

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054676		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/12/2026	
NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC				STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL , PONTIAC, Illinois, 61764			
(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			03/24/2026	
	Complaint 2662198/2786149						
S9999	Final Observations		S9999			03/24/2026	
	Statement of Licensure Violations:						
	300.610a)						
	300.1210b)						
	300.1210d)6)						
	Section 300.610 Resident Care Policies						
	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.						
	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.						
	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:						
	6) All necessary precautions shall be taken to assure that the residents' environment remains as free of						

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 accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements are not met as evidenced by: Based on record reviews and interviews the facility failed to ensure safe transfer techniques were implemented for one (R1) of three residents reviewed for accidents. The resident sustained a fracture of the left knee when a mechanical lift transfer requiring two staff members was performed by only one staff member. Findings Include The Facilities Hydraulic Lift (Hoyer) Policy revised on 1/26 documents all nursing staff will be trained on the proper use of the hydraulic (hoyer) lifts that are used within the facility, to ensure safe transfer for residents. This Policy also documents that the staff is to obtain assistance from a second staff member. On 11/29/26 at 3:04AM, the Nursing Progress notes documents: R1 was sent to the hospital after complaining of pain in the area above her left knee. R1 received Norco (pain medication) just before leaving for the hospital. The hospital gave R1 Tylenol, Fentanyl and Ketorolac for pain management. R1 returned from hospital at 6:00AM. The Hospital diagnosis after the left knee Xray showed a "Sprain of Medial Collateral Ligament of Left Knee". On 11/29/26 at 5:28AM, R1's Nursing Progress note documents: call received from the Emergency Department (ED) nurse. R1 was being discharged. Left knee x-ray was negative. R1 said R1 heard a pop when being transferred with a total body mechanical lift. R1 was given fentanyl 50mcg (microgram) given IM (Intramuscular) for pain management. No other concerns currently. On 11/29/25 through 12/3/25, R1 complained of pain in R1's left knee. R1 was given HYDROcodone-Acetaminophen Oral Tablet 7.5/325mg (Milligrams) for pain management. On 12/3/2025 the Nurse Practitioner's (NP) note documents R1 was assessed in R1's room lying in bed. NP reviewed R1's urine culture which showed mixed growth with possible contamination. R1 stated R1 still doesn't feel well. R1 was sent to the ED in the past week and stated that the Certified Nursing Assistant (CNA) hurt R1. The x-ray was performed of R1's left knee which was negative for a fracture. R1 stated R1 knows something			S9999			

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S9999	Continued from page 2 is wrong and wants an MRI (Magnetic Resonance Imaging). The NP explained that R1 can be referred to ortho for further diagnostic testing and patient began yelling that she wants something done now and that she's tired of this place. The NP will refer R1 to ortho and instructed the nursing staff to get another UA (urinalysis). On 12/11/25 at 1:30PM, R1 had an appointment with the orthopedic doctor and completed a CT (computed tomography) scan of the left knee. The CT scan showed a Left Knee Fracture. R1's Minimum Data Set (MDS) dated 1/12/26 documents R1 is Dependent with all transfers and is cognitively intact. On 2/9/26 at 10:40AM, R1 was lying in bed and stated that V9 CNA (Certified Nursing Assistant) was transferring R1 via a total body mechanical lift without the assistance of a second CNA. V9 was pushing on me, then suddenly R1 heard a pop and a crack. R1 stated that V9 told R1 "look your standing up". R1 stated I haven't stood up in years. R1 stated that R1's feet were touching the floor and R1's left knee hit the side of the bed. On 2/9/26 at 11:05AM, V9 CNA confirmed that V9 did complete a total body mechanical lift transfer for R1 without the assistance of a second staff member. On 2/9/26 at 11:05AM, V2 DON (Director of Nursing) stated that R1 was sent to the hospital, and the x-ray from the Emergency Department stated it was only a sprain. V2 confirmed two nursing staff should have been performing the transfer and not just one. V2 stated V9 CNA had disciplinary action taken against him as a result of this incident. On 2/9/26 at 11:15AM, V3 ADON (Assist Director of Nursing) stated a two-person transfer is required for all staff when using a total body mechanical lift (A)		S9999				