STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3) 1/4 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.	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
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 Section 300.1210 General Requirements for Nursing and Personal Care 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. These regulations were not met as evidenced by: Based on observation, interview, and record review the facility failed to timely assess an unknown cause of pain delaying treatment for one of 5 residents (R41) reviewed for quality of care in the sample of 26. This failure resulted in R41 expressing pain on 12/27/21 in left groin and the facility not seeking medical treatment until 1/3/2, eight days later. R41 sustained a left femoral hip fracture. Findings include: R41's Physical Therapy (PT) Treatment Note, dated 12/27/2021 documents R41 ambulated 20 feet with a wheeled walker. No complaint of pain documented. R41's PT Treatment Note, dated 12/28/2021, documents R41 ambulated 50 feet. No complaint of pain was documented. R41's PT Treatment Note, dated 12/29/2021, documents during therapy the resident stated,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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		

"My L (left) groin hurts." PTA (physical therapy assistant) asked what happened with R41 stating, "It happened this morning." The Treatment Note documented PTA attempted to have R41 stand with walker and pull up from parallel bar for standing act this day. The Note documented R41 was unable to reach standing and R41 complained of left groin pain. There was no documentation in the PT note that R41 ambulated that day. The Note documented PTA consults nursing (V13, Registered Nurse/RN) regarding R41's pain in left groin and inability to utilize full Active Range of Motion or come to full standing. The Note documented nursing states will keep an eye on resident throughout the day to monitor.

On 8/24/2022 at 10:45 AM V13 stated she doesn't recall a PTA reporting R41 had pain in her left groin on 12/29/2021. V13 stated when a resident has a change in condition, she assesses the resident and administers a PRN (when needed) pain medication, documents the assessment in the resident's medical record and notifies the resident's physician and POA (power of attorney).

R41's PT Treatment Note, dated 12/30/2021, documents R41 attempted to stand this day however unable to rise fully from wheelchair with R41 stating pain in left groin as cause. There was no documentation in R41's PT Note that R41 ambulated this day.

R41's PT Treatment Note, dated 12/31/2021, documents R41 stated pain in left groin as cause. There was no documentation R41 ambulated this day.

R41's PT Treatment Note, dated 1/3/2022, documents R41 complained of pain/tightness in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 left lower extremity knee to groin. The Note documented PTA alerts nursing to R41's pain complaint. The Note documented nursing staff states she will call the nurse practitioner and request an X-ray to resident's left leg. R41's Medical Record dated 12/2021 and 1/2022 has no nursing progress notes including an assessment as to why R41 was complaining of left groin pain. R41's Physician's Order Sheet (POS), dated 1/3/2022 at 5:00 PM, documents a STAT (to be completed immediately) L (left) hip X-ray 2 views and STAT left femur X-ray 2 views. R41's Patient X-Ray Report, dated 1/3/2022 and electronically signed at 12:36 AM, findings: a left radiologic examination, femur. Impressions: femoral neck fracture. R41's Health Status Note, dated 1/4/2022 at 1:00 AM documented that R41's X-ray results documented a femoral neck fracture. The Note documented a call was placed to the POA to notify of x-ray results and need to transfer to hospital. The Note documented 911 was called at that time. R41's Situation, Background, Assessment and Recommendation (SBAR) Communication Form and Progress Note, dated 1/4/2022, documents fx. (fracture) left femur started on 1/3/2022. The Note documented "Functional status changes: fall. Transfer to the hospital." On 8/24/2022 at 10:24 AM V1, the Administrator stated she expected staff to communicate when residents have a change in condition and the nurse should assess the resident immediately	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 and document the assessment in the nurse's notes. V1 stated she expected staff to follow facility policies. On 8/23/2022 at 4:46 PM V26, R41's Physician, stated when R41 complained of pain to therapy staff, He expected therapy staff to report the new complaint of pain to the nurse and expected the nurse assess R41 and administer pain medication if available on R41's POS then notify him or the nurse practitioner of the change in condition. V26 stated the nurse should have documented the assessment in R41's progress notes. He expected staff to reassess R41 at least every shift and document the assessment in R41's progress notes. V26 stated he expected staff to follow physician's orders and facility policies. The facility's undated Significant Condition Change & Notification Policy, documents to ensure that the resident's family and/or representative and medical practitioner are notified of resident changes such as a significant change in the resident's physical status including abnormal, unusual or new complaints of pain. The Policy documents "All significant changes will be recorded on the Communication Board in the electronic medical record and in the resident record. Charting will include an assessment of the resident's current status as it relates to the change in condition. Charting will be done each shift for 72 hours for residents with change of condition. Change of condition is reviewed by the DON (Director of Nurses) or designee for the continued need for additional documentation." (A) 2/4 300.610a)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 5 300.1210b) 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 resident to meet the total nursing and personal care needs of the resident. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 that each resident receives adequate supervision and assistance to prevent accidents. These regulations were not met as evidenced by the following: Based on observation, interview and record review the facility failed to monitor, assess, and provide progressive interventions to prevent falls for 4 of 5 residents (R9, R30, R41, R146) reviewed for accidents in a sample of 26. This failure resulted in R41 falling and fracturing her left hip, dislocating her left hip, having an oblique fracture of the distal femur superior to the prosthesis with displacement, angulation and axial shortening and a comminuted fracture of her kneecap which required surgical interventions at the hospital. Findings include: 1. R41's Care Plan documents "Resident is at risk for falls due to history of falls. She has a diagnosis of Parkinson's with tremors and neuropathy." The Care Plan Goal documents "Resident will remain free from injuries d/t (due to) falls through the next review." R41's Fall Care Plan Interventions documented "12/15/2021: ensure resident's feet are off the floor prior to pushing wheelchair or provide foot pedals if unable to keep feet off the floor. Keep resident by nurse's station or in viewing distance when in wheelchair for safety." R41's Care Plan Intervention added on 2/11/202 documents "staff educated to ensure resident water pitcher within reach at all times." R41's Care Plan Intervention added on 3/18/2022 documents "Check resident to be checked often for positioning, incontinence, with all need. Bring to nurse's station for closer observation."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 R41's Fall Risk Data Collection, effective date 10/6/2021 documents she had a fall within the last 90 days. The Form documented "Resident is orientated to person." The Form documents "Gait observation: resident unable to independently come to a standing position and requires hands-on assistance to move from place to place and decrease in muscle coordination. Staff documented she was high risk for falls." R41's Quarterly Minimum Data Set (MDS), dated 10/7/2021 documents R41 is severely cognitively impaired. The MDS documents R41 is not steady, only able to stabilize with staff assistance for surface-to-surface transfers. The MDS documents R41 requires transfers and bed mobility extensive assist 2+ person physical assist. The MDS documents R41's balance during transitions and walking: not steady, only able to stabilize with staff assistance. The MDS documents R41 has had no falls and uses a wheelchair. R41's Health Status Note, dated 10/25/2021 at 4:31 AM documents "This nurse was called into room by CNA (certified nurse assistant), noted res (resident) on the floor mat beside bed. Res. was assessed for any displaced hip or injury with none noted. Res. was then helped into chair with assist x 2. Neuro checks started r/t (related to) non witnessed fall. NP (nurse practitioner) notified. POA (power of attorney) to be notified in AM." R41's Fall Incident Report, dated 10/25/2021 at 4:26 AM documents "Res was called to room by CNA. Res was on the floor beside her bed in sitting position on top of mat. Res was alert and wheelchair bound. Resident was assessed for	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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		

any displaced hip or injury with none noted. Res was then helped into her chair with assist x2. Resident orientated to person and place. Neuro (neurological) checks stated r/t non witnessed fall. Nurse Practitioner notified in AM. No predisposing environmental factors were documented. Predisposing phycological factors: incontinent, confused and gait imbalance. Predisposing situation factors: staff checked "none." No additional information was documented."

R41's Physician's Order Sheet (POS), dated 12/2021, documents diagnoses: chronic kidney disease, depression, peripheral neuropathy, hyperlipidemia, insomnia, low back pain, osteoarthritis, osteopenia, Parkinson's Disease, repeated falls, unsteadiness on feet and anxiety.

R41's Health Status Note, dated at 12/13/2021 at 5:46 PM documents "Res (resident) was attempting to stand up in common area. This nurse helped res. back into chair and was attempting to help res. propel down the hall to sit with nurse during med pass to monitor her. When pushing chair to hall res. foot got stuck under chair and res. slid from w/c (wheelchair) onto her knees. Skin tears noted to her right loser outer leg. Two 1.5 cm (centimeter) skin tears, areas cleaned, and dry dressing applied."

R41's Fall Incident Report, dated at 12/13/2022 at 5:38 PM documents "Res was attempting to stand up in common area. This nurse helped res back into chair was attempting to help res propel down the hall to sit with nurse during med pass to monitor her. When pushing chair to hall res foot got stuck under chair and res slid down w/c (wheelchair) onto her knees. Res stated, "I fell." Resident alert and ambulatory with assistance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 Orientated to person. Predisposing environmental factors: noise. Predisposing physiological factors: gait imbalance and impaired memory. Predisposing situation factors: using wheelchair. No additional information was documented. VS (vital signs) taken, and res assessed for any injuries. Noted two 1.5 cm skin tears to right lower outer leg. POA and MD (physician) notified. Area cleaned and dry dressing applied." R41's Fall Risk Data Collection, effective date 12/21/2021 documents R41 had a witnessed fall on 12/13/2021. The Data Collection documented 'The resident is orientated to person, she is incontinent. Gait observation: unable to independently come to a standing position." Staff documented she was a low risk for falls. R41's Health Status Note, dated 1/4/2022 at 2:36 PM documents a late entry note: "1/3/22 2:30 PM CNA reported that resident was c/o about pain regarding her left leg and left hip. Then therapy came to me and stated that she was standing and walking and now can't do that. Asked resident if she was in pain and she states yes on a scale of 1-10 she states the pain is a 10. Was put back in bed. Notified nurse practitioner for x-ray orders. Rec'd (received) new order for x-ray of Left femur/left hip (2 views) STAT (immediately.) Called X-ray company for STAT order." R41's Physician's Order Sheet (POS), dated 1/3/2022 at 5:00 PM, documents STAT L (left) hip X-ray 2 views and STAT left femur X-ray 2 views. R41's Health Status Note, dated 1/4/2022 at 2:45 PM documents a late entry note: 5:00 PM "X-ray called stating that they are busy, and they might	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 10 be 3-4 hours before they are here. Spoke to POA and let her know of new orders. X-ray tech here. Awaiting results. 9:30 PM called X-ray company called and asked if they could fax the results. They will fax when ready." R41's Patient X-Ray Report, dated 1/3/2022 and electronically signed at 12:36 AM, documents "Findings: a left radiologic examination, femur. Impressions: femoral neck fracture." R41's Health Status Note, dated 1/4/2022 at 1:00 AM documents the facility received X-ray results, results showed fractured neck femoral. The Note documented a call placed to POA at this time to inform of X-ray results and need to transfer to hospital and 911 was called. R41's Health Status Note, dated 1/4/2022 at 5:33 AM documents "resident admitted to local hospital with the DX (diagnosis) of fractured Lt (left) femur." R41's Situation, Background, Assessment Recommendation (SBAR) Communication Form and Progress Note, dated 1/4/2022, documents fx (fracture) left femur started on 1/3/2022. Functional status changes: fall. Transfer to the hospital. R41's Hospital Inpatient Consult, dated 1/4/2022, documents history of present illness "Resident is an 84-year-old female presents to hospital for evaluation of left hip pain. Patient is nonverbal on evaluation this morning. Per report, nursing home states that she fell approximately 2 weeks ago but did not complain of significant pain. She is complaining of left hip pain today and subsequently brought in ER (emergency room.) Radiographs (X-rays) demonstrated a displaced	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 11 left femoral neck fracture. Assessment/plan: this is an unstable injury that is generally managed operatively. To help improve clinical outcomes would recommend left hip hemiarthroplasty. Plan for surgery once medically cleared. We will continue to follow." R41's Health Status Note, dated 1/5/2022 at 11:46 AM documents "Family called with update: resident is to have surgery tomorrow. Will keep us updated." R41's Health Status Note, dated 1/12/2022 at 8:00 PM documents "Resident was returned to facility 1/12/2022 at 6:00 PM by ambulance with 3 attendances and went to resident's room. Resident appeared lethargic with eyes closed. Left hip fx - incision looks good slight discharge 20 staples intact. Dry foam dsg (dressing) applied. C/O (complaint of) pain on a scale of 1-10 rates it a 7. Pain med given as ordered. Call light in reach and resting quietly." R41's Fall Risk Data Collection, effective date 1/12/2022 documents "Resident had a fall within the last 90 days. The resident is orientated to person and incontinent. Gait observation: unable to assess was documented." Staff documented she was high risk for falls." R41's Quarterly Minimum Data Set, dated 1/19/2022 documents severely cognitively impaired. The MDS documents R41 is not steady, only able to stabilize with staff assistance for surface-to-surface transfers. The MDS documents R41 required 2+ staff physical assistance total dependence for transfers and bed mobility. The MDS documents R41 had no falls fall but had major joint replacement: hip replacement. The MDS documented R41 uses a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 12 wheelchair and R41 was not walking. R41's Health Status Note, dated 1/21/2022 at 6:40 PM documents R41 was found on the floor in her room by the CNA at 6:10 PM. The Note documented "CNA alerted this nurse. Upon entering the room, resident was found face down in front of her chair with her head next to the nightstand. Resident was on her left side. The residents Foley catheter was seen hanging over the side of her chair, which was still reclined back, with the balloon still intact. Nurse assessed the resident. Breathing was normal and nonlabored. Resident was alert with confusion which is her baseline. Resident c/o (complaint of) hip pain. Resident stated she hit her forehead on the ground. 911 was called at 6:13 PM. Resident was left in the position she was in until EMS arrived. NP was made aware. EMS arrived and transferred resident to the hospital. Resident's POA was contacted twice, a message was left but there has been no call back." R41's Hospitalist Discharge Summary, dated 1/24/2022 documents "R41's left hip fracture repaired by orthopedic surgeon on 1/4/2022. She was transferred to hospital for hip dislocation. Patient reportedly fell out of her chair at NH (nursing home.) ED (emergency department) attempted to reduce x 2 unsuccessfully. Transferred here to be evaluated by orthopedic surgeon for reduction possibly under anesthesia. Patient underwent left hip closed reduction under anesthesia on 1/22/2022 with orthopedic surgeon. She was discharged back to SNF (skilled nursing facility). R41's Health Status Note, dated 1/24/2022 at 2:47 PM documents "Resident arrived back at facility from the hospital from L (left) hip repair at	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 13 2:15pm via ambulance. Two paramedics assisted resident back into bed. Resident was moved to room 304. Resident was alert and able to answer yes and no questions. DBS is being charged at this time. Resident has same medications minus new Iron and ASA orders, see POS. Resident has a leg abductor in place. It must be always on while in bed and in chair for 2 weeks. Foley catheter tubing in place draining yellow urine. Steri- strips intact to L hip. Slight redness noted around site, no drainage present. Scattered bruising noted to both upper extremities. Heels looked good, heel protectors on at this time. Per Administrator CNA must sit outside resident's room to be monitored. Weight baring as tolerated. Resident resting comfortably in bed currently. Bed in lowest position with call light in reach. Provider notified of re-admit." R41's Fall Risk Data Collection, effective date 1/24/2022 documents resident had a fall within the last 90 days. The resident is orientated to person and incontinent. Gait observation: unable to assess was documented. Staff documented she was high risk for falls. R41's Health Status Note, dated 3/13/2022 at 1:00 AM documents "Res observed on the mat on the floor on the side of her bed on her left side, res states that she did not hit her head, but no witness noted, res able to Move all extremities WNL, res states she has a little pain but not from fall, PRN (when needed) Tylenol given @1P. Will start neuro checks & continue to mx (monitor)." R41's Health Status Note, dated 3/14/2022 at 1:20 PM documents "Resident complained of severe left hip pain. Nurse Practitioner notified and she ordered a 2 view X-ray of left hip and femur."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 14 R41's Patient X-Ray Report, dated 3/14/2022 and electronically signed at 8:46 PM documents "left radiologic examination, femur findings: an oblique fracture is noted involving the distal femur. A patella (kneecap) fracture is also identified. Impressions: oblique fracture involving the distal femur and patella fracture." R41's Hospital Records, dated 3/15/2022 documents the resident had a dislocated left hip bipolar prosthesis. Oblique fracture of the distal femur superior to the prosthesis with displacement, angulation, and axial shortening. Comminuted fracture (a bone that is broken in at least two places. Comminuted fractures are caused by severe traumas like car accidents. You will need surgery to repair your bone, and recovery can take a year or longer.) of the superior patella with associated effusion and probable hemarthrosis." R41's Health Status Note, dated 3/14/2022 3:46 PM documents "Wheelchair company called on this date and they will be delivering resident's new wheelchair on March 17 at 1:00 PM." R41's Health Status Note, dated 3/15/2022 at 8:43 AM documents "X-rays results came back in POA notified. POA stated that she did not want resident sent out or to have any surgery until physician was notified. She wanted his opinion before anything further was decided. I called physician's office and talked with receptionist, and she stated she would leave physician's assistant a message to call facility back." R41's Health Status Note, dated 3/15/2022 at 2:24 PM documents "POA was notified and wanted resident sent to hospital to be evaluated. I	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 15 told her that physician does not treat her type of fx, she said she understands but this hospital is closer so she can be there and if need be, they can send her to specialty hospital. Ambulance was called, EMTS arrived at 2:20 PM and left with resident at 2:22 PM." R41's Health Status Note, dated 3/16/2022 at 1:00 AM documents resident returned to facility via ambulance. Placed into bed with the help of two. Cleaned and dried at this time. Immobilizer in place to left knee. No circulatory impairment noted. Ice placed on Lt knee for pain at this time and PRN Norco giving. Resting quietly currently. R41's POS, dated 3/16/2022 documents keep knee immobilizer on. Apply ice packs to left knee to help with pain and swelling every shift for fracture patella. R41's Fall Risk Data Collection, effective date 3/28/2022 documents resident had a fall within the last 90 days. The resident is orientated to person and incontinent. Gait observation: unable to independently come to a standing position and requires hands-on assistance to move from place to place. Staff documented she was high risk for falls. R41's Significant Change MDS, dated 3/28/2022 documents the resident was severely cognitively impaired. The MDS documents R41 is totally dependent with 2+ persons physical assist for bed mobility and transfers. The MDS documents R41 was not walking. The MDS documents R41's balance during transitions and walking: activity did not occur. Surface-to-surface transfer: not steady, only able to stabilize with staff assistance. Mobility device: wheelchair. Falls: yes. Number of	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 16 falls since admission or prior assessment- major injury: one. R41's Health Status Note, dated 4/5/2022 at 1:08 PM documents "The resident's POA called this morning requesting follow up x-ray of Left femur and knee to see if fx (fracture) has gotten any better. Provider notified and gave okay for x-ray of left femur and knee. Order placed with X-ray company, stated a tech would call when they were on their way." R41's Health Status Note, dated 4/6/2022 at 9:05 AM documents "X-ray results in- acute comminuted distal femoral fracture noted still. POA notified." R41's Health Status Note, dated 5/13/2022 at 11:07 AM documents "Per POA's request she wants a follow up x-ray of left femur and knee. Also, she wants brace to be off at HS (night.) Nurse Practitioner aware and is okay with the brace being off at night and is okay with getting a follow up x-ray." R41's Health Status Note, dated 5/20/2022 at 8:40 AM documents "nurse practitioner replied to X-ray with new order to continue NWB (no weight bearing) status and to repeat x-ray in one month to monitor progress. Cannot DC (discontinue) immobilizer D/T (due to) not being healed and would risk further harm and not healing." R41's POS, dated 5/20/2022 documents continue NWB status and repeat X-ray in one month to monitor progress. R41's Fall Risk Data Collection, effective date 6/27/2022 documents resident has no fall history. It documents R41 is orientated to person and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 17	S9999		

incontinent. Gait observation: unable to independently come to a standing position. Staff documented she was low risk for falls.

R41's Fall Risk Data Collection, effective date 8/2/2022 documents resident had a fall within the last 90 days. It documents R41 is orientated to person and incontinent. Gait observation: unable to assess was documented. Staff documented she was low risk for falls.

On 8/21/2022 at 9:15 AM R41 was sitting up in a reclined position her a specialty wheelchair in her room alone. Signs above R41's bed read, "No (full body mechanical lift) transfers, assist of 2 transfers." Floor mat on floor in front of bed. Resident didn't respond to IDPH surveyor's questions.

On 8/24/2022 at 8:40 AM V24 R41's family, stated R41 broke bones in her hands and wrists prior to being admitted to the facility, she didn't have previous fractures in her lower extremities, including her hips or knees.

On 8/23/2022 at 1:00 PM V2, Director of Nursing/DON stated when a resident falls, she expects staff to document a fall report and to document if the resident complained of pain, injuries sustained, environmental, footwear worn and a description of how the resident fell and what the nurse saw at the time of the fall. V2 stated the floor nurse is responsible for adding an immediate intervention so the resident doesn't fall again and then administration will add an intervention to the resident's care plan within 24 hours.

On 8/23/2022 at 4:46 PM, V26, R41's physician, stated he was aware R41 fell a few times at the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 18 facility and had fractured her hip and knee cap. V26 stated he expected staff to document a thorough assessment of each fall and to add an intervention to R41's care plan after each fall to prevent the resident from falling again in the future. V26 stated he didn't know how R41 her hip in January 2022 but stated he thought she fell. V26 stated if the facility didn't know how she sustained the hip fracture they should have investigated and found out what occurred. V26 stated he was not certain if the fractures R41 sustained at the facility were pathological or not, he stated if they were pathological that would be documented on the X-ray report and/or in the resident's hospital medical records. V26 stated he expected staff to follow physician's orders and facility policies. 2.R30's Physician's Order (PO) dated 05/09/22 documents "unspecified dementia with behavioral disturbance." R30's Fall Risk Data Collection dated 05/09/22 documents a score of 30.0, High Risk. R30's MDS, dated 08/2/22 documents that R30 has severe impaired cognition. R30's MDS documents that R30 requires extensive assistance of one-person for bed mobility, transfer, and toilet use. The MDS documents R30 requires limited assistance of one-person for walk in room, dressing, and personal hygiene. Resident is independent with setup help only for locomotion on unit, locomotion off unit, and eating. The MDS documents R30 needs physical help in part of bathing activity of one-person. The MDS documents R30 is not steady, only able to stabilize with staff assistance and uses walker and wheelchair for mobility.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 19 R30's Care Plan dated 08/18/22 documents "The resident is at risk for falls R/T (related to) occasional Incontinence and confusion at times 7/7/22: slid out of bed trying to put pants on. (F/U (follow-up) til 8/4/22): Resolved 7/17/22: up without assistance in resident's room (F/U till 8/14/22), (resolved) 7/29/22: unwitnessed fall, self-transfer (FU till 8/26/22) 7/31/22: up without assistance (FU till 8/28/22)." Interventions: -07/07/22: Encourage resident to call for assistance when needing to get dressed (resolved). -7/17/22: medication review Psych r/t behaviors. tearfulness:(resolved). -7/29/22 floor mat at bedside. -7/31/22: offer to lay down after breakfast. R30's interventions for fall on 07/07/22 is to encourage resident to call for assistance. Resident is confused and her cognition is severely impaired. The intervention for fall on 07/29/22 is floor mat at bedside. During this investigation, no floor mat was noted at bedside. R30's Health Status Note dated 05/09/22 at 7:35 AM documents "Resident was found on the floor in her room. CNA (Certified Nurse Aide) stated that the resident was in the sitting position on the floor next to her bed. Resident had no pants or shoes on and was hanging a depend up on a hanger. Fall was unwitnessed but resident denies pain and no injury noted. Neuro assessments started. DON (Director of Nursing) and POA (Power of Attorney) made aware." R30's Health Status Note dated 06/29/22 at 1:51 AM documents "CNA and this nurse responded to call light. Res. found sitting on the right side of her bed with socks on, light activated. no clutter	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 20 on floor, and well lit. Res. states, 'I slid out of my bed, I didn't hit my head, I'm ok.' and giggled. 97.9 T (temperature) 76 P (pulse) 18 R (respirations) 134/82 BP (blood pressure) 97% (oxygen saturation on room air). Pain denied. limbs symmetrical. Neuro assessment WNL (within normal limits). PEERLA (pupils equal, round, reactive to light, accommodation). Hand grips equal. No apparent injury upon skin assessment. This nurse and CNA assisted her back to bed. MD (Medical Doctor) notified. POA to be notified in morning. Incident protocol initiated. Bed in low position with call light in reach. Will continue to monitor." R30's Health Status Note dated 07/07/22 at 2:15 PM documents "Res observed on floor in upright position on the side of the bed. Res states that she was trying to put her pants on & slid out of bed. Resident assessed, no open areas or skin issues noted, res stated that her buttocks was a little sore, Res states that she did not hit her head & that she felt ok. Neuro checks initiated. Floor mat placed on the side of bed, call light within reach, Res brought out into dining room & received snacks & did activities. All parties notified. Will continue to monitor." R30's Fall Investigation dated 07/07/22 documents "CNA called for a nurse to come down to resident's room, upon arrival resident was noted in a sitting position on the floor on the side of the bed. Resident states that she was trying to put her pants on and forgot to call for assistance, resident call light was in place. Resident assessed, no open areas or skin issues noted. States that she did not hither head and that her bottom was just sore. VS (vital signs) initiated. BP-145/86, P-85, R-18, T-97.8, O2-97% RA, was start neuro checks and notify MD, POA, DON,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 21 Administrator. Resident educated on using call light for assistance, floor mat placed on the side of the bed. Resident brought into dining room for activities and snack. Will continue to monitor." Notes 07/08/22 - Resident slid out of bed trying to put her pants on. Encourage resident to call for assist to get dressed. R30's Health Status Note dated 07/17/22 at 11:02 AM documents "CNA notified nurse that res was on the floor. Res noted sitting on floor in front of WC (wheelchair). Feet extended toward WC with back facing recliner. Res assessed and able to MAE (move all extremities) WNL. No internal or external rotation noted. When asked if she hit her head, res said, 'No.' When asked if she was trying to get into her recliner, res said, 'No.' This nurse asked res what happened, and she said, 'I was trying to get into bed.' Res assisted up & into wheelchair by 3 staff with gait belt. Res brought to the DR (dining room) for 1:1 monitoring." R30's Fall Investigation dated 07/17/22 documents "CNA came to this nurse and said resident was on the floor. This nurse and coworker went with CNA back to resident's room. WC in middle of room. Resident noted sitting on the floor in front of WC facing it. Legs extended toward bathroom door. Back in front of recliner. Resident balancing self on R (right) hand. This nurse asked resident if she was trying to get into her recliner. Resident shook head, No. This nurse asked resident if she hit her head. Resident shook head, No. This nurse asked resident what she was doing. Resident said, 'I was trying to get in bed.' Resident able to move all extremties within normal limits. No internal or external rotation noted. No c/o pain or discomfort noted. Resident assisted up into wheelchair by 3 staff with gait belt. Resident brought to the dining room	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 22 to keep visual of resident." Notes: 07/18/22 - Medication review and psych eval. R30's Fall Investigation dated 07/29/22 documents "Resident unable to give description." Notes: 08/01/22 - Staff to encourage resident to stay out in high traffic areas for supervision. R30's Health Status Note dated 07/30/22 at 12:09 AM documents "CNA summoned this nurse to resident room. Resident found on floor in a stretched-out position. Denies hitting head. Fall unwitnessed neuro checks initiated. No internal/external rotation noted. Assisted off the floor with the help of two and placed into bed. Call light within reach. Denies pain or discomfort." R30's Health Status Note dated 07/31/22 at 11:17 AM documents "CNA came to the DR (dining room) & said res was on floor in her room. No call light sounding. This nurse went to the room and noted res lying on her R side with R arm under the bed. L hand was holding onto top of mattress. Legs were extended towards wall @ HOB (head of bed). No internal or external rotation of legs noted. When asked if she was trying to get in bed by herself, res shook her head yes. No injuries noted. Res assisted up and into bed by 2 staff members. DON, ADON (Assistant Director of Nursing), MDS & MD notified of resident's fall." On 08/21/22 at 2:50 PM, there were no floor mats noted in R30's or on floor. On 08/23/22 at 8:50 AM, R30 was sleeping in recliner. observation of no floor mats in room. On 08/23/22 at 9:00 AM, V7, CNA stated, "She doesn't have a floor mat.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 23 On 08/23/22 at 1:02 PM, R30 was lying in bed. There were no floor mats in R30's room. On 8/23/2022 at 1:00 PM V2, the DON stated when a resident falls, she expects staff to document a fall report and to document if the resident complained of pain, injuries sustained, environmental, footwear worn and a description of how the resident fell and what the nurse saw at the time of the fall. The floor nurse is responsible for adding an immediate intervention so the resident doesn't fall again and then administration will add an intervention to the resident's care plan within 24 hours. Facility's policy revised February 2021 documents "The S.A.F.E program promotes Safety, Assessment, Fall Prevention and Education of both staff and residents." The Policy documents "3. Residents found to be at high risk for falls are placed on the S.A.F.E. program, and specific interventions are implemented to meet individual need." Under Program heading 3. documents "Following any falls, the facility staff completes an Occurrence Report. Details of the fall will be reported, and potential casual factors identified and investigated. Interventions will be immediately implemented following each fall and added to the resident's care. The staff will review the resident's Fall Risk Data Collection. An update or change to the data collection form would be made only if the resident had previously been identified as low risk." 3. R146's Physician Order Sheet dated August 2022 document diagnoses of "Hydronephrosis with renal and ureteral calculus obstruction, chronic obstructive pulmonary disease, type 2 diabetes, and hypertension.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 24 R146's Progress Notes document R146 was admitted to the facility on 7/22/2022 at 6:43 PM. R146's MDS dated 8/5/2022 Admission documents R146 was moderately impaired for cognition. R146's MDS also documents, R146 does not need help from staff oversight at any time for bed mobility, and transfer. R146's MDS documents R146 did not walk in her room during this assessment period. The MDS documented locomotion on unit and locomotion on unit was marked as independent. The MDS document R146 had a fall prior to admission/entry or reentry. R146's balance was not steady, but able to stabilize without staff assistance from moving from seated to standing and walking, moving to and from toilet. R146's MDS does not document R146 uses a walker. R146's Care Plan documents, "The resident is at risk for falls related to unaware of safety needs." (Date initiated 8/19/2022). On 8/22/2022 at 11:55 AM, V4, MDS Coordinator, stated, "(R146) when she came in was a stand and pivot only. She was in her wheelchair most of the time and could only stand and pivot only. She did not walk and or use a walker." R146's Progress Notes dated 8/1/2022 at 9:49 AM, documented "When I was getting ready to start medication pass, I heard someone yelling down Oak hall. I followed the sound to (R146's) room where I found resident lying on the floor. Upon entering the room, I seen that the bed side table was flipped over and was lying on the ground. Resident denture cup and dentures were lying on the floor close to the floor. Water was spilled on the floor from the denture cup. Resident was lying on left side. Feet were	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 25	S9999		

towards her roommate bed. Roommate was fast asleep. Resident head was towards dresser that had TV on it. She had non-slip socks with grips on at the time. She was also incontinent at the time of the fall. Lights were on in her room, but bathroom light was on. Resident said she was unsure what happened. She said she thought she heard someone call her name. She said the only thing that hurt was her heel and that she did not hit her head. Call light was in reach on bed rail closest to the door. Another nurse and I assessed resident. No apparent injuries and Range of Motion Within Normal Limits. Neuro checks initiated. Resident assisted to bathroom and changed then brought to the dining room. Notified Power of Attorney, Medical Director, and Director of Nursing and Assistant Director of Nursing."

R146's Progress Note dated 8/2/2022 at 11:29 AM, documented "Bruise noted to right inner ankle from fall yesterday. No complaint of pain or discomfort. No swelling or tenderness notes. Able to move ankle without pain or difficulty. Range of Motion, within normal limits."

R146's Incident Report dated 8/1/2022 at 6:06 AM, documented "When I was beginning to start medication pass I heard someone yelling down the hall. I followed the sounds to (R146's room) where I found resident lying on the floor. Upon entering room, I seen that the bed side table was flipped over and was lying on the ground. Resident denture cup and dentures were lying on the floor close to the floor. Water was spilled on the floor from the denture cup, Resident was lying on left side. Feet were towards her roommate bed. Roommate was fast asleep, Resident head was towards dresser that had TV on it. She had non-slip socks with grips on at the time. She was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 26	S9999		

also incontinent at the time of the fall. Lights were on in her room, but bathroom light was on. Call light was within reach on rail closets to the door. Resident said she was unsure what happened. She said she thought she heard someone call her name. She said the only thing that hurt was her heel and that she not hit her head." No predisposing environmental factors, Predisposing Physiological factors "confuse" predisposing situation factors 'ambulating without assistance. Resident had footwear on during transfer but did not ring light for assistance. Notes, "Toilet when she wakes up in the A.M."

R146's Care Plan documents, "8/1/2022: resident was up without assistance to bathroom using bedside table as walker." R146's Care Plan Intervention documented " staff to toilet resident in the AM as soon as she awakes."

R146's Progress Noted dated 08/09/2022 at 5:47 PM, document, "Resident sustained a fall this afternoon. See risk management fall assessment for details. Bio-tech x-ray of Left hip and Left side of rib cage ordered by hospice doctor related to pain. Frequent monitoring and neuro checks initiated. Power of Attorney aware. Director of Nursing and Administrator made aware."

R146's Care Plan dated 8/9/2022, documents "Walking with walker, lost balance and fell." R146's Care Plan Intervention documented "Resident is non-complaint with asking for assistance, she transfers self often."

R146's Fall Report dated 8/9/2022 at 4:28 PM, documents "This nurse was passing medications on the opposite side of the hallway. When resident was walking out of her room with walker and lost her footing and fell up against the door

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 27	S9999		

onto her left side. No open areas or bleeding noted. Full head to toe assessment completed. No visible injury noted. Resident was assisted by staff to a standing position and was able to walk back into room and lay in bed. I lost my footing, I don't know how, my left side is in pain. Notes: Fall witnessed by nurse. Resident was walking with walker and non-skid socks in place. Resident lost balance and fell over. Resident continues hospice, reminder signs placed. Continues non complaint with transfer assist."

R146's Care Plan dated 8/15/2022, documents "(R146's) was sent to the emergency room for evaluation, she returned, hospice came for an assessment, medication review sent to Medical Director and Floor mats applied." Dated initiated 8/18/2022.

On 8/22/2022 at 2:43 PM, V8, Director of Occupation Therapy stated, "No, we did not do any evaluation and/or assessment for a walker for (R146)."

4. R9's MDSs dated 9/27/21, 10/15/21, and 1/7/22 documents R9 requires extensive assistance of two staff persons for transfers and bed mobility. R9's MDS dated 7/3/22 documents for balance: surface to surface and moving on and off the toilet R9 is not steady only able to stabilize with staff assistance.

R9's Fall Risk Data Collection form dated 7/3/22 documents R9 is a low risk for falls.

R9's Fall investigation dated 1/13/22 documents "(R9) was being helped off the toilet when (R9's) flaccid side became weak and he lost balance. (R9) was assisted to the floor by one unnamed Certified Nursing Assistant (CNA). (R9) received

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 28 an abrasion to the right knee." This fall assessment documented R9 was being transferred by one staff person. R9's resolved Care Plan for falls dated 1/13/22 documents R9 has potential for falls. R9's intervention for the fall of 1/13/22 is non-skid tape to be placed on the floor in front of the toilet. On 8/22/22 at 11:30 AM V4, MDS Coordinator, stated, "He hasn't had any falls in 3months, so we resolved his fall care plan and removed it from the care plan. It was last revised on 4/6/22." On 8/24/22 V2 stated, "I would expect that if the MDS said two staff for transfers that two staff would be transferring residents." (A) 3/4 300.1210b) 300.1210d)2) 300.1820c)3)4) 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. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 29 care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2)All treatments and procedures shall be administered as ordered by the physician. Section 300.1820 Content of Medical Records c)In addition to the information that is specified above, each resident's medical record shall contain the following: 3)Nurse's notes that describe the nursing care provided, observations and assessment of symptoms, reactions to treatments and medications, progression toward or regression from each resident's established goals, and changes in the resident's physical or emotional condition. 4)An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and programs. These regulations were not met as evidenced by the following: Based on observation, interview and record review, the facility failed to prevent urinary retention by not following physician's orders regarding indwelling catheter care for 1 of 3 (R10) reviewed for urinary retention in the sample of 26. This failure resulted in R7 experiencing unnecessary urinary retention and severe abdominal pain. Findings include: R10's Care Plan dated 4/14/2021, documents R10 has an indwelling catheter. R10's Care Plan Goal documents he will remain free from catheter-related trauma through review date, and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 30 he will show no signs or symptoms of urinary infection through review date. R10's Care Plan Interventions documents "Catheter care every shift and PRN (when needed), 16 FR (French) indwelling catheter. Position catheter bag and tubing below level of the bladder and away from entrance room door. Monitor for s/s (signs and symptoms) of discomfort on urination and frequency, monitor/record/report to MD (physician) for signs/symptoms of UTI (urinary tract infections): pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns." R10's Admission Minimum Data Set (MDS) dated 6/9/2022 documents he was alert and had an indwelling catheter. R10's Urology Follow Up Noted, dated 7/5/2022 documents history and physical: "Resident is here for a follow-up. Resident had significant urethral erosion from chronic indwelling catheter. He wants to remove the catheter because it is bothering him and causing his penile pain and ureteral erosion is worse." The assessment/plan documents "resident is a 67-year-old male with hx (history) of non-obstructive prostate. I am still not sure he has urinary retention or if catheter was placed out of convenience. He has CHF (chronic heart failure), and bladder scan won't be reliable. My recommendation is to remove the catheter and managed with diaper or bedside urinal. We can consider clean intermittent catheterization if needed to be. Follow up in 6 months." R10's July 2022 Physician's Order Sheet (POS), documents a new order, dated 7/5/2022, to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL. 62258

(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 31 "remove catheter due to penile urethral damage and recurrent UTIs (urinary tract infections.) Void (urinate) and occasional straight catheterize. Bladder scan not reliable d/t (due to) CHF and fluid retention. Can consider condom catheters or depends (incontinence briefs.) Call urologist with further questions." Another physician's order dated 7/5/2022 documents "remove indwelling catheter one time only for 1 day d/t (due to) penile urethral damage. End order date 7/6/2022." R10's Health Status Note, dated 7/5/2022 and 7/6/2022 has no documentation if staff removed R7's indwelling catheter, if staff performed a straight Cath on him, if he was able to urinate in a urinal, wore incontinence briefs or if staff administered R7 a condom catheter. R10's Health Status Note, dated 7/7/2022 at 7:47 PM documents "Res. straight cathed after c/o (complaint of) extreme lower abd (abdominal) pain. 800 cc urine out. This nurse left in foley catheter and attached to drainage bag and called MD (physician) exchange. Awaiting response. At 7:52 PM NP (Nurse Practitioner) ordered to leave in indwelling catheter d/t (due to) urinary retention and frequent straight cathing. Notify Urologist of urinary retention and catheter being put back in. 9:50 PM 400 CC out after indwelling catheter put in at 7:30 PM. 1950 cc out this entire shift. Urologist to be notified in morning." R10's Health Status Note, dated 7/8/2022 at 2:14 PM documents "Urologist office notified of res having urinary retention and of indwelling catheter being left in place". R10's POS, dated 7/20/2022 documents a new physician's order: start date 7/7/2022 for "catheter 16 F for urinary retention. One time only for	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 32 urinary retention. Catheter care, check catheter anchor placement every shift and as needed and catheter output every shift: start date 3/18/2022 end date 7/6/2022." R10's Physician's Order Sheet (POS), dated 7/22/2022 documents" order to remove catheter due to penile urethral damage and recurrent UTIs (urinary tract infections.) Void (urinate) and occasional straight catheterize. Bladder scan not reliable d/t (due to) CHF and fluid retention. Can consider condom catheters or depends (incontinence briefs.) Call urologist with further questions was discontinued on 7/22/2022." On 8/23/22 at 1:35 PM, V7, Certified Nurse's Assistant (CNA) and V18, CNA administered catheter care for R10. R10's penis was reddened, split on the right side, and sometimes bleeds according to R10 On 8/23/2022 at 9:20 AM R10 stated, "I've had a catheter for a long time, and I don't want it anymore because my penis is fractured, and it hurts really bad to have the catheter in. My penis is split in half, and I have major penile damage to the hole on my penis due to the long-term catheter use. I went to the urologist in July and came back to the facility and my catheter was taken out, but I didn't urinate for 2 days, no staff straight cathed me or asked me if I had urinated, it wasn't until days later that I told staff I was having severe abdominal pain and they put the indwelling catheter back in. It hurts so bad to have the catheter in, but staff didn't straight Cath me those days and I could feel the urine building up in my body, who knows how long I would have gone without urinating if I wouldn't have told staff I was hurting. No staff have discussed the catheter with me since they put a new catheter in in July	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 33 2022. I haven't had any current UTIs, but I have had them in the past." On 8/23/2022 at 1:00 PM V2, the Director of Nurses (DON) stated R7 was assessed by his urologist on 7/5/2022 and he ordered to take R7's catheter out to see if he had urinary retention, it was a trial. V2 stated she expected staff to document when R7's catheter was removed and how he responded to it. V2 stated she expected staff to follow the physician's order and to straight Cath him PRN (when needed.) V2 stated staff reported to her that R7 was not urinating on his own so they reinserted the indwelling catheter and notified the facility's nurse practitioner. V2 stated she expected staff to document when they straight cathed R7 and to document the output so they would know how was doing without the indwelling catheter in. On 8/23/2022 at 9:38 AM V19, the Urologist stated he assessed R7 in his office on 7/5/2022 and instructed the facility to take his indwelling catheter out due to penile urethral erosion. V19 stated R7 complained the indwelling catheter hurt and he wanted it out. V19 stated in July V19 wrote a physician's order to have staff straight cath, use a urinal or wear Depends to allow the penis to heal. V19 stated he wanted to make sure R7 had true urinary retention and not having an indwelling catheter for staff convenience. V19 stated his nurse called the facility on 7/8/2022 and R7's nurse reported R7 wasn't able to urinate on his own, so he ordered the indwelling catheter for true urinary retention. V19 stated when he ordered the indwelling catheter to be discontinued on 7/5/2022 he expected staff to straight cath R7 every 6 hours and to document how much urine was removed and to continue assessing the resident R7 to ensure he could urinate so he	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 34 could assess R7's ability to urinate on his own. V19 stated he expected staff to follow physician's orders and facility policies. On 8/24/2022 at 2:34 PM V1, Administrator stated the facility doesn't have a urinary retention policy. (B) 4/4 300.610a) 300.680a) 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 300.680 Restraints a)The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 35 placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. These policies shall be developed by the medical advisory committee or the advisory physician with participation by nursing and administrative personnel. 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. Section 300.1210 General Requirements for Nursing and Personal Care 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.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 36 These regulations were not met as evidenced by the following: Based on interview and record review the Facility failed to assess risks and monitor the appropriate use of side rails for 1 of 12 residents (R28) reviewed for bed rails/side rails the sample of 26. This failure resulted in R28's face being found on the side rail causing R28's nose to bleed, facial swelling, and an opened area to her nose. Finding include: On 8/23/2022 at 2:00 PM, R28 was not able to respond to any questions, was not moving in bed and laying on her back staring into straight ahead with no responses and or expressions. On 8/23/2022 at 10:39 AM, R28 was lying in bed with her head elevated at a 40-degree angle. The side rail towards the window was attached at the top of the mattress towards her head and there was no covering on it. On R28's opposite side of the bed towards the entrance door the side rail was staggered and started at her shoulder level. The side rail did not have any padding on it. The side rails were 15 inches in length and 5 inches wide in the largest opening towards the top of the siderail and there was no padding present on either side rail. (This exceeds the of 120 mm (4 ¾ inches) as the basis for its dimensional limit recommendation for side rails). R28's Minimum Data Set (MDS) dated 5/1/2022 document R28 was severely impaired for cognition. R28's MDS documents R28 is total dependent on two plus staff for turning and reposition, bed mobility, and transfer, dressing and eating. R28's MDS documents R28 has an impairment on both her upper and lower	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 37 extremities. R28's Restraint Evaluation dated 8/1/2022 document, side rails for bed positioning or transferring. No other, lesser restrictive restraints have been attempted. No restraint reduction been attempted since last review: used for bed positioning. Benefits of restraint use include prevention of injuries, reduced fall potential and functional enhancement. IDT (Interdisplinary team) recommendations continue with current restraint." No benefits versus risks were documented for the assessment/evaluation. R28's August 2022 Physician Order Sheet (POS) documents, "Full padded side rails up times two at all times when in bed except during care to prevent possible injuries related to seizures every shift." R28's POS, dated 8/22/2022 documents a new order, resident had full bilateral side rails an assessment was completed and a reduction was made, and bilateral quarter side rails were applied to maintain safety while in bed. On 8/22/2022 at 12:40 PM, V22 Maintenance Director was in R28's room and stated he was changing R28's bed. The long side rails were on the floor and new side rails were on the resident's bed. V22 stated V2, Director of Nursing, told him to change R28's side rails because they aren't supposed to use those side rails. R28's Progress Notes dated 7/21/2022 at 10:30 PM, "When rounding at 2 PM this nurse found resident laying with her lower face on the siderail and oxygen tubing off her face. Scan amount of blood in left nostril. Left cheek and jaw reddened from lying on side rail and a 0.25cm open area to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 38 bridge of nose. MDS Coordinator notified. The nurse was instructed to write a progress note and not an incident report." On 8/22/2022 at 2:20 PM, V9, Licensed Practical Nurse (LPN) stated, "I remember finding (R28) laying on her left side, her face was against the left side rail and the side rail was in her mouth. I immediately repositioned the resident on her back and assessed the left side of her face. (R28's) face was red and swollen and she had a laceration on the bridge of her nose. Her oxygen via nasal cannula was off and her oxygen saturation was 90% on room air. At the time I felt this could be abuse and neglect because the resident must have been laying like this for long periods of time because her left side of her face was red and swollen. (R28) can't move on her own at all, both of her arms are contracted, and she is unable to remove the nasal cannula off on her own. I notified the MDS Coordinator about the incident and she told me not to write an incident report on it, but I progress note which I did." On 8/22/2022 at 2:40 PM V4, MDS Coordinator stated she recalled the nurse notified her that R28 was found with her head on the side rail and an abrasion on the top of her nose. She didn't know how it occurred because she wasn't here at the time. (V1), the Administrator told her to do a reassessment of R28's side rails today and when she did, she noted the side rails were not appropriate because the resident cannot turn/reposition herself and she needed to do a restraint reduction. The side rails went from full side rails to quarter length side rails." On 8/22/2022 at 2:58 PM V2 stated she didn't know about the regulation for side rails. V2 stated V1 Administrator told the maintenance man to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 39 change out the side rails because she thought they were too long for R28. V2 stated R28 can't move on her own, staff turn and reposition her every2 hours and as needed. V2 stated she didn't know why R28 had side rails. On 8/22/2022 at 3:02 PM V1 stated she went to look at R28's side rails when the State surveyor requested the side rails manufacture guidelines and she noted her side rails didn't look stable. V1 stated she will have to read the long-term care regulations to see if the side rails were within regulation. V1 had staff change the side rails from full side rails to quarter length side rails after lunch on 8/22/2022. V1 stated she wasn't at the facility when staff assessed R28 laying on the side rail so she can't say how it occurred. V1 stated she spoke to the V2 and V4 and they came to the conclusion that R28 slid down in bed due to gravity depending on or perhaps she wasn't positioned quit at the right angle. V1 stated she was told the laceration on R28's nose was from her hitting the side rail. V1 stated she expected the side rails to be addressed on R28's care plan and for V2 to educate staff to ensure R28 was positioned away from the side rails so this doesn't happen again. V1 stated she didn't know how long R28 the long side rails had, she's had them since she started as the administrator in December 2021 or why she had them because the resident doesn't move on her own at all so she wouldn't use them for mobility. On 8/23/2022 at 10:00 AM V15, Nurse Practitioner stated she doesn't know why R28 has full side rails, and she wasn't aware if R28 had a history of seizures or not. V15 stated R28 has bilateral upper contractors, and she doesn't move on her own, staff must turn and reposition her. V15 stated she would expect staff to notify her or	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 40 the physician if they wanted to make changes to R28's side rails because it was a physician's order. V15 stated she wasn't aware staff changed R28's side rails from full side rails to quarter side rails on 8/22/2022 or why they did that. V15 stated she expected staff to assess R28's risks and benefits to the side rails quarterly and when there is a change in R28 she also expected staff to assess R28 for a reduction inside rails every quarter. V15 stated she was not aware R28 was found lying on her left side with her head on the side and a laceration on the bridge of her nose side rail in July 2022 she would expect staff to notify the provider so they can ensure R28 is safe with the side rails. V15 stated if the physician's order was for full padded side rails, then she would expect the side rails to be padded. V15 stated this may have prevented R28 from acquiring the laceration on her nose in July 2022. V15 expected staff to follow physician's order and facility policies. The Guidance Industry and Food and Drug Administration (FDA) Staff Hospital Bed System and Assessment Guidance to Reduce Entrapment dated 3/10/206 documents, "To reduce the risk of head entrapment, openings in the bed system should not allow the widest part of a small head (head breadth measured across the face from ear to ear) to be trapped. Country-specific anthropometric data show that a 1st percentile female head breadth may be as small as 95 mm (3 ¾ inches). A dimension of 120 mm (4 ¾ inches) encompasses the 5th percentile female head breadth in all data sources used to develop these recommendations and includes 1st percentile female head breadth as reported in some data sources. FDA is therefore using a head breadth dimension of 120 mm (4 ¾ inches) as the basis for its dimensional limit	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005748	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAR KA NURSING HOME	201 SOUTH 10TH STREET MASCOUTAH, IL 62258

(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 41 recommendations. This dimension is consistent with the dimensions recommended by The Hospital Bed Safety Workgroup." On 8/24/2022 at 10:18 AM, V2, Director of Nursing stated, "I expect all Physician Orders to be followed including side rails/padding. I am not sure what happened with (R28)." On 8/24/2022 at 10:22 AM, V1 stated, "I would expect physician orders to always be followed. I am not sure why (R28) did not have any paddings on her side rails, but I have already had the side rails removed." The Proper Use of Side Rails Policy with a revision dated of 2/2021 documents, "Side rails are conserved a restrain when they are used to limit the resident's freedom of movement (prevent the residents from leaving his/her bed). (Note: The side rails may have the effect of restraining one individual but not another, depending on the individual resident's condition and circumstance.) Side rails with padding may be used to prevent resident injury in situations of uncontrollable movement disorders but are still restraints if they meet the definition of a restraint." (B)	S9999		