

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/07/2025
NAME OF PROVIDER OR SUPPLIER SNYDER VILLAGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1115 HARBERS LANE METAMORA, IL 61548		
(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) COMPLETE DATE
A 000	Initial Comment Facility Reported Incident/IL 197866 Entered on 10/7/25. Exited on 10/7/25. Violation cited. 295.6000a)13)	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; TYPE 1 VIOLATION Based on interview and record review the establishment failed to ensure safe wheelchair transportation for one (R1) of three residents reviewed for incidents/accidents in a sample of three. This failure resulted in R1 suffering in pain, being transferred to the hospital for evaluation, and sustaining a right fractured femur requiring surgery. This failure had a substantial probability of causing severe harm. Findings include: The establishment's Abuse, Neglect &	A6000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A6000	Continued From page 1 Exploitation policy, dated 10/24/22, documents "It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property." "Definitions: 'Neglect' means failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress." The establishment's Residents Rights policy, dated 10/24/22, documents "8. Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely." R1's Progress note, dated 10/2/25 at 10:55am, documents "At 10:21, caregiver was transporting resident in transport chair. Resident had been holding her feet up but then put her legs down and the right leg flexed backwards under the wheelchair. C/O (complained of) pain. Cries in pain with any movement or attempting to hold the foot/leg up. Pain is severe as noted by crying. With cognitive status, difficult to assess pain score. Pain with palpation of upper patella and lower quad (quadriceps). Possible swelling noted in those areas compared to left side. Unable to bear weight." R1's Progress note, dated 10/2/25 at 3:06pm, documents "This Nurse phoned (local) hospital regarding an update - (R1) has a fractured femur above the right knee prosthetic and will require surgery."	A6000		

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A6000	Continued From page 2 The establishment's Staff Development Inservice Record, dated 10/2/25, documents the objective of lesson as "Transport with pedals to avoid injury." On 10/7/25, between 9:48am - 2:35pm, E1 Executive Director/ED stated the following: (R1) is not able to hold her feet up when in a wheelchair. Staff were in-serviced regarding that they must use pedals if they are transporting residents versus if they (residents) can self-propel. (R1) could not self-propel. It (R1's incident) was avoidable. On 10/7/25, at 11:00am, E3 Certified Nursing Assistant/CNA stated the following: "I was taking (R1) to the exercise room to get weighed. When done weighing (R1) and getting her back into the wheelchair I took her up front for exercises. I reminded her to keep her feet up. I should have made sure she had foot pedals. There were none on that chair. I started pushing her and while she was talking her foot went down and she started screaming. I stopped right away and called the nurse. It all happened so fast. I definitely should have known better."	A6000		