

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0045419		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/13/2026	
NAME OF PROVIDER OR SUPPLIER FRANCISCAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1270 FRANCISCAN DRIVE , LEMONT, Illinois, 60439			
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S0000	Initial Comments			S0000			
	Complaint Investigation # 2673930/2972589						
S9999	Final Observations			S9999			
	Statement of Licensure Violations						
	300.610a)						
	300.1210a)						
	300.1210b)						
	300.1210c)						
	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						
	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						

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 resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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 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 were not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident was provided adequate assistance during bed mobility to prevent injury. This failure resulted in R1 requiring hospitalization for treatment of a femur fracture. This applies to 1 of 3 residents reviewed for skin impairments in the sample of 5. The findings include: R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on October 18, 2022, with multiple diagnoses including chronic kidney disease, morbid obesity, right hip osteoarthritis, dementia, and fracture of right fibula. The EMR continued to show R1 was transferred to the local hospital on March 27, 2026, and had not returned to the facility. R1's MDS (Minimum Data Set) dated January 13, 2026, showed R1 had moderate cognitive impairment. The MDS continued to show R1 required supervision from facility staffing with eating, R1 was dependent on facility staff for transfers to and from a bed to a chair and required substantial assistance from			S9999			

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S9999	Continued from page 2 facility staff for rolling side to side in the bed. R1's self-care care plan dated October 13, 2022, showed "Decrease self-care deficit: bathing, dressing, feeding, transfer/mobility." The care plan continued to show multiple interventions dated February 20, 2026, including "[Mechanical lift] transfer times two; toilet hygiene: dependent; shower/bathing: dependent; roll left and right: substantial/maximal assistance; chair/bed-to-chair transfer: dependent." On April 9, 2026, at 2:36 PM, V11 (RN/Registered Nurse) said on March 23, 2026, close to 10:00 PM, the CNA (Certified Nursing Assistant) called V11 and reported a skin tear on R1's right leg. V11 said the CNA thought it happened when she was trying to pull a sheet out from underneath R1's leg. V11 said when he went to treat R1's skin tear, he noticed bruising by the skin tear and under R1's right knee. On April 9, 2026, at 4:13 PM, V8 (CNA/Certified Nursing Assistant) said she was changing R1 and R1's bed sheets by herself and R1 sustained a skin tear. V8 said she was standing on the right side of R1's bed, R1 was lying away from V8 and V8 pulled the sheets out from under R1's legs. V8 said that is when she saw the skin tear on R1's right shin, below her knee. V8 said there was bruising present as well. V8 said she also used the mechanical lift by herself to reposition R1 in bed. V8 said she would always utilize the mechanical lift by herself to reposition residents in bed who could not assist her with repositioning. V8 said she thought it was okay to use the mechanical lift by herself because she used the mechanical lift by herself at other nursing home facilities she has worked at. V8 said she did not have anyone help her with R1's bed mobility and repositioning. On April 9, 2026, at 2:08 PM, V7 (LPN/Licensed Practical Nurse) said on March 26, 2026, she went to see R1 and R1 was moaning and groaning in pain. V7 said R1's pain was located by the dressing of her skin tear. V7 said R1 also had a blister behind her knee and bruising around the bister and the skin tear. V7 said she received orders for an x-ray and administered R1's as needed acetaminophen. On April 9, 2026, at 2:24 PM, V6 (R1's NP/Nurse Practitioner) said she saw R1 on March 24, 2026, due			S9999			

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S9999	Continued from page 3 to a skin tear she experienced the day before. V6 said on March 24, there was some slight bruising around R1's skin tear visible around the dressing. V6 said on March 26, 2026, V10 (R1's Family) reached out to V6 about the bruising. V6 said she told V10 some bruising is expected from the skin tear, but V10 sent a picture of the bruising. V6 said the bruising was significantly extensive since March 24, much more than would be expected. V6 said she ordered an x-ray of R1's right leg to rule out a fracture, and the results showed a right femur fracture. V6 said fractures are not typically idiopathic. On April 9, 2026, at 1:34 PM, V3 (ADON/Assistant Director of Nursing) said he completed the investigation of R1's femur fracture. V3 said on March 27, 2026, an x-ray showed R1 had a femur fracture and R1 was sent to the hospital via emergency medical services. V3 said R1 had experienced a skin tear on her right shin below her knee a few days before and had extensive bruising below and above her knee. V3 said there was also a blister behind R1's right knee. R1's x-ray results dated March 27, 2026, showed "...Findings: There is a fracture involving the proximal femur with 2.3 cm (centimeter) displacement. The remainder of the femur is intact. There is osteopenia..." On April 9, 2026, at 3:46 PM, V3 said V8 used the mechanical lift by herself to reposition R1 in bed. V3 said staff are to use two staff members anytime they are using the mechanical lift. On April 9, 2026, at 3:36 PM, V12 (R1's Doctor) said there was suggestion R1 had bone loss, but R1 had not had a formal bone density scan. V12 said R1's femur fracture could have been caused from being moved in bed by one staff member. V12 said she doesn't think staff would be able to safely perform R1's bed mobility by themselves due to R1's obesity and inability to assist with care. V12 said there should be two staff members when utilizing a mechanical lift. On April 13, 2026, at 1:17 PM, V2 (DON/Director of Nursing) said R1 required two staff members for bed mobility. V2 said V8 should have had a second staff member present to assist V8 with R1's bed mobility			S9999			

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S9999	Continued from page 4 and changing R1's linens. V2 said staff are to use two people when operating the mechanical lift, including with bed mobility. V2 said the purpose of two staff members assisting with the mechanical lift is for resident and staff safety and to prevent injury to the resident and staff. V2 said the facility does not train staff they can use the mechanical lift by themselves. The facility's undated final report showed "Details of the Incident/Initial: On March 26, 2026, an x-ray was ordered to follow up with pain and bruising to the right knee above an area where a skin tear had occurred a few days prior. On March 27, 2026, x-ray results indicated an acute right femur fracture with osteopenia. The NP (Nurse Practitioner) and POA (Power of Attorney) were notified and the resident was transferred to [local hospital] via [Emergency Services] transport. The resident denies falling and does not remember any events that lead to the fracture. There is no evidence or report of a recent fall. An investigation has started. The final investigation is pending. Resident Details: [R1] is a 95-year-old long-term resident at [the facility]. She was admitted on October 13, 2022. [R1] is alert and oriented times one to two, with frequent confusion and is a poor historian. She is able to make her basic needs known. She has a historical BIMS (Brief Interview for Mental Status) score range of 6 to 12, with her last documented BIMS score being 11 (moderate cognitive impairment). [R1] is incontinent of bowel and bladder, requires maximum assistance for all ADLs (Activities of Daily Living), and is dependent for all transfers. [R1] is unable to ambulate, self-propel in a wheelchair, and reposition herself in bed. She is a set-up for meals. Investigation: Corresponding factors: The resident has general weakness, joint stiffness, and a history of osteoarthritis to the right hip. [R1] has had poor physical therapy performance in the past with the inability to perform adequately related to morbid obesity, physical limitations, and impaired cognitive function. [R1] prefers to spend the majority of her time in bed and often refuses to be transferred to her recliner chair. She is not a fall risk and has had no falls in the last four years. Interviewing was conducted with multiple nursing staff who had worked with the resident in the last several days of the noted right hip fracture. None of the nurses or aides had reported a fall or a transfer from bed to chair during this period. The resident had remained in bed, per her preference at the time, in the days preceding the notification of the fracture. There was a skin tear incident that occurred on March 23, 2026, during the evening shift. A shear type, skin tear to			S9999			

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S9999	Continued from page 5 the right upper shin of the resident was caused when the assigned aide has attempted to reposition the resident up in the using the bed sheet as support. There was no bruising immediately after the skin tear. However, the next day and in the following days, bruising and blistering had appeared over the superior portion of the skin tear up to the lateral aspect of the right knee. The resident is alert and oriented times one to two at baseline and is a poor historian. At no point in time, did she ever report a fall/impact trauma, and she denied knowing how or when her right hip became fractured. The resident's typical behavior was present with a smile and deny pain. The resident reported mild pain with the highest level being 5 out of 10 in the days prior to the X-ray, with as needed acetaminophen being provided. The resident has a history of chronic pain to her lower legs and especially her right knee. She had orders for as needed diclofenac and acetaminophen in relation to this chronic pain. The nursing staff interviews had concluded that the resident would rarely display signs or symptoms of pain and usually denied significant pain when asked. However, it was noted by the aides that during patient care the resident would make a 'grunting noise' when being turned over to her side. This was considered normal for her baseline due to her stiffness and chronic pain. According to the aide interviews, there was a brief period when two aides were turning over to her left side and she screamed out in pain to her left side. Once she was laid on her back she was unable to describe where the pain came from and denied further pain. The aides notified the nurse of the situation. The X-ray was ordered of the whole right leg by V6 (NP) in relation to the increased bruising to the right knee. On March 27, 2026, the mobile x-ray results showed as reads, 'Findings: there is a fracture involving the proximal femur with a 2.3 cm (centimeter) displacement. The remainder of the femur is intact. There is osteopenia. Conclusion: Acute appearing right femur fracture as described.' The x-ray report has also indicated that the right tibia and fibula were negative for acute fracture and that there was evidence of degenerative and erosive changes to the bones. After the notification of the right femur fracture, the resident was immediately assessed and found to be laying in bed in a comfortable position and denying any pain. As needed acetaminophen was provided for comfort. The NP and POA were notified, and the resident was then sent out via emergency services to [local hospital] emergency room. The resident was admitted with a diagnosis of pain and swelling. Per hospital report, follow-up x-rays and a CT (Computerized Tomography) scan confirmed the right femoral head fracture, and			S9999			

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S9999	Continued from page 6 surgical intervention was not recommended. Interviews: Staff interviews were conducted by multiple nurses and CNA's that had worked from March 22, 2026, to March 27, 2026. In the interviews, the majority of the staff reported they did not notice or observe abnormalities in her behavior or pain levels. The resident has been known to have chronic pain in both legs and receives as needed pain medication. On March 23, 2026, the resident sustained a skin tear during ADL care from [V8]. Then on March 26, 2026, [V7] was asked by the resident's son about the bruise to the right knee. It was explained to him that this was related to the skin tear that happened days prior. [R1] was displaying facial grimacing and complaining of pain when the right leg was touched. As needed pain medication was provided, and the NP was notified. The NP then ordered x-rays of the right leg. The x-rays became available on March 27, 2026, which indicated a right hip fracture and an order was received to send the resident to the hospital. [V12]: Per phone conversation with Primary Care Physician [V12]. She is suggestive this fracture may have happened due to friction/shearing of resident being moved across the bed during care. The resident x-ray results at the hospital revealed she has advanced osteoarthritis. The doctor does not believe there was a fall involved and due to the weight of the resident, if there was a fall there would need to be multiple staff to assist with the resident getting up off the floor. The resident could not get herself up and one staff member would not be able to get the resident up off the floor. [V12] stated that with the advanced osteoarthritis that there is possible bone loss and fragility of the resident's bones which aided in the fracture..." The facility's policy titled "Lifting Machine, Using a Mechanical" dated July 2017, showed "Purpose: The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions. General Guidelines: 1. At least two nursing assistants are needed to safely move a resident with a mechanical lift. 2. Mechanical lifts may be used for tasks that require: a. Lifting a resident from the floor; b. Transferring a resident from bed to chair; c. Lateral transfers; d. Lifting limbs; e. Toileting or bathing; or f. Repositioning..." (A)			S9999			