

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEARTLAND SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447
--	---

(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 First Complaint Certification Revisit to Survey date 06/07/22, Complaint Investigation #2264266/IL147502	S 000		
S9999	Final Observations 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	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEARTLAND SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447
---	---

(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	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>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:</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide adequate supervision to prevent a fall from the toilet and failed to provide a safe environment with stable functioning equipment to prevent a fall. The facility also failed to implement post fall interventions. These failures affected one of seven residents (R7) reviewed for supervision/environmental hazards on the sample list of 14. This failure resulted in R7 falling and sustaining contusions of right hip and knee, closed head injury, lacerations to right foot third and fourth toe requiring emergency medical assistance at a local hospital.</p> <p>Findings include:</p> <p>R7's Physician "Order Summary Report" Sheet (POS) dated "Active Orders as of: 08/03/22" documents the following diagnoses: "Contractures Right Knee, Contractures Left Knee, Muscle Weakness Generalized, Pain Right Hip, Seizures, Difficulty Walking Inflammatory</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEARTLAND SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447
---	---

(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	<p>Continued From page 2</p> <p>Spondylopathy, Sacral and Sacrococcygeal Region, Abnormal Posture, Paralytic Gait, Unsteadiness on Feet and Repeated Falls.</p> <p>R7's Minimum Data Set (MDS) dated 06/03/22 (prior to the fall with injury) documents R7's Brief Interview of Mental Status score of 15 out of a possible 15, which indicates no cognitive impairment. The same MDS documents R7 requires extensive physical assistance of two person for transfers and toileting.</p> <p>R7's Fall Risk Assessment dated 06/03/22 (prior to the fall with injury 7/17/22) documents R7's is at high risk for falls when the fall risk score is 10 or greater. R7's assessment documents R7 "Quarterly Score: 14.0."</p> <p>R7's "Occupational Therapy Plan of Care (Evaluation Only)" dated 06/06/22 documents the following: "This female (R7) was referred to skilled OT (Occupational Therapy) after recent Neurologist referral for specialized wheelchair evaluation due to pt (patient/R7) unable to stand or walk any longer and tremors impacting self-propulsion for mobility independence."</p> <p>R7's Care Plan dated 06/15/22 documents the following: "Focus (R7) has a Transfer ADL (Activities of Daily Living) Self Care Performance Deficit r/t (related to) Activity Intolerance, Fatigue, Impaired Balance. R7 will transfer using safe technique with (stand mechanical lift) to/from bed, w/c (wheelchair), toilet with supervision for safety by review date (initiated 03/02/22 continued when revised 6/15/22)."</p> <p>R7's same Care Plan document "(R7) is at risk for injury due to Seizure Disorder"</p> <p>R7's same Care Plan documents "Staff placed (brand name non-skid material) in w/c</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEARTLAND SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447
---	---

(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	<p>Continued From page 3</p> <p>(wheelchair, staff making sure she (R7) is properly positioned, staff providing education on asking for assistance when R7 wants to readjust. She (R7) is being evaluated by skilled therapy." R7's same Care Plan documents an additional intervention post R7's fall with injury 7/17/22 as follows: "Staff (are) to stay in room with resident while resident is on (the) toilet to ensure items needed are within reach.</p> <p>R7's "Fall" dated 07/17/22 at 06:45 am, documents the following: "Incident Location: Resident's bathroom. Incident Description: Nurses Description: This nurse (V14, Registered Nurse/RN) was at the nurses station with another nurse when a loud sound happened and heard 'help me'. Upon entry to room, resident R7 was on her knees, head against the wall in front of the toilet, arms folded underneath chest, with toilet riser leaning against resident's buttocks." Resident Description: Resident stated "I was just going to the bathroom and was reaching for my slacks when all of a sudden the riser tipped over." Resident did say she hit her head and is complaining of 'severe' right hip pain. Unable to straighten out right leg.</p> <p>R7's "Post-Fall Evaluation, Fall Details: Date/Time of Fall: 07/17/2022 at 6:45 AM Fall was not witnessed. "The same report documents R7 was sent to the local hospital for evaluation and treatment.</p> <p>R7's (Local Hospital) "Emergency Documentation" dated 07/17/22 documents: Chief Complaint: Pt (patient/R7) to ER (Emergency Room) from nursing home for (after a) fall. Pt (R7) was on commode when it tipped, hit head no LOC (loss of consciousness). Pt</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEARTLAND SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447
--	---

(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	<p>Continued From page 4</p> <p>complained of right hip pain. The same R7's (Local Hospital) "Emergency Documentation" document extensive medical emergency diagnostic were necessary post R7's fall. Diagnostics and treatment as follow: "Diagnostics Interpretation, CT of the brain/head without contrast was done, reviewed and read by Radiologist which shows know no acute intracranial abnormality. X-Ray of right hip with one view of pelvic were done, reviewed and read by Radiologist, no acute findings X-Ray of right knee, no acute findings, X-Ray right foot, no definite acute findings, no definite acute fracture, Subtle lucency at the base of the fifth proximal phalanx, favor non-acute origin but correlate with focal tenderness. Diffuse soft tissue swelling. CT of right hip without contrast, no acute findings. CBC; Unremarkable. Chemistry Profile: Unremarkable with exception of BUN was 26, alkaline phosphatase is 129, and total bilirubin was low 0.2. "Laceration Repair Note" 3rd (third) toe, 4th (fourth toe), third toe three sutures, fourth toe three suture to repair. Morphine 2 (two) milligrams, IV (Intravenous) and Zofran 4 mg IV for pain."</p> <p>The same R7's (Local Hospital) "Emergency Documentation Assessment" 1. Contusion of right hip. 2. Contusion of right knee. 3. Laceration of third toe right foot, 4. Laceration of fourth toe right foot. 5. Closed head injury. 6. Status post mechanical fall."</p> <p>The same R7's (Local Hospital) "Emergency Documentation" documents the following:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HEARTLAND SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447
---	---

(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	<p>Continued From page 5</p> <p>Care Plan: Discharge to home (nursing facility). Rest, ice packs to affected areas. Wound care instructions. Head injury instructions. Bacitracin to wound twice a day. Please continue with current pain relievers, as already prescribed. Return if symptoms worsen, further problems, or any other concerns. Follow-up with your provider (V4, Medical Director) at the nursing home within 2 (two) to 4 (four) days. Follow -up in 10 to 14 days for suture removal to right toes.</p> <p>On 8/3/22 at 8:55 am, R7 stated the following: " I had to go to the hospital on a fall last month (7/17/22). Two (V12, and V13, Certified Nursing Assistant/CNA) CNAs sat me on the toilet riser (free standing riser over the bathroom toilet bowl)." (R7) wheeled herself into the bathroom to show the over the toilet free standing commode). R7 also stated "The CNA's left me (R7) on the toilet riser and reminded me to use the call light when I was finished. I didn't have time to finish using the bathroom. I barely reached and did not have to lean to my side. I was reaching for my clean pants hanging there on the tub (points to the section of the bathtub which is six inches from the side of the free standing commode riser.) This thing (free standing commode riser) tipped me forward onto the floor. I was not reaching forward. My clothes laid right next to me on that bath tub. I (R7) am a nurse. This would not have happened if the riser was secure. I have my opinion, about those risers for all the residents' safety. All residents should have those risers attached to the wall so they don't fall. I fell very fast. As I had mentioned that this riser was not</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2022
NAME OF PROVIDER OR SUPPLIER HEARTLAND SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447		
(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	<p>Continued From page 6</p> <p>secure. It was wobbly. I told several CNAs over the past when they would leave me on the toilet, it was not safe. The toilet riser fell completely forward. It was out of my control. I hit my head on the tub first, then the wall, and finally the floor. The fall bent my toes back all the way. My toes had to have hit the riser on my way down. I ended up with stitches in two toes."</p> <p>On 8/3/22 at 10:25 am, V11 (Maintenance Director) stated R7's riser was not stable when she (R7) fell, and probably should have been attached to the wall prior to the fall. V11 also stated, "I checked to see, how it fell forward with her (R7) in it. It did not set on an unlevelled floor. It appeared to tilt forward easily when I (V11) sat a little towards the front. No, I am not a big guy. I tried it out myself. My understanding was she (R7) was putting on her pants causing the riser to tilt her right out of it. It shouldn't have happened. My guess is she (R7) was too far forward causing the fall."</p> <p>On 8/3/22 at 1:15 pm, V14 (Registered Nurse/RN) stated the following: "Myself V14 (RN) and V16 (Licensed Practical Nurse/LPN), the night shift nurse, were both with (R7) right after she fell (07/17/22). We did not leave her. We did do neuros (neurological assessment), on a flow sheet I think. Not in the computer. Sometimes I do both." V14 (RN) also stated "V12 (CNA) and V13 (CNA) transferred R7 to the toilet. They shouldn't have left her. I know that they have before but shouldn't. The CNA's go help her up (from the toilet, when she puts on the call light, instead of staying with her. They (V12 and V13) made sure her pants were right next to her. She could easily reach them with her left hand, without leaning. R7 was only on the toilet about 5 minutes. That day, we heard the loud noise from</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HEARTLAND SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447
---	---

(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	<p>Continued From page 7</p> <p>the fall at the nurses' station. R7 was yelling for help. The bedside commode had tipped forward for some reason. R7 is alert and oriented she can tell you it has never been a problem before. R7 complained of right hip pain, told me she hit her head, and her toes had a laceration." V14 (RN) also stated "I sent her out (to the hospital emergency room) immediately and notified V4 (Medical Director/Physician), V2 (Director of Nursing/DON) and V1 (Administrator)." V14 also stated "I (V14) had no knowledge of the (commode type) riser being unsafe prior to R7's fall. It must have been over the (toilet commode riser), since maintenance got right on it and secured it to the wall that day."</p> <p>On 8/3/22 at 2:30 pm, V16 (LPN) confirmed V14's (RN) recall of events the morning of R7's 07/17/22 fall. V14 stated, R7 was left unsupervised on the toilet by V12 and V13 (CNAs). V16 (LPN) also stated V16 assisted V14 (RN) assess R7 post-fall, and R7's toilet riser was not secured to the wall.</p> <p>On 8/3/22 at 3:00 pm, V2 (DON) knocked on R7's bedroom door. R7 stated "come on in. I am on the toilet." R7 could be seen from R7's parked wheelchair at the foot of R7's bed. R7's wheelchair had a cushion on the seat of the wheelchair. The bottom of the cushion was polyester-like, and slick. R7's slick cushion sat directly on the vinyl wheelchair seat. There was no non-slip material on the seat to R7's cushion and preventing resident from sliding off the wheel chair. R7 was in R7's bathroom with the door wide open to her bedroom. R7 was seated on the toilet riser with a mechanical stand lift sling attached to the mechanical stand lift belt that had slid up under R7's arm pits. The mechanical stand lift was positioned directly in front of the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2022
NAME OF PROVIDER OR SUPPLIER HEARTLAND SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447		
(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 toilet. There were no staff present to supervise resident in R7 bathroom or bedroom, until V2 (DON) walked into R7's room. V2 (DON) entered R7's room, acknowledged R7 was seated on the toilet with the stand lift parked in front of R7. V2 also confirmed R7's wheelchair at the foot of R7's bed did not have non-slip material or any non-slip material in R7's wheelchair to prevent R7 from sliding off the wheelchair. V2 stated the following: "This is a problem. R7 is not to be left in the bathroom by herself, at all, since her fall. This (supervision while toileting) is care planned." V2 also stated R7 is supposed to have non-slip material in her wheelchair. She has had a couple falls recently from her wheelchair (7/21/22 and 8/1/22 after fall with injury 7/17/22) and that is the intervention that was supposed to be implemented." V2 also stated V2 was not aware that there was a problem with R7's toilet riser until R7 fell from the toilet riser on 07/17/22. V2 (DON) also stated "It is secured now and should have been to begin with." On 8/3/22 at 3:05 pm, as V2 exited R7's room, as noted above. V8 (CNA) was coming towards R7's room, to respond to R7 bathroom call light that had just activated. V8 (CNA) stated to V2 (DON) "I (V8) thought we should give her (R7) privacy, that is what we always do." V2 replied "Especially since (R7) fell in the bathroom (07/17/22), she cannot be left alone. You (V8, CNA) need to stand outside her bathroom door to keep an eye on her at all times." The facility " (Private Company) Bariatric Commode With Bench Seat" dated revised 04/09/20 documents the following: "Cautions: (Number) 6. Users with limited physical strength should be supervised or assisted while using the commode."	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HEARTLAND SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 101 TROWBRIDGE ROAD NEOGA, IL 62447
--	---

(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 (B)	S9999		