

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000445		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/04/2026	
NAME OF PROVIDER OR SUPPLIER THE HAVEN OF TUSCOLA				STREET ADDRESS, CITY, STATE, ZIP CODE 1203 EGYPTIAN TRAIL , TUSCOLA, Illinois, 61953			
(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				
	Investigation of Facility Reported Incident of 12/26/25/IL2712676						
S9999	Final Observations		S9999				
	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						

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 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 utilize footrests when transporting a dependent resident in a wheelchair resulting in entrapment of lower extremities in front wheels and the staff member transporting the resident failed to report the incident resulting in a two day delay of care for one (R1) of three residents reviewed for accidents in a sample of three residents. This failure caused R1 to suffer a fractured left tibia. Findings Include: R1's Care Plan, updated on 12/17/25, lists the following diagnoses: Congestive Heart Failure, Chronic Kidney Disease Stage III, Paroxysmal Atrial Fibrillation, Lymphedema and Chronic Venous Insufficiency of the lower extremities, unsteady gait, muscle wasting, and difficulty walking. R1's Minimum Data Set (MDS) dated 12/15/25 documents R1 was cognitively intact and totally dependent on staff to propel her 150 feet in the corridor using a manual wheelchair. R1's Progress Note dated 12/27/25 at 5:21 a.m. documents: "Message sent to (V8), Nurse Practitioner (NP), regarding left knee swelling and bruising. (R1) states it has been present for three days. Pedal pulse palpable, skin warm, able to push down and pull back with foot. States there is pain, not severe." R1's Progress Note dated 12/28/25 at 3:41 p.m. documents: "At approximately 3:00 p.m., CNA came and notified nurse that (R1's) leg appeared more swollen and (R1) was having difficulty rolling. Nurse went to (R1's) room to assess her leg and noted it was worse than earlier that morning. (R1) stated she was agreeable to being sent to the hospital. Nurse completed paperwork, notified (V8), NP, called the ambulance at approximately 3:13 p.m., and notified the Power of Attorney. The ambulance arrived at 3:30 p.m., and the nurse called report to the hospital at 3:40 p.m." R1's Progress Note dated 12/29/25 at 1:30 p.m. documents: "Nurse writer called to obtain an update			S9999			

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S9999	Continued from page 2 after rounds. Hospital nurse stated the resident would need surgery; however, they were waiting for the surgeon to discuss the surgery and risks with the resident and her daughter prior to scheduling. Nurse stated the CT scan showed a mildly displaced oblique fracture of the proximal left tibia." On 2/4/26 at 9:00 a.m., R1 was observed lying in her bed wearing an orthopedic boot on her left lower extremity. R1 stated, "I think it was the day before Christmas I decided to have them get me up in my chair. (V6) and (V10), Certified Nurse Aides (CNAs), came in with the sling-type mechanical lift and moved me to my chair. Since I was up, (V6) pushed me down to the scale to weigh me. She didn't put on the foot pedals. There is a little bump when you wheel onto the scale, and I slipped down in the chair a little. When she pushed me off the scale, my left foot got caught on the front wheel under the chair. I said, 'Ouch, I'm tangled,' and (V6) got me loose. It hurt, but I have swelling and bad circulation in my feet and legs, so sometimes I don't feel pain as much. After a while, the pain and swelling got so bad I couldn't stand for my leg to be moved. They sent me to the hospital, and my leg was broken. They talked about surgery, but with my heart problems, my weight, and not being able to stand anyway, we decided to use the boot and let it heal." On 2/5/26 at 10:18 a.m., V6 stated, "I took (R1) in her wheelchair down to the scale to weigh her. I think it was the day after Christmas. I was hurrying and did not put on the foot pedals. When I pushed (R1) off the scale, her left foot got caught in the left front wheel under the wheelchair. I immediately got it loose. I think (R1) said something like, 'Ouch, I'm caught,' but I thought she was okay. I took her back to her room. I 100% should have used the foot pedals. If I had thought she was hurt, I would have gotten the nurse right away. I didn't tell anyone else, and I know I should have." On 2/5/26 at 10:24 a.m., V8, Nurse Practitioner (NP), stated, "It is likely the incident when (R1's) foot was twisted under the wheelchair caused her leg fracture. When I was contacted, I was not made aware that there had been trauma. I assumed it was related to (R1's) history of cellulitis, lymphedema, and vascular insufficiency, so I ordered an antibiotic. If I had known trauma had occurred, I would have ordered an X-ray." On 2/5/26 at 12:30 p.m., V2, Director of Nursing (DON), confirmed the facility was not aware of the wheelchair incident until after the fracture was diagnosed on 12/29/25. An investigation was immediately initiated,		S9999				

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S9999	Continued from page 3 and V6 then reported the wheelchair incident. The facility's Accident/Incident and Unusual Occurrence Policy, effective February 2014, states the purpose is to record all accidents and incidents in writing, ensure thorough investigation to prevent future occurrences when possible, and identify hazards to the health and safety of residents, employees, and visitors, including notification to external review agencies and/or authorities as required. The policy further states all employees are responsible for reporting to their immediate supervisor any accident or incident that has or could have resulted in injury to residents, staff, visitors, or others, including completion and submission of the required report for review and signature. (B)			S9999			