STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005292	A. BUILDING: _____ B. WING _____	C 04/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENA LIVING CENTER	1010 SOUTH LOGAN STREET LENA, IL 61048

(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
S 000	Initial Comments FRI of 4-6-18/IL101767	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.3240a) 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	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005292	A. BUILDING: _____ B. WING _____	C 04/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENA LIVING CENTER	1010 SOUTH LOGAN STREET LENA, IL 61048

(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 shall include, at a minimum, the following procedures: 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to safely position a resident in bed and failed to raise the side rail for a resident in bed. These facility failures resulted in the resident falling from the bed onto the floor, having uncontrolled bleeding and fracturing R4's ethmoid sinus. This applies to 1 of 3 residents (R4) reviewed for falls in the sample of 4. The findings include:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005292	A. BUILDING: _____ B. WING _____	C 04/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENA LIVING CENTER	1010 SOUTH LOGAN STREET LENA, IL 61048

(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		

The facility's electronic diagnoses record for R4 show's diagnoses of polyosteoarthritis, anxiety and dementia. The Minimum Data Set Assessment (MDS) for R4 dated February 2, 2018 shows R4 to have severe cognitive impairment and requires extensive assist of two staff for transfers and one person physical assist for bed mobility.

On April 12, 2018, at 9:32 AM R4 was sitting in her wheel chair at an activity. R4 had faded bruising under her nose and up the left side of her face.

On April 12, 2018, at 9:45 AM, V6 Certified Nursing Assistant (CNA) said she transferred R4 into bed with the mechanical lift by herself on April 4, 2018. V6 said she lowered R4 down onto the raised bed, positioning her close to the edge of the bed and slightly turned on her side so V6 could complete incontinence care. V6 said the side rail was down and covered by the bedspread so she did not realize it was not up. V6 said she turned away from the resident's bed to take the mechanical lift out of the room and when she turned back around R4 was falling out of the bed onto the floor. V6 said she never should have put R4 so close to the edge of the bed and should have made sure the side rail was up before walking away. V6 said she will wait for help next time.

On April 12 2018 at 3:40 PM, V9 (Resident Assistant) said she was passing water to the resident across the hallway from R4 and saw V6 headed out of R4's room with the mecahnical lift and saw R4 on the floor next to her bed.

On April 12, 2018, at 12:59 PM, V3 Licensed Practical Nurse (LPN) said R4 at times will wiggle

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005292	A. BUILDING: _____ B. WING _____	C 04/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENA LIVING CENTER	1010 SOUTH LOGAN STREET LENA, IL 61048

(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		

around in the bed and can lift her head up off the bed. V3 said the resident should be safely positioned in the center of the bed and the side rail should be up when staff walk away from the resident while in bed.

On April 12, 2018, at 1:10 PM, V7 CNA said the side rails should be up and the resident positioned in the center of the bed if walking away from them while in bed.

On April 12, 2018 at 2:00 PM, V2 Director of Nurses (DON) said when caring for a resident in bed, the resident should be positioned in the center of the bed and the side rails should be up.

On April 12 2018, at 2:10 PM, V1 Administrator said she expects the staff to position residents on their backs in the center of the bed and make sure the side rails are up before walking away from the bed.

The nursing progress note dated April 4, 2018 shows R4 was observed laying on the floor beside her bed with her left arm behind her back. Several skin tears were seen on both of R4's arms. R4's nose was bleeding large amounts of blood and an abrasion was seen on her nose. The note also shows staff were unable to move the resident due to nose bleeding. An ambulance was called and R4 was taken to the local hospital.

The physician's Primary Care Progress Note dated April 5, 2018 shows R4 had a fall at the nursing home and was transferred to local hospital and was found to have a fracture of her ethmoid sinus. (The ethmoid is a square bone at the root of the nose, forming part of the cranium).

The facility's fall investigation record dated April 4,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005292	A. BUILDING: _____ B. WING _____	C 04/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LENA LIVING CENTER	1010 SOUTH LOGAN STREET LENA, IL 61048

(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 2018 shows R4 was placed near the edge of her bed, slightly on her side, the side rail was not raised and the bed was in the high position. The report also shows as a result of R4 being left in that position and the side rail not being up contributed to R4 rolling out of bed onto the floor. The care plan for R4 with a revision date of November 1, 2017 shows a second CNA to be present to assure proper positioning is completed, when in bed, have resident roll to their side using side rail, assist as needed and handle resident gently when moving or positioning and maintain body alignment. The facility's undated fall prevention policy shows each resident receives adequate supervision and assistance devices to prevent accidents. 2a. care planning and implementation of preventative measures. (B)	S9999		