STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003503	A. BUILDING: _____ B. WING _____	C 09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GENEVA	1101 EAST STATE STREET GENEVA, IL 60134

(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
S9999	Continued From page 1 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 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. Restorative measures shall include, at a minimum, the following procedures: 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003503	A. BUILDING: _____ B. WING _____	C 09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GENEVA	1101 EAST STATE STREET GENEVA, IL 60134

(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
S9999	Continued From page 2	S9999		

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.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

Based on observation, interview, and record review the facility failed to ensure safety measures were in place to reduce the risk of resident injury and failed to revise care plan interventions.

This applies to 1 of 3 residents (R1) reviewed for falls in the sample of 9.

The findings include:

R1's Face Sheet shows resident is a 95 year old with the following diagnoses: Non Displaced fracture of cervical vertebrae (C1), Non Displaced cervical fracture second vertebrae (C2), Blunt head trauma, Laceration of scalp, hypertension, osteoarthritis, chronic kidney disease, hypothyroidism, anemia, anorexia, major depression, history of falling, lack of coordination, peripheral vascular disease, dysphasia, edema, muscle weakness and Dementia without behaviors.

R1's MDS (Minimum Data Set) dated July 24,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003503	A. BUILDING: _____ B. WING _____	C 09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GENEVA	1101 EAST STATE STREET GENEVA, IL 60134

(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
S9999	Continued From page 3	S9999		

2018, shows R1's cognitive status is severely impaired and requires extensive assistance of two staff member for bed mobility, transfers and toileting.. The MDS also shows R1 has limited range of motion to left upper and lower extremities.

The Witnessed Fall Report shows R1 sustained a fall on August 6, 2018. "Resident was found lying on the floor next to her low bed with her bed sheets around her. Was alert but very confused and mumbling unintelligible words. Responsive to sound and tactile stimuli but unable to provide information regarding what happened. Resident with probability of rolling down from bed to the floor as she was lying with her bed sheets around her when she was found."

The Witness Fall Report form shows R1 sustained a fall on September 13, 2018. "CNA (Certified Nursing Assistant) called nurse in resident room, noted resident lying on left side bleeding to her left side forehead."
R1's Fall Risk Assessment dated July 24, 2018 shows R1 is at a High risk for falling. The facility did not present a fall risk assessment for September 13, 2018 when R1 sustained a Cervical Fracture of C1 & C2 and a laceration requiring 26 sutures.

R1's Care Plan dated through September 26, 2018 shows R1 is a high risk for falls related to generalized weakness, receipt of medications which could potentiate falls, impaired balance and safety awareness. R1 sustained 2 falls from August 6, 2018-September 13, 2018.

R1's Nurses note dated September 14, 2018, "patient returned from hospital with a diagnosis of C1 and C2 fracture and blunt head trauma.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003503	A. BUILDING: _____ B. WING _____	C 09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GENEVA	1101 EAST STATE STREET GENEVA, IL 60134

(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
S9999	Continued From page 4	S9999		

Laceration to top left of her forehead with 26 sutures with some dry blood. Left eye orbital is bruised purple in color. Will have continuous hospice care."

R1's Physician documentation dated September 14, 2018 shows, "cervical fracture of C1 and C2 fractures with severe dementia. Patient is going to have a very difficult time with this. She is already losing weight and having a hard time with eating. If cannot find brace, would recommend palliative/hospice at nursing home."

R1's Physician note dated September 20, 2018, shows discussed with family on September 18, 2018 at family meeting to discuss hospice, patient is status post hospital after injury that caused C1 and C2 fracture, head fracture, she came back to the facility, has been intermittently eating, but not as well as before, has had duragesic (pain medication) started and appears to be less agitated, using pain medication liberally with assist from family to interpret discomfort. Patient is lying in bed, occasionally mumbling and not as interactive.

R1's Restorative note dated September 20, 2018 shows resident is now on continuous hospice for comfort measures, appetite is poor and now dependent on staff to feed her when before she required limited assistance.

On September 26, 2018 at 9:18 AM, V9 POA (Power of Attorney) stated R1 was a high risk when she came to the facility. V9 stated he was called on September 13, 2018 that his mother had fallen out of bed and 911 was transporting her to the local hospital. V9 stated he was told his mother sustained two cervical fractures and a shear laceration to her forehead that required

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003503	A. BUILDING: _____ B. WING _____	C 09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GENEVA	1101 EAST STATE STREET GENEVA, IL 60134

(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
S9999	Continued From page 5	S9999		

approximately 26 stitches. V9 stated V3 (R1's Physician) told him his mother is not a surgical candidate and his mother would never go back to her previous status and we would see a decline. V9 stated V3 suggested hospice with comfort care. V9 stated he came the next day and went into R1's room and no fall mats or body pillow was in her room.

R1's Care Plan dated January 23, 2014 to September 26, 2018 shows assist with turning and repositioning of 1 to 2 people, call light and demonstrate use, monitor for adverse medication effects and report if noted, observe for decrease of loss of functional status, offer to toilet resident prior to going to bed, offer toileting after dinner, replace dycem to seat, restorative care as appropriate and staff to assist as needed. Change air mattress with bolsters to regular mattress with bolsters to help define the edges of the mattress. On August 6, 2018 shows body pillow while in bed. On September 17, 2018 shows bolsters applied to prevent sliding off mattress which is necessary for potential recurrent skin issues, bedside floor mats.

On September 26, 2018 at 10:00 AM, V2 DON (Director of Nursing) stated R1's accident happened in afternoon at around 6:00 PM. V2 stated R1's care plan does not show the interventions that were in place before the fall. V2 stated R1 had fall mats in place but it does not show on her careplan. V2 stated she would work with V5 (MDS Nurse) to revise R1's care plan. V2 stated a nurse called her and stated R1 fell out of bed and it was unwitnessed. V2 stated she asked how R1 fell out of the bed and stated she was told R1's bed would not go up or down so the wound nurse and wound doctor decided to kneel. V2 stated a CNA (Certified Nursing Assistant)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003503	A. BUILDING: _____ B. WING _____	C 09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GENEVA	1101 EAST STATE STREET GENEVA, IL 60134

(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
S9999	Continued From page 6	S9999		

was asked by V4 to provide incontinence care to R1. V2 stated V7 (CNA) went into R1's room with an incontinent brief in her hand and saw R1 on the floor and called for help. V2 stated upon her investigation of the accident she was told by the staff working with R1 the bed was working in the afternoon for the 3PM-11PM shift. V2 stated in the re-enactment of the accident by the facility the bed had to be at least 2 feet from the floor and it was not in its lowest position at the time of fall. V2 stated the wound nurse told her there was no fall mat by the side of the door in which R1 fell. V2 stated R1's protocol was to have the bed in the lowest position closest to the floor. V2 stated it depends how the resident falls out of bed to determine if she would have 2 fall mats. V2 stated R1 was extensive assistance and needed two staff members to assist.

On September 26, 2018 at 11:00 AM, V4 (Wound Care Nurse) stated she was with the wound doctor in R1's room and her bed would not raise so we kneeled down to assess the skin injury. V4 stated the wound doctor left the room and she placed R1 on her back in the bed. V4 stated she told V7 CNA (Certified Nursing Assistant) to provide incontinence care to R1. V4 stated she was out in the hallway with the wound doctor when V7 came out of the room and stated R1 was on the floor. V4 stated she went into R1's room and noticed R1 was laying on the floor on her left side and noticed she had a laceration to her left side of her forehead and the bed was in a higher position than what I left R1. V4 stated she put pressure on the wound and told V7 to have someone call 911. V4 stated R1 the air mattress did not have bolsters or a body pillow and the fall mat was on the rights side of her bed no fall matt was placed on the side of the bed she fell, the mat was behind the headboard. V4 stated she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003503	A. BUILDING: _____ B. WING _____	C 09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GENEVA	1101 EAST STATE STREET GENEVA, IL 60134

(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
S9999	Continued From page 7	S9999		

placed the call light near R1 but stated R1 never uses her call light because she is severely cognitively impaired. V4 stated R1 was to receive checks every two hours when in bed, fall mats and bed in lowest position. V4 stated the fall mat on the left side should have been placed alongside of her bed before she left the room. V4 stated R1's fall mats should have been placed on each side of her bed before I left the room. V4 stated R1 is a two person staff member assist to roll and we use 2 staff members because R1 gets agitated.

On September 26, 2018 V3 (R1's Physician), stated he and the facility discussed R1's fall and tried to figure out what happened that she fell and sheared her head and there were no actual witnesses. V3 stated he took care of R1 at the hospital and R1 did fracture C1 and C2 as well as sustained a shear laceration requiring 26 sutures. V3 stated if the fall mats were on both sides of her bed and the bed was in its lowest position, maybe she would have had a laceration but not to the extent of requiring 26 sutures but she still could have sustained the fractures.

On September 26, 2018 at 12:00 PM, V8 (Wound Physician) stated on September 13, 2018 he and the wound nurse went into R1's room to assess her left thigh scratch and the bed was not functioning V4 (Wound Nurse) she could not raise the bed up. V8 stated per protocol he leaves the room and the wound nurse places the dressing on the patient and puts the patient in the middle of the bed. V7 stated he and the wound nurse went into another resident's room and when they both came out the CNA (Certified Nursing Assistant) stated R1 was on the floor.

On September 27, 2018 at 8:40 AM, V4 stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003503	A. BUILDING: _____ B. WING _____	C 09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GENEVA	1101 EAST STATE STREET GENEVA, IL 60134

(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
S9999	Continued From page 8	S9999		

R1's air mattress did not have bolsters and I knew she was a high fall risk. V4 stated they had an inter-disciplinary meeting after R1's fall and the next day we discussed the body pillow and bolsters were not in place at the time of the fall. The only fall interventions that I could remember being used were a low bed and fall mats.

On September 27, 2018 at 9:40 AM, V7 CNA (Certified Nursing Assistant) stated she started her shift at 2:00 PM on September 13, 2018 and was assigned to R1. V7 stated she laid R1 down to bed around 3:15 PM. V7 stated she came back from break around 5:25 PM and was told by V4 (Wound Nurse) that R1 needed to be changed. V7 stated she walked into R1's room and saw R1 on the floor with quite an amount of blood on the floor. V7 stated she noticed the bed had been raised to around her waist about 2 ½ -3 feet from the floor, fall mat was on the right side of the bed, no mat was at the left side of the bed where she fell, and nobody pillow was ever ordered. We would just use regular pillows to position R1. V7 stated the day of the fall she did not use any pillows to reposition R1 she left R1 on her back and the bed in the lowest position.

On September 27, 2018 at 11:15 AM, V6 (Restorative Nurse) stated the MDS (Minimum Data Set) only needs to be coded once for turning and repositioning for the need for 2 staff members and if R1 is in bed and needs to be toileted (incontinence care) while in bed it is up to the Certified Nursing Assistant to determine if they need another staff member for assistance.

The Fall Prevention Policy and Procedure dated September 2017, shows the facility will identify and evaluate those residents at risk for falls, plan for preventative strategies, and facilitate as safe

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003503	A. BUILDING: _____ B. WING _____	C 09/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GENEVA	1101 EAST STATE STREET GENEVA, IL 60134

(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
S9999	Continued From page 9 an environment as possible ...during rounds, ensure residents are positioned safely and fall preventative measures are in place ...The ISP (Individualized Service Plan) will identify residents specific safety interventions such as reacher, bolsters, fall mats etc ...Placement of these interventions will be verified at the beginning of the shift. (B)	S9999		