| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000469 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 08/27/2025 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HIGHLIGHT HEALTHCARE OF STERLING | 3601 SIXTEENTH AVENUE , STERLING, Illinois, 61081 |

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| S0000 | Initial Comments<br><br>Annual Licensure Survey | S0000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations<br><br>1 of 5<br><br>300.610a)<br><br>300.1060f)<br><br>Section 300.610 Resident Care Policies<br><br>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.<br><br>Section 300.1060 Vaccinations<br><br>f) A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act).<br><br>This requirement was not met as evidenced by:<br><br>Based on interview and record review, the facility failed to ensure residents were screened for risk factors for Hepatitis B, failed to assess if residents were immunized against Hepatitis B. This applies to 5 of 5 residents (R1, R6, R7, R8, R9) reviewed for immunizations in the sample of 11.<br><br>The findings include: | S9999 | | |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S9999 | Continued from page 1<br><br>On 8/27/25, R1, R6, R7, R8, and R9's electronic medical records were reviewed and showed all residents had not received verbal assessments for risk factors for Hepatitis B nor where residents asked if they had received the Hepatitis B vaccines.<br><br>On 8/27/25 at 10:58AM, V1 (Administrator) stated, "We don't do any screening for Hepatitis B nor do we offer the vaccination. We never have so we should probably start."<br><br>The facility's policy titled, "Hepatitis B Exposure Control" revised on 6/2024 showed, "It is the policy of this facility to establish procedures for controlling exposure to Hepatitis B…18. Residents "e 60 years without known risk factors who request Hepatitis B vaccination may receive the vaccines, subject to physician orders and informed consent. Note: vaccine response is decreased among older adults."<br><br>(C)<br><br>2 of 5<br><br>300.610a)<br><br>300.3210t)<br><br>Section 300.610 Resident Care Policies<br><br>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.<br><br>Section 300.3210 General<br><br>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.<br><br>This requirement was not met as evidenced by:<br><br>Based on interview and record review, the facility | S9999 | | |

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| S9999 | Continued from page 2<br>failed to protect a resident (R2) from physical abuse by another resident (R10). This applies to 1 of 2 residents reviewed for abuse in the sample of 11.<br><br>The findings include:<br><br>The facility's "Five-Day" Incident Report Summary dated 8/22/25 showed, "On August 17, 2025, at approximately 1:00PM, staff on duty witnessed an altercation between (R10) and (R2). Both residents were immediately separated…(R10) refused to be assessed and was placed on 1:1 and sent out involuntarily to the local emergency department…"<br><br>R2's electronic face sheet printed on 8/27/25 showed R2 has diagnoses including but not limited to major depressive disorder, alcohol abuse, cocaine abuse, diabetes mellitus, chronic obstructive pulmonary disease, and generalized anxiety disorder.<br><br>R2's facility assessment dated 7/8/25 showed R2 has no cognitive impairment.<br><br>R2's care plan revised 7/22/25 showed, "Resident is known/has a history of displaying inappropriate behavior…I tend to find it humoring when other residents have outbursts. Sometimes I tend to 'egg on' or trigger other patients on purpose due to them having little self-control or a mental illness…"<br><br>R10's electronic face sheet printed on 8/27/25 showed R10 has diagnoses including but not limited to paranoid schizophrenia, delusional disorders, major depressive disorder, and schizoaffective disorder.<br><br>R10's facility assessment dated 8/12/25 showed R10 refused to complete the mental status exam.<br><br>A review of R10's medication administration record for August 2025 showed R10 was not receiving any medications due to R10 continuously refusing all medications on all shifts, every day.<br><br>On 8/27/25 at 11:30AM, R2 stated, "I was just standing there looking at the activity calendar and this other resident (R10) was walking up and down the hall mumbling and he wouldn't shut up so I told him to 'shut the f*** up' and he turned around and punched me in the chest. It did hurt a little, but I said 'come on' so we could fight. He did it to me on purpose just to get me back for telling him to shut up. I'm glad he left. He wasn't right."<br><br>R10 was unable to be interviewed as he is at a local | S9999 | | |

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| S9999 | Continued from page 3<br>psychiatric hospital.<br><br>On 8/27/25 at 12:04PM, V4 (Certified Nursing Assistant) stated, “I was in the dining room sitting in the chair by the doorway. (R10) passed by (R2) and I saw (R10) pull his fist back and punch (R2) in the chest. I got in the middle of them, and (R2) said 'c’mon' but (R10) was already down the hallway. I noticed earlier that (R10) was pacing the halls and mumbling a lot but he wasn’t bothering anyone. They hadn’t had issues before this at all. I’m not really surprised that (R10) finally snapped on someone because he never takes his medications or lets us do anything with him.”<br><br>On 8/27/25 at 12:58PM, V1 (Administrator) stated, “There wasn’t much we could do to prevent this. Sometimes it just happens here with this population, and it comes out of nowhere with no warning.”<br><br>The facility’s policy titled, “Abuse, Neglect and Exploitation” revised 11/2024 showed, “It is the policy of this facility to provide protection for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property…”<br><br>(B)<br><br>3 of 5<br><br>300.1610a)1<br><br>300.1630b)<br><br>Section 300.1610 Medication Policies and Procedures<br><br>a) Development of Medication Policies<br><br>1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.<br><br>Section 300.1630 Administration of Medication<br><br>b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall | S9999 | | |

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| S9999 | Continued from page 4<br>include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.<br><br>This requirement was not met as evidenced by:<br><br>Based on observation, interview, and record review the facility failed to ensure an insulin pen was primed prior to administration of insulin for 1 of 3 residents (R11) reviewed for medication administration in the sample of 11.<br><br>The findings include:<br><br>R11's face sheet showed he was admitted to the facility 5/6/24 with diagnoses to include bipolar disorder, suicidal ideations, Type 2 Diabetes mellitus with diabetic polyneuropathy, hypertension, and generalized edema.<br><br>R11's August 2025 eMAR (electronic Medication Administration Record) showed an order for and "Novolog FlexPen Subcutaneous solution Pen-injector 100 UNIT/ML (milliliter)... Inject 30 unit subcutaneously three times a day for Diabetes type 2" and "Basaglar KwikPen subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Inject 48 unit subcutaneously two times a day related to Type 2 Diabetes Mellitus with Diabetic Polyneuropathy."<br><br>On 8/27/25 at 8:20 AM, V3 RN (Registered Nurse) was administering R11's Novolog and Basaglar KwikPen insulin. V3 primed the Novolog pen with 1 unit prior to administration and did not prime the Basaglar prior to administration.<br><br>On 8/27/25 at 12:14 PM, V3 RN said she primed the first insulin pen (Novolog) with 1 unit, but she didn't prime the second pen at all.<br><br>The facility's policy and procedure implemented 9/2024 showed, "Insulin Pen… Policy: It is the policy of this facility to use insulin pens in order to improve the accuracy of insulin dosing… Policy Explanation and Compliance Guidelines: … 6. Insulin pens will be primed prior to each use to avoid collection of air in the insulin reservoir… h. Prime the insulin pen: I. Dial 2 units by turning the dose selector clockwise. I. With the needle pointing up, push the plunger, and watch to | S9999 | | |

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| S9999 | Continued from page 5<br>see that at least one drop of insulin appears on the tip of the needle. If not, repeat until at least one drop appears…"<br><br>(B)<br><br>4 of 5<br><br>300.2930a)<br>300.2930c)5)<br><br>Section 300.2930 Plumbing Systems<br><br>a) General Requirements. All plumbing systems shall be designed and installed in accordance with the requirements of the Illinois Plumbing Code (77 Ill. Adm. Code 890) except that the number of residents required water closets, lavatories, bathtubs, showers, and other fixtures shall be as required by this Part and the facility program.<br><br>c) Water Supply Systems<br><br>5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. (A, B)<br><br>This requirement was not met as evidenced by:<br><br>Based on observation, interview, and record review the facility failed to ensure water temperatures did not exceed 110 degrees Fahrenheit (F). This failure has the potential to affect all residents residing in the facility.<br><br>The findings include:<br><br>The resident roster provided by the facility on 8/26/25 showed 39 residents residing in the facility.<br><br>On 8/27/25 between 9:58 AM and 10:15 AM, water temperatures were collected on each wing of the facility in occupied resident rooms. Five temperatures were collected and were as follows: 117 degrees (F), 115 degrees (F), 113 degrees (F), 112 degrees (F), and 116 degrees (F).<br><br>On 8/27/25 at 10:15 AM, V5 Maintenance Director said he is checking water temperatures in random rooms each day. V5 said he is looking to ensure water temperatures are at least 100 degrees (F) but doesn't want them too hot. V5 said he does not leave the water run very long when he is checking temperatures.<br><br>The facility's policy and procedure implemented 9/2024 | S9999 | | |

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| S9999 | Continued from page 6<br>showed, “Safe Water Temperatures… It is the policy of this facility to maintain appropriate water temperatures in resident care areas. Policy Explanation and Compliance Guidelines: … 5. Water temperatures will be set to a temperature of no more than 110 degrees…”<br><br>(C)<br><br>5 of 5<br><br>300.610a)<br><br>300.1210a)<br>300.1210b)2)<br><br>Section 300.610 Resident Care Policies<br><br>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.<br><br>Section 300.1210 a)b)2) General Requirements for Nursing and Personal Care<br><br>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)<br><br>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 | S9999 | | |

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| S9999 | Continued from page 7<br>supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:<br><br>2) All treatments and procedures shall be administered as ordered by the physician.<br><br>This requirement was not met as evidenced by:<br><br>Based on observation, interview, and record review the facility failed to follow physician's orders for 1 of 1 resident (R5) reviewed for professional standards in the sample of 11.<br><br>The findings include:<br><br>R5's admission record showed she was admitted to the facility on 4/1/24 with diagnoses to include schizoaffective disorder, generalized anxiety disorder, major depressive disorder, chronic obstructive pulmonary disease (COPD), tobacco use, adjustment insomnia, post traumatic stress disorder (PTSD), rheumatoid arthritis, and seasonal allergies.<br><br>R5's record showed she had a 37 lb. weight gain between 2/7/25 and 7/6/25.<br><br>R5's 7/15/25 progress note showed, "Resident reported increased edema yesterday to BLE (bilateral lower extremities). Once assessed noted plus 2 pitting edema to BLE. Notified physician and new orders to discontinue clonidine and start lisinopril 5 mg daily and discontinue meloxicam. Labs to follow in morning. Will report results to physician. Will monitor…"<br><br>R5's record showed no evidence that R5's labs were drawn on 7/16/25.<br><br>R5's record showed the last time her physician saw her was 6/25/25.<br><br>R5's 7/16/25 laboratory testing results were requested and unable to be provided.<br><br>On 8/27/25 at 10:42 AM, R5 was in the dining room. She was clean and well groomed. She was looking at something on her cell phone. R5 said she has been having swelling to her hands and feet lately that started about 3-4 months ago. R5 said she has had labs drawn and she was told that her kidneys aren't working right. R5 said she has gained a lot of weight recently. R5 said she has been told she is "holding water." | S9999 | | |

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| S9999 | Continued from page 8<br><br>On 8/27/25 at 10:56 AM, V2 DON (Director of Nursing) said she has noticed they have a problem getting the lab to fax the results to the facility, but she is “on top of it”. V2 said she currently has R5’s lab results in her office and she would get them for the surveyor. V2 then said she does not have R5’s lab results in her office and they would have to contact the lab to get the results sent to the facility.<br><br>On 8/27/25 at 12:14 PM, V3 RN (Registered Nurse) said when labs results are faxed to them, and they are given to V2 DON and if someone has time they will file the results in the residents chart. V3 said she has been trying to get ahold of the lab to get the results of R5’s lab draws sent to the facility, but the call keeps going to voicemail.<br><br>On 8/27/25 at 12:30 PM, V2 said when asked about R5’s lab results and R5 saying she was told her kidneys aren’t working properly, “I’ve seen the results. She has in her care plan that she makes false allegations. I haven’t been here since the middle of last week so I would have no way of knowing. In regard to her kidneys, I don’t have anything from a doctor saying something is wrong and this is a chronic thing for her. You will see in the care plan that it says she makes false allegations. This is the thing with her it’s always something. We have been dealing with her complaints about her ankle too, and no one can find anything wrong with that. [Another administrative nurse] is getting the labs. We called the lab twice and were just getting voicemails. I saw the results." When asked if any of the lab results were significant, V2 said, "I can’t comment on that, I don’t remember. I still don't have them.”<br><br>The facility’s policy and procedure implement 3/2023 showed, “Provision of Quality Care… Policy: Based on comprehensive assessments, the facility will ensure that residents receive treatment and care by qualified persons in accordance with professional standards of practice, the comprehensive person-centered care plans, and the residents’ choices… Policy Explanation and Compliance Guidelines: Each resident will be provided care and services to attain or maintain his/her highest practicable physical, mental, and psychosocial well-being…”<br><br>The facility’s policy and procedure implemented 8/2024 showed, “Laboratory Services and Reporting… Policy: The facility must provide or obtain laboratory services when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse specialist in | S9999 | | |

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| S9999 | Continued from page 9<br>accordance with state law… Policy Explanation and Compliance Guidelines: ... The facility must provide or obtain laboratory services to meet the needs of its residents…The facility is responsible for the timeliness of the services… All laboratory reports will be dated and contain the name and address of the testing laboratory and will be filed in the resident's clinical record."<br><br>(B) | S9999 | | |