

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051326		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/26/2026	
NAME OF PROVIDER OR SUPPLIER VICTORIAN VILLAGE HLTH & WELL				STREET ADDRESS, CITY, STATE, ZIP CODE 12525 W RENAISSANCE CIRCLE , HOMER GLEN, Illinois, 60491			
(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			03/27/2026
	Investigation to Facility Reported Incident of 3/4/26 / 2959681						
S9999	Final Observations			S9999			03/27/2026
	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 observation, interview, and record review, the facility failed to follow the transfer method recommended by physical therapy and indicated in the resident's plan of care. This failure resulted in R1 sustaining a 12cm (centimeter) left lower leg laceration, transfer to the hospital, and laceration repair with 21 sutures. This applies to 1 resident (R1) reviewed for safe transfers in a sample of 4. Findings include: On 3/24/2026 at 1:24 PM, R1 was in bed with a gauze wrap on her left leg. On 3/24/26 at 4:07 PM, V5 (CNA/Certified Nurse Assistant) said on 3/4/26 V12 (CNA) asked her to assist with transferring R1. V5 said prior to the transfer, R1's wheelchair was next to her bed, facing the head of the bed, with R1's left leg next to the bed. V5 said she was standing behind R1's wheelchair, and did not touch R1 during the transfer. V5 said V12 told R1 to hold onto the bed rail with her left hand while V12 put her arms under R1's armpits while she stood up. V5 said V12 did not use			S9999			03/27/2026

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S9999	Continued from page 2 a gait belt or sit to stand mechanical lift. V5 said R1 stood up, pivoted to her left and sat down on the bed and then said "my leg". V5 said she and V12 then looked down and saw R1's leg was bleeding and V5 thought R1 must have scraped her leg on the wheelchair during the transfer. V5 said she never took care of R1 before and she did not know R1's transfer status, she trusted V12 knew how to transfer R1 safely. V5 said the CNAs have to follow the transfer status recommended by therapy, because they are the ones who evaluate the resident for safe transfer and that is their expertise. On 3/24/26 at 10:48 AM V2 (DON/Director of Nursing) said on 3/4/26 as V5 and V12 (CNAs) were transferring R1 from her wheelchair to her bed, R1's leg got caught on the wheelchair and once she was in bed, the CNAs noticed the laceration on her left leg. V2 said at the time of the transfer, R1 was a sit to stand mechanical lift transfer as per physical therapy assessment and recommendation. V2 said as a result of R1's injury during transfer, V12 no longer worked at the facility and had been let go due to improper transfer and not following the facility culture of safety. On 3/25/26 at 9:27 AM, V13 (PTA/Physical Therapy Assistant) said as of 3/4/26, the nursing staff was expected to transfer R1 with the sit to stand mechanical lift with 2 staff assistance. V13 said there were times in the therapy gym that R1 was able to transfer with max assist x1 therapist with gait belt, but therapy delegated to the nursing staff to use the sit to stand mechanical lift with 2 staff for transfers. V13 said therapy would have to observe R1 perform repeated max assist stand and pivots in the therapy gym before they would upgrade R1's transfer status to a one-person max assist. V13 said therapy always encourages gait belts to be used for max assist transfers so there is a place for staff to hold other than the resident's appendage. V13 said lifting from under a resident's armpit puts them at greater risk for injury. R1's Face Sheet shows she was admitted to the facility on 2/26/26 with primary diagnosis of disorder of muscle and R1's POS (Physician Order Sheet) shows an order dated 2/26/26 may have physical therapy evaluate and treat as indicated. R1's Transfer to Hospital Summary dated 3/4/26 at 23:35 stats RN (registered nurse) was notified by CNA that assistance was needed in the resident's room. Upon entering, resident was observed sitting on the edge of the bed with an open laceration noted to the left lower leg with active bleeding			S9999			03/27/2026

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S9999	Continued from page 3 present. When asked about the incident, CNA reported resident obtained skin injury during transfer. Assessment revealed a laceration measuring approximately 13cm in length and 3cm in width to the left lower leg. Due to the size and depth of the wound, RN activated EMS (911) for transfer to the hospital for further evaluation and treatment. Resident transported via EMS for further evaluation R1's ED (Emergency Department) Provider Notes dated 3/4/26-3/5/26 shows: "Laceration Repair on 3/5/26 at 4:46 AM of left lower leg 12cm length and 5mm (millimeter) depth laceration with 21 simple interrupted sutures." R1's Care Plan initiated 2/26/26 states resident has an ADL self-care performance deficit related to deconditioning and interventions include transfer resident with sit to stand machine. The facility's policy titled, "Lifts and Safe Client Movement Program" last revised 1/26 states, "Policy:...committed to providing safe care that maximizes clients' quality of life while maintaining a safe work environment for employees. The Safe Client Movement Program includes client movement equipment, employee training, client plan of care and a "culture of safety" approach to safety in the work environment. Definitions:... Client Movement Equipment: Equipment used to assist in the lift, transfer or repositioning process. Examples include gait belts, sit to stand lift, total mechanical lift, sliding boards, repositioning sheets, etc. Employee Responsibilities:...It is the responsibility of the employee to follow the transfer method indicated in the plan of care..." (B)			S9999			03/27/2026