evening charting. The facility's Floor Assignment sheets for (NAME)1 and 2, 2020 shows 2 nurses and 2 CNA's scheduled for night shift, with one CNA's name crossed off with call in written next to it.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.