

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0046011		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/13/2026	
NAME OF PROVIDER OR SUPPLIER PRAIRIE MANOR NRSG & REHAB CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 345 DIXIE HIGHWAY , CHICAGO HEIGHTS, Illinois, 60411			
(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 Facility Reported Incident of 10/26/25-2697960- No citation Complaint Investigation: 2690996/2724768, 25912182/2691908, 25912057/2688791-No citations 25911328/2673976- 300.610a), 300.690b) and 300.690c)		S0000				
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.690b) 300.690c) 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 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or		S9999				

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 results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. These requirements are not met as evidenced by: Based on interview and record review the facility failed to ensure reporting to Illinois Department of Public Health a choking incident for (R5) per facility policy on Accident/Incident and Unusual Occurrence. This deficiency affects one (R5) of three residents reviewed for accidents/incidents. Findings include: R5 is a 70-year-old, admitted to facility on 11/08/2023 with the following diagnosis in part but not limited to: Heart failure, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, left bundle-branch block, unspecified, Type 2 diabetes mellitus with diabetic chronic kidney disease, dysarthria following unspecified cerebrovascular disease, end stage renal disease, dysphagia following unspecified cerebrovascular disease, obstructive sleep apnea, chronic obstructive pulmonary disease, weakness. Progress notes dated 10/12/2025 indicate at approximately 4:45PM, R5 was administered scheduled oral medications per physician's order. R5 was alert and oriented at the time of administration, R5 was observed sitting upright in bed following routine oral medication administration, shortly after swallowing, resident cried out and began coughing repeatedly. V12 remained with R5 and encouraged R5 to cough and spit out medications. V12 called for nursing assistance when partial tablets observed expelled from R5 mouth during coughing episodes. On 2/11/26 at 11:30AM, V3 (Director of Nursing) stated that when incident with R5 happened V3 was not in facility and was not in town, V3 said that if the choking incident needed to be reported then the administrator would have done it.		S9999				

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S9999	Continued from page 2 On 2/13/26 at 11:25AM, V12 (Licensed Practical Nurse) said that facility management was made aware of incident with R5 choking on pills and then taken by 911 paramedics. On 2/13/26 at 1:25PM, V1 (Administrator) stated that there was no reportable incident done for R5. V1 said she was told it was a 911 cardiac code. V1 said that after reviewing incident, a choking incident should have been reported to Illinois Department of Public Health, when investigated even days later and did not. Facility Policy on Accident/Incident and Unusual Occurrence- revised July 2025 Purpose: To record all accident and incidents in writing, assuring thorough investigations to prevent, when possible, future occurrences and identified hazards to the health and safety of residents, employees and visitors, including notifications to external review agencies and/or respective authorities as required. Policy Specifications: 14. The Administrator/Designee is responsible for referring reportable occurrences to the respective state agencies in which the facility operates. The following are examples of reportable occurrences. c. Significant Injuries- examples included but not limited to: 5) Chocking resulting in hospitalization. (C)		S9999				