STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004824	A. BUILDING: _____ B. WING _____	C 08/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FARMER CITY REHAB & HEALTHCARE	404 BROOKVIEW DRIVE FARMER CITY, IL 61842

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S 000	Initial Comments Investigation of Facility Reported Incident of July 24, 2022/IL149759	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 a) 300.1210 b)5) 300.1210 d)3) 300.1210 d)6) 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 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

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:

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

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.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review, the facility failed to assess a resident's fall risk and ensure positioning safety measures were in place to prevent a fall for one of three residents (R1) reviewed for falls on the sample list of four. This failure resulted in R1 falling out of R1's wheelchair, hitting R1's head on the ground, and sustaining a laceration to the forehead requiring six sutures.

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S9999	Continued From page 2 Findings Include: 1. R1's IDPH (Illinois Department of Public Health) Notification Form dated 7/31/22 documents on 7/24/22, R1 was being assisted to supper in R1's wheelchair when R1 put R1's foot on the ground causing R1 to fall forward out of the wheelchair, hitting R1's head on the ground. R1 sustained a laceration to the middle of the forehead and bridge of the nose. R1 returned to the facility with sutures to R1's forehead. Foot pedals applied to wheelchair for proper positioning. R1's MDS (Minimum Data Set) dated 7/5/22 documents R1 has severe cognitive impairments, is non-ambulatory, requires extensive assist of two for transfers and is totally dependent of staff for locomotion. R1's OT (Occupational Therapy) Daily Treatment Notes by V11(Certified Occupational Therapy Assistant/COTA)/Program Manager documents the following: 4/25/22 - R1 was seen to change the type of wheelchair R1 used due to R1 leaning forward in wheelchair when R1 was tired. R1 transferred to a wheelchair that the back can be tilted back approximately 30 degrees for safety. Ball placed between R1's knees to increase abduction to keep bilateral feet on the foot pedals for safety. 4/28/22 - R1 seen for wheelchair positioning with staff education on reason for change of wheelchair and where to place propping items for R1 to be safe in wheelchair. On 8/8/22 at 10:30 am, R1 was lying in bed asleep with a scab to the middle of R1's forehead and bruising, brown/purple in color, to the left side of R1's face.	S9999		

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On 8/8/22 at 11:50 am, V5 (Licensed Practical Nurse) stated R1 does not try to get up out of R1's wheelchair but R1 would lean forward and to the left, that is why R1 use to be in a high back reclining wheelchair with foot pedals prior to falling from the chair on 7/24/22.

R1's Progress Notes dated 7/24/22 at 4:50 pm documents R1 was in wheelchair going to dining room and fell. R1 was sent to hospital per ambulance.

R1's Hospital After Visit Summary dated 7/24/22 documents R1 was seen in the Emergency Department due to a head injury and facial laceration with orders to have sutures removed in 7-10 days.

R1's Progress Notes dated 8/3/22 documents six sutures removed from R1's forehead. Area is now scabbed.

On 8/9/22 at 8:45 am, V10 (Certified Nursing Assistant/CNA) stated on 7/24/22, V10 was pushing R1 in the wheelchair to the dining room. V10 explained, "I'm not sure if (R1's) foot hit the floor or what but next thing I (V10) know, (R1) fell forward hitting (R1's) head on the floor." V10 stated R1 did not have foot pedals on the wheelchair at the time R1 fell from the chair, or anything between R1's knees. V10 explained V10 hadn't taken R1 out to the dining room before so V10 wasn't aware R1 needed foot pedals.

On 8/9/22 at 8:50 am, V11 (COTA/Program Manager) stated back in April 2022, V11 recommended R1 have the high back, reclining wheelchair with foot pedals after R1 was evaluated for leaning forward in a standard wheelchair. V11 explained R1 is not able to

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S9999	Continued From page 4 self-propel the wheelchair and therefore should have had the foot pedals in place for proper positioning and safety. "Had (R1) had them in place, it could have prevented (R1) falling out of the chair and hitting (R1's) forehead" and sustaining the laceration. 2. The facility Fall Prevention Policy dated 11/10/18 documents fall assessments are to be completed the day of admission, quarterly and with a change in condition. R1's Fall Risk Assessments dated 11/12/21, 1/12/22 and 7/5/22, which were the only Fall Risk Assessments in R1's medical record, all document R1 is at high risk for falls. On 8/8/22 at 3:12 pm, V1 (Administrator) stated the above listed Fall Risk Assessments are all the facility has for R1. On 8/8/22 at 4:11 pm, V9 MDS (Minimum Data Set)/Care Plan Coordinator stated Fall Risk Assessments are to be completed every three months and confirmed R1 did not have one completed in April 2022, as R1 should have. "B"	S9999		