

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0010371		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER JENNINGS TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 275 SOUTH LASALLE , AURORA, Illinois, 60505			
(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				
	Annual Licensure and Certification Survey						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.610a)						
	300.1210b)2)						
	300.1210d)3)						
	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.						
	Restorative measures shall include, at a minimum, the following procedures:						
	2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience						

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 reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These Requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to assess a resident for limited ROM (range of motion) and implement interventions to prevent a decline in ROM. This failure resulted in one resident developing a hand contracture (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to restricted joint mobility). This applies to 1 resident (R45) reviewed for complications of immobility in a sample of 16. The findings include: On 01/20/2026 at 11:34 AM, R45 was observed sitting in the dining / activity area. R45's left hand was contracted with four fingers bent towards her palm. R45 moved the thumb of her left hand with her right hand but was unable to extend the four fingers on her left hand. R45 did not have any device in use for her contracted left hand. R45 was unable to answer questions about her hand, or any treatments / interventions for her hand contracture. V13 CNA (Certified Nursing Assistant) assigned to R45 stated R45 was unable to open her hand. R45 did not have a splint or any device in place for her contracted hand. On 01/21/2026 at 3:15 PM, V14 CNA also stated R45 could open her left hand "a little, but not very much." V14 agreed R45 did not use any splint or device for her left hand. On 01/21/2026 at 3:53 PM, V16 MDS (Minimum Data Set) Coordinator stated she is an LPN (Licensed Practical			S9999			

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S9999	Continued from page 2 Nurse) and is responsible for completing the resident functional assessments. V16 stated she last completed R45's contracture risk assessment on 11/24/25. V16 stated R45 did not have any contractures to her hand and was able to feed herself. V16 stated if R45 had any contractures, it would be a new occurrence. V16 stated R45 did not have any physician orders for splint use or other devices for contractures and did not have anything care planned regarding contractures or splints. At 4:08 PM, V16 re-evaluated R45 at the bedside. V16 verified R45's left hand did not open and stated she did not know when R45's hand became contracted. V16 stated the Restorative Aide (V17 Therapy Aide) sees R45 Monday through Friday for ROM exercises. On 01/21/2026 at 3:41 PM, V2 DON (Director of Nursing) stated no one was specifically assigned to the role of restorative nurse. V2 stated V17 (Therapy Aide) provided restorative services. On 01/21/2026 at 4:10 PM, V17 stated he had not seen R45 since early in the year 2025. V17 stated R45 had slight contractures in one of her hands, but it was not completely contracted, and he did not remember which hand. V17 stated R45 did not have any splint or device ordered for her contracture. V17 stated documentation for ROM exercises was being done by the CNAs for R45. On 01/22/2026 at 12:46 PM, V19 CNA. assigned to R45 stated he "provided restorative services" for R45 during her shower earlier but did not do any ROM exercises to her left hand because it does not open. V19 stated he had worked in the facility for over a year and R45 never had any splints ordered. On 01/22/2026 at 2:30 PM, V20 (Physician) stated a splint was ordered for R45, but he was unsure of when because he rounds at multiple facilities. V20 stated if a splint was ordered for R45 and it was not used; there should be documentation of her refusals. V20 stated he did not know when R45 developed the contracture. R45 current diagnosis list included rheumatoid arthritis, Alzheimer's disease, stiffness of unspecified Joint, and reduced mobility. R45's 11/24/2025 Contracture Risk Evaluation showed she did not have contractures, required staff assistance to turn and reposition, and her current diagnoses predisposed R45 to contractures "minimally to moderately." R45's current physician orders do not include orders for a splint or contracture-preventing device. R45's current care plan stated R45 has rheumatoid arthritis and will be / remain free of complications related to arthritis (contractures, joint		S9999				

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S9999	Continued from page 3 stiffness, swelling or decline in mobility) through review date. Interventions included daily range of motion exercises, both active and passive, as tolerated. Monitor / document / report to MD as needed the signs and symptoms or complications related to arthritis, joint pain, joint stiffness, usually worse on wakening, swelling, decline in mobility, decline in self-care ability, contracture formation / joint shape changes, crepitus (creaking or clicking with joint movement), pain after exercise or weight bearing. R45 care plan also includes R45 has impaired physical mobility related to history of falls COPD, Alzheimer's, and osteoarthritis. Goals include the resident will be free of complications of immobility. Encourage the resident to work with the restorative aide to perform daily range of motion exercise. Interventions include consult physical therapy per order. R45's 11/27/2025 MDS (Minimum Data Set) showed R45 did not exhibit the behavior of rejecting evaluation of care. R45's functional limitation in range of motion assessment of the upper extremity (shoulder, elbow, wrist, hand) documented no impairments. The facility's March 2018 Functional Impairment – Clinical Protocol policy showed the staff and physician will identify individuals with potential for significant improvement in function or significant decline in function, including the ability to perform activities of daily living (ADLs). The staff will monitor and document the resident / patient's function and will discuss this with the physician periodically in conjunction with a discussion of medical interventions and plans of care. The physician will identify the subsequent relevance of therapy services, based on reviewing the resident / patient's progress relative to his/her care goals and the status of conditions and the current treatment regimen that have been identified as affecting his/her function. The facility policy Restorative Nursing Services dated July 2017 states residents will receive restorative nursing care as needed to help promote optimal safety and independence. (B)		S9999				