DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. SALINE CARE NURSING & REHABILITATION CENTER, LLC, D/B/A, SALINE CARE NURSING & REHAB, Respondent.	))))))))))	Docket No. NH 19-S0123

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE; NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF CONDITIONAL LICENSE; NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS; NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Licensure Investigation conducted by the Department on February 15, 2019, at Saline Care Nursing & Rehab, 120 South Land Street, PO Box 468, Harrisburg, Illinois 62946. On March 28, 2019, the Department determined that such violations constitute one or more Type "A" violations of the Act and the Skilled and Intermediate Care Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in The Statement of Licensure Violations which is attached hereto and incorporated herein as Attachment A and made a part hereof.

Pursuant to Section 3-303 of the Act, the above-referenced facility is hereby ordered to abate and/or eliminate the above violation(s) immediately.

A Type "A" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF CONDITIONAL LICENSE

In accordance with Sections 3-305 and 3-311 of the Act, the Department hereby issues a Conditional License for the operation of the Facility. This license replaces the unrestricted license issued to Saline Care Nursing & Rehab, 120 South Land Street, PO Box 468, Harrisburg, Illinois 62946 on March 01, 2018. The Facility's current license number is 0054478. The term of the conditional license shall be from April 28, 2019 to October 27, 2019. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON APRIL 28, 2019.

The Conditional License will be withdrawn and an unrestricted license will be issued to Respondent upon the expiration of the term of the Conditional License.

During the term of the Conditional License, Respondent will retain its status as a certified provider of Medicaid services so long as Respondent's facility complies with the applicable federal regulations.

If the Respondent timely requests a hearing to protest the basis for the issuance of the Conditional License, the terms of the Conditional License shall be stayed pending the issuance of the Final Order at the conclusion of the hearing and the facility may operate in the same manner as with an unrestricted license. However, the Imposed Plan of Correction must be followed.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$25,000.00**, as follows:

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210a), 300.1210b)5), 300.1210d)6), 300.2210a), 300.2210b)2). and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high-risk designation: 300.1210b), 300.1210d)6) and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
P.O. Box 4263
Springfield, Illinois 62708

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

(A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department;

(B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license, the license shall not be renewed; or

(C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation.

Plans of Correction, Hearing and Waiver Requests can be emailed to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.

Sherry Barr

Division Chief of Quality Assurance
Office of Health Care Regulation
Illinois Department of Public Health

Dated this 1st day of April, 2019.

DISPLAY THIS PART IN A CONSPICUOUS PLACE

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi Ezike, M.D.
Director

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	I.D. NUMBER
10/27/2019	0054478

LONG TERM CARE LICENSE CATEGORY BGBE
SKILLED 72 INTERMEDIATE 70

CONDITIONAL 142 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

SALINE CARE NURSING & REHABILITATION CENTER

SALINE CARE NURSING & REHAB
120 SOUTH LAND ST, PO BOX 468
HARRISBURG IL 62946
EFFECTIVE DATE: 04/28/19

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

REGION 5 03/29/19

SALINE CARE NURSING & REHAB
120 SOUTH LAND ST, PO BOX 468
HARRISBURG IL 62946

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

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PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	Scott Stout
Licensee Info:	Saline Care Nursing & Rehabilitation Center, LLC
Address:	215 East Locust Street Harrisburg, Illinois 62946

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 1st day of April, 2019.

Sammye Geer
Administrative Assistant
Long Term Care- Quality Assurance
Office of Health Care Regulations

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008346	A. BUILDING: _____ B. WING _____	02/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALINE CARE NURSING & REHAB	120 SOUTH LAND STREET, PO BOX 468 HARRISBURG, IL 62946

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S 000	Initial Comments Annual Licensure/Certification Survey.	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b)5) 300.1210d)6) 300.2210a) 300.2210b)2) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

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

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:

5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.

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

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S9999	Continued From page 2 that each resident receives adequate supervision and assistance to prevent accidents. Section 300.2210 Maintenance a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. b) Each facility shall: 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident These Regulation were not met as evidence by: A. Based on observation, interview and record review, the facility failed to ensure hot water temperatures are maintained at safe levels in areas accessible to cognitively impaired, mobile residents. This has the potential to affect 22 residents (R5, R6, R8, R9, R13, R14, R17, R18, R20, R22, R27, R30, R33, R49, R51, R53, R55, R58, R97, R98, R101, and R108) who utilize the facility's "Side 2" west hall shower rooms and 7 additional cognitively impaired, mobile residents (R90, R64, R29, R71, R21, R106, and R111) who have access to this same shower room. Findings include:	S9999		

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S9999	Continued From page 3	S9999		

On 02/05/19 at 11:58 AM, R101 stated the shower water goes hot and then cold which makes her not want to take a shower because the water temperatures are inconsistent. R101's Minimum Data Set (MDS) dated 3/19/18 documents a Brief Interview for Mental Status (BIMS) score of 14, indicating R101 is cognitively intact. R101's MDS section G documents R101 requires supervision/oversight for mobility and showering.

On 02/05/19 at 1:45 PM, R22 stated the water temperature was either ice cold or scalding hot. R22 stated she had been "burnt before" while in the shower. R22 stated it was "maybe last week" and the water in the shower had turned hot. R22 clarified that there was no blistering or sores from the hot water, but that her leg had turned red for a little while. R22's MDS dated 11/2/18 documents a BIMS score of 12, indicating R22 has a moderate cognitive impairment. R22's MDS section G documents R22 requires supervision/oversight for mobility and showering.

On 02/06/19 at 08:56 AM R97 stated when she is in the shower and someone else uses the water her shower water gets cold and then when the water is turned off elsewhere her shower water eventually gets hot again and "it's bad." R97's MDS dated 4/8/18 documents a BIMS score of 10 which indicates a moderate cognitive impairment. R97's MDS section G documents R97 requires supervision/oversight for mobility and showers.

On 2/6/19 at 12:15 PM R53 stated when she took a shower she would adjust the temperature and then while she was in the shower the temperature would change and go hot or cold. R53's MDS dated 11/23/18 documents a BIMS score of 13, which indicates R53 is cognitively intact. R53's

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S9999	Continued From page 4 MDS section G documents R53 requires supervision/oversight for mobility and showering. On 2/5/19, water temperatures were taken throughout the facility using a calibrated digital metal stemmed thermometer. Calibration was completed utilizing an ice-point method. On 2/5/19 at 2:30 PM, the hot water temperature taken with a calibrated digital metal stemmed thermometer on "Side 1" at the hand sink in the unlocked shower room (not numbered) on the North Hall was 122 °F. On 2/5/19 at 2:33 PM, the hot water temperature taken with calibrated digital metal stemmed thermometer on "Side 2" at the hand sink in the unlocked shower room labeled B33 on the west hall was 133.9 degrees Fahrenheit (°F). On 2/5/19 at 2:53 PM, the temperature in the shower stall of B33 was 139.0 °F using the surveyor's calibrated digital thermometer and 142.2 °F with V6's (Maintenance) thermometer. During this same time period, R101 came to the doorway of shower room B33 and stated "this is it, this is the room the water is messed up in." On 2/5/19 at 2:39 PM, the hot water temperature taken with a calibrated digital metal stemmed thermometer on "Side 2" at the hand sink in the unlocked shower room labeled B32 on the west hall was 132.2 °F. On 2/05/19 at 2:39 PM, V6 (Maintenance) stated he keeps the facility temperatures under 110 degrees Fahrenheit. V6 stated the facility's hot water heater for the Side 2 west hall had been replaced a couple of weeks ago and he had not checked the temperatures since the water heater had been replaced.	S9999		

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S9999	Continued From page 5	S9999		

On 2/5/19 at 2:45 PM, the hot water temperature taken with a calibrated digital metal stemmed thermometer on "Side 1" at the hand sink in the unlocked shower room (not numbered) on the South Hall was 126 °F.

On 2/5/19 at 4:09 PM, V7 (Certified Nursing Assistant/CNA) stated she typically worked on west hall and assists residents on that hall with showers. When asked if she had any complaints or concerns related to the water temperature, V7 called the water temperatures on west hall "bipolar" because the water temperatures were so inconsistent. V7 stated the temperatures had been inconsistent for approximately a month and she had filled out a maintenance form about a month ago. V7 stated when a resident is in the shower and the temperature changes (from hot to cold, and cold to hot), V7 moves the water spray from the resident and readjusts it until the water temperature is appropriate for bathing. V7 stated R97 and R53 on the west hall had complained about the water temperatures. When asked if there were any residents that would not be able to communicate to the staff if the water temperature was too hot or too cold V7, CNA stated "(Name of R20), but he is always screaming." When asked if R20 yelled out while in the shower, V7 stated if the water temperature is adjusted he yells out and then he calms down. V7 then stated some other residents who would be unable to communicate if the water temperature changed would be R58, R14 and R13.

On 2/5/19 at 4:16 PM, V9 (CNA) was asked if she has ever had any issues with water temperature during showers. V9 stated yes, it gets too hot and then gets too cold as recently as yesterday. V9 said she gets it regulated before she puts

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S9999	Continued From page 6	S9999		

residents in the shower, but it takes a long time, and then she has to adjust it sometimes while residents are in the shower, especially the shower in B33. V9 stated she didn't tell anyone, she just kept working with it.

On 2/05/19 at 4:20 PM, V6 stated he adjusted the hot water heater on Side 2 (which serves shower rooms labeled B32 and B33), to 120 degrees (as low as it will go) and will recheck the temperature in the morning. V6 added that he just checked the temperatures last month (1/30/19 per the temperature logs).

On 2/6/19 at 8:45 AM, V1 (Administrator) stated the hot water problem is due to a mixing valve, and the facility is calling a plumber. V1 added the facility couldn't get the water below 114 last night, so they shut the shower rooms down until it can be corrected.

On 2/6/19 at 3:00 PM, V4 (Owner) stated they had been checking water temperatures monthly until today, and added that the facility will start taking temperatures daily.

On 2/6/19 at 3:15 PM, V4 (Owner) verified the mixing valves that control the amount of hot and cold water being distributed into the facility, have to be replaced frequently at the facility due to the town having hard water, which causes the mixing valves to build up calcification. V4 stated he has had to replace several of those valves in this facility.

On 2/7/19 at 10:59 AM, V7 (CNA) again stated "I filled out the maintenance form about 3 weeks ago" and added that she put it on the nurse's desk or in the black letter holder on their desk. V7 said "they (administration)" told me this

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S9999	Continued From page 7	S9999		

morning I should tape it to the QA (Quality Assurance) nurses desk.

On 2/7/19 at 4:15 PM, V4 (Owner) stated they have been through all the maintenance work orders over the last several months and are not able to locate a work order related to water temperatures during the past month.

On 2/7/19 at 9:10 AM, V10 (Plumber) stated they have ordered the part for the mixing valve. The facility has two hot water heaters, and the mixing valve that is out serves "Side 2" of the facility. When asked if a tempering valve can cause issues that would cause the water to get hotter or colder, V10 replied "yes." V10 stated he got a call on 2/6/19 that the facility had a problem with the unit (hot water heater). V10 stated he put a new hot water heater in the facility a month or so ago. V10 stated the tempering valve evidently failed, and that being mechanical, has the potential to fail 365 days per year. V10 stated one thing he suggested for the facility is a high temperature alarm. V10 said it's not mandated by anyone or anything, but it would have alerted the facility immediately of high temperatures.

On 2/7/19 at 1:50 PM, V4 verified the facility does not currently have a hot water monitoring policy; the facility had just been taking temperatures once a month, but are creating a new policy to monitor water temperatures daily.

The facility's water temperature logs were reviewed for Side 1 and Side 2 from September 2018 to January 2019. The logs indicated that maintenance checked the water temperatures of multiple residents' bathrooms and shared shower rooms once per month on the following dates: 9/28/18, 10/18/18, 11/27/18, 12/4/18, and

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S9999	Continued From page 8 1/30/19. All recorded water temperatures were noted to be within safe temperature ranges. No further temperatures were recorded after 1/30/19. Katcher, L.K. (1981). Scald Burns from Hot Tap Water. Journal of Am Med Assoc., 246 (11), 1219-1222), documents "Many residents in long-term care facilities have conditions that may put them at increased risk for burns caused by scalding. These conditions include: decreased skin thickness, decreased skin sensitivity, peripheral neuropathy, decreased agility (reduced reaction time), decreased cognition or dementia, decreased mobility, and decreased ability to communicate." "Studies of Thermal Injury: II. The Relative Importance of Time and Surface Temperatures in the Causation of Cutaneous Burns," written by Moritz and A.R. Henriques F.C. Jr., dated 1947, documents the damage to skin causing a 3rd degree burn in relation to the temperature of the water and the length of time of exposure as follows: 155 degrees F for 1 second (sec) ; 148 degrees F for 2 sec; 140 degrees F for 5 sec; 133 degrees for 15 sec; 127 degrees for 1 minute (min); 124 degrees for 3 minutes; and 120 degrees F for 5 minutes. On 2/6/19, the facility provided a list of residents who were cognitively impaired and mobile. The following residents were on this list: R21, R29, R64, R71, R90, R106, and R111. R21's Minimum Data Set (MDS) dated 11/2/18 documents a Brief Interview for Mental Status (BIMS) score of 99, indicating R21 was unable to complete the interview. R21 is assessed as requiring supervision with Activities of Daily living and mobility.	S9999		

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	IL6008346	A. BUILDING: _____ B. WING _____	02/15/2019

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S9999	Continued From page 9	S9999		

R29's MDS dated 11/9/18 documents a BIMS score of 06, which indicates R29 has a severe cognitive impairment R29's MDS section G documents R29 requires one person physical assist for mobility and physical help with transfer only to shower.

R64's MDS dated 12/7/18 documents a BIMS score of 13, which indicates R64 is cognitively intact. R64's MDS section G documents R64 requires supervision for mobility and physical help limited to transfer only for showers.

R71's MDS dated 12/7/18 documents a BIMS score of 11, which indicates R71 is moderately cognitively impaired. R71's MDS section G documents R71 requires limited assistance with mobility and physical help limited to transfer only for showering.

R90's MDS dated 12/21/18 documents a BIMS score of 12, indicating R90 is moderately cognitively impaired. R90's MDS section G documents R90 requires limited assistance with mobility and physical help in part of bathing.

R106's MDS dated 1/11/19 documents a BIMS score of 10, which indicates R106 has a moderate cognitive impairment. R106's MDS section G documents R106 requires supervision with mobility and showering.

R111's MDS dated 1/11/19 documents a BIMS score of 09, which indicates R111 is a moderately cognitively impaired. R111's MDS section G documents R111 requires supervision for mobility and showering.

In addition, the facility provided a list of all residents that utilize the Side 2 west hall shower

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S9999	Continued From page 10	S9999		

rooms. The following residents were included on the list: R5, R6, R8, R9, R13, R14, R17, R18, R20, R22, R27, R30, R33, R49, R51, R53, R55, R58, R97, R98, R101, and R108.

B. Based on observation, interview, and record review the facility failed to address clothing issues as a risk for falls and to assess balance as potential cause for falls for 1 of 6 residents (R55) reviewed for falls in the sample of 83.

Findings include:

On 2/06/19 at 9:25 AM, on 2/7/2019 at 2 PM, on 2/8/2019 at 2 PM and at various times throughout each day of the survey, R55 was consistently seen walking through the Side 2 dining room hallway with unsteady, shuffling, and sometimes lurching gait. During those times R55's shoe laces were dragging the floor, tongues of both shoes were hanging out beyond toes of shoes. R55 was wearing pants that were too long and were dragging the floor and were rumpled up around shoes. On 2/15/2019, at 9:20 AM, R55 was walking down the hallway near her room, tongues of shoes were hanging out and no laces were in her shoes. R55 stated, "They are out of shoe laces."

An entry on R55's current Care Plan documents "Problem Onset 12/23/2017- Resident states she slipped and fell to floor. Resident had on her shoes and floor was dry. Pants were noted to be too long. Possible pant legs got under her shoes causing her to slip. Pants will be hemmed during activities. There were no injuries. Goal: No further falls. Achieved 2/23/2018."

R55's current Care plan documents, "Problem

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S9999	Continued From page 11	S9999		

Onset 7/5/18- Res coming into facility from patio fell backwards and hit head on rug no injuries noted." The Approach added to this care plan in relation to this fall was "Resident instructed to walk slower and view surroundings."

A Resident Incident Report for R55 states that on 8/15/2018 at 4:00 PM, R55 stood up out of dining room chair, lost her balance, and fell backward resulting in a knot on the back of the head with no bleeding. Under Additional Follow-ups, on this same form is the statement,: Resident was being combative at the time of the fall. R55's Intervention Log includes an entry for this fall which states " Behavior Tracking put in place for being combative toward staff and peers. Monitored daily."

On 9/17/2018 at 8:05 PM, a Resident Incident Report states that R55 approached staff to make a request, turned around, stumbled, lost her balance and fell back against door facing to North hall ,then fell on her left side. No apparent injuries. This same document includes: under Additional Follow-ups, Resident reminded to turn around slowly, and states addressed in Care plan. There is an intervention noted for this fall on R55's Intervention Log which states; "Falls Focus exercise group will be encouraged, i.e. movement with reaching.

Resident Incident Report for R55 for 11/11/2018 at 11:41 states that R55 fell as a result of catching the toe of her shoe on a chair. Resident reminded not to shuffle her feet and be aware of surroundings and that Resident was noted to be wearing shoes that did not belong to her and were too big. Care Plan was updated on 11/12/2018. Approaches added include: Medication review related to recent medication

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S9999	Continued From page 12	S9999		

reduction; Resident will wear her own shoes at all times; Ensure resident has and wears properly fitting shoes non-skid shoes for ambulation. Assess resident's balance, vitals signs B/P (blood pressure) lying down and standing at least every (this is blank). Document results and report abnormalities to physician. Target date is 2/12/2019.

A Resident Incident Report for 11/30/2018 at 12:54 PM states that R55 caught toe of shoe in chair and lost her balance, and lowered herself to the floor. A Post Incident Actions report for R55 dated 11/30/2019 states: "Resident states she was getting up from the dining room table caught toe of shoe on the chair lost her balance lowered herself to the floor. Immediate Post- Incident Action: Reminded resident to be mindful of environment and maybe not be in a rush. Immediate Actions Taken : Head to toe assessment assisted from sit to stand denies hitting her head." A Resident Incident Follow Up For R55 regarding this same incident includes in part the following : "Addressed in Care Plan 12 /3/2018" and "Additional Follow-ups 12/3/2018 will have pharmacy and MD do med review." A document titled Saline Care Center Intervention Log for R55 includes an entry for 11/30/2019 regarding above -mentioned incident and states "Med (medication review by MD (medical doctor) and pharmacy." A document titled "Departmental Note" with entry dated 12/3/2019 at 4:45 PM states, "Pharmacy sent DRR (Drug Regimen Review) and received back with no rec. (recommendation) sent to (R55's MD)at the this time for his review awaiting response. R55's Current Plan does not include a problem onset or an approach with this date.

On 2/7/2018 V17 (Certified Occupational

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S9999	Continued From page 13 Therapist) states that there are no referrals for a Physical Therapy evaluation or therapy services received for R55 that she is aware of. On 2/14/2019 at 10 AM, V13 (Director of Clinical of Operations) stated that all residents receive a quarterly Therapy Screening, and that should have been completed for R55, and presented copies of screenings dated 9/2018 (no day documented) and 2/5/2018. On 2/15/2019 at 9:20 AM, V16 (Speech and Language Therapist) reviewed a Multidisciplinary Screening Form for R55 completed by V16. V16 stated these are screenings, I get my information for this screening from the nurse, face to face, I don't see the resident for a screening, that would be an evaluation." This form includes the question, More than one fall in the last 90 days? This is checked no. On the Multidisciplinary Screening Form for R55 completed in 9/18, the question regarding falls in the past 90 days is not answered, and no recommendations for referrals to Physical Therapy are made. A	S9999		