

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022780		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/27/2025	
NAME OF PROVIDER OR SUPPLIER CLARK-LINDSEY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 101 WEST WINDSOR ROAD , URBANA, Illinois, 61801			
(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) COMPLETION DATE	
S0000	Initial Comments		S0000			08/14/2025	
	Complaint Investigation: 2566456/2564090						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.1210b)4)5)						
	300.1210d)6)						
	Section 300.1210 General Requirements for Nursing and Personal Care						
	b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.						
	4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.						
	5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.						
	d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure adequate supervision was provided during toileting for 1 (R1) of 3 residents reviewed for falls on the sample list of 4. This failure resulted in R1 sustaining multiple acute fractures involving the left humerus. Findings include: R1's diagnosis in part is documented as history of falling, retention of urine, anxiety disorder, difficulty in walking, cognitive communication deficit, acute on chronic systolic (congestive) heart failure, permanent atrial fibrillation, chronic respiratory failure with hypoxia, and pulmonary hypertension. R1's Minimum Data Set (MDS) dated 5/19/25 documents a Brief Interview for Mental Status score of eight indicating the R1 has moderate cognitive impairment. R1's MDS Admission Assessment dated 7/14/25 documents that R1 is dependent on staff for toileting hygiene tasks. This MDS also documents that R1 requires Substantial/maximal assistance from staff when going from a sitting to standing position. R1's Care Plan initiated on 07/08/2025 documents that R1 is at risk for falls related to deconditioning. This Care Plan documents that staff are to follow facility fall prevention guidelines. This Care Plan documents an intervention for certified nurse assistants to maintain proactive contact with residents to anticipate needs. R1's Fall Risk Evaluation dated 07/08/2025 documents that R1's assessment score was 17.0. A score of ten or higher indicates that R1 is at high risk for falls. R1's Incident report dated 7/15/2025 at 2:30 AM documents that V8 (Certified Nurse Assistant/CNA) reported that the resident fell on her bathroom floor. This report documents that R1 stated that she voided		S9999				

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S9999	Continued from page 2 and was going to get a wipe and stand on her own and fell on her left arm. This report documents that the CNA stated that he was just in her room to fix her bed while she was in the bathroom. This incident report documents that R1's left arm was bent with obvious signs of deformity and bruising and that R1 could not move it and stated it was painful. Radiology results dated 7/15/2025 document that R1 sustained "Findings: Acute comminuted displaced fracture involving the left humeral head/neck with soft tissue swelling. Acute comminuted displaced angulated fracture involving the proximal third shaft of the left humerus with soft tissue swelling. Impression: Multiple acute fractures involving the left humerus". On 7/26/25 at 11:46, R1 is lying flat on her back in bed and a brace is on her left arm. R1 stated she had a fall, broke her arm and it is painful. On 7/26/25 at 2:28 PM, V7 (CNA) stated that when a resident has a known fall risk they should never be left unattended when they are sitting on the toilet. On 7/26/25 at 3:08 PM, V8 (CNA) stated that he knew R1 was a fall risk and should not have left R1 alone on the toilet. On 7/26/25 at 4:04 PM, V5 (Registered Nurse/RN) stated that she would expect that all CNAs should not leave a resident unattended on the toilet if they were a fall risk. On 7/26/25 at 4:14 PM, V4 (Licensed Practical Nurse) stated that it was well known, and it is documented that R1 is at risk for falls and that R1 should not have been left unattended on the toilet. On 7/27/25 at 9:32 AM, V12 (Director of Nursing) (former-at time of incident) stated that R1's outcome would have been different if V8 (CNA) would have stayed at R1's side while she was on the toilet to prevent R1 from falling. "B"		S9999				