IIII OIS L	Department of Public	Health			FORM	APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SU		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6004121		B. WING		С	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	Y, STATE, ZIP CODE	04/19/2022	
HEARTL	AND NURSING & REI	IAB 410 NOR	THWEST T			
(X4) ID	SUMMARY STA	CASEY, I	L 62420			
PREFIX TAG			ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOUL I TAG CROSS-REFERENCED TO THE APPROF DEFICIENCY)		nec I	(X5) COMPLETE DATE
S 000	Initial Comments		S 000		9 3	
	Complaint Investiga	tion 2262892/IL145753			5.0	
S9999	Final Observations		S9999			
	Statement of Licens	ure Violations:				
	300.610a) 300.1210 b)5) 300.1210d)6)		á			
	Section 300.610 Re	sident Care Policies				
	procedures governin facility. The written public formulated by a R Committee consisting administrator, the admedical advisory conformation of nursing and other spolicies shall comply The written policies stated the facility and shall be set to the facility and sha	of at least the visory physician or the mittee, and representatives services in the facility. The with the Act and this Part. hall be followed in operating the reviewed at least annually cumented by written, signed				
i	Section 300.1210 Ge Nursing and Personal	eneral Requirements for Care				
p c r	care and services to a practicable physical, revell-being of the reside each resident's comprolan. Adequate and present care and personal care	all provide the necessary ittain or maintain the highest nental, and psychological ent, in accordance with rehensive resident care roperly supervised nursing e shall be provided to each otal nursing and personal dent.		Attachment A Statement of Licensure Violation	18	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

inois Department of Public Health
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATEMENTOF DEFICIENCIES AND RANO & CORRECTION (I) PROVIDER STREET ADDRESS, CITY, STATE, ZIP CODE THEARTLAND NURSING & REHAB (CA) DEFICIENCY (RACH DEFICIENCIES) (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG (RACH DEFICIENCY) S9999 Continued From page 1 S9999 S9999 Continued From page 1 S9999 S9999 Continued From page 1 S9999 All nursing personnel shall assist and an effort to help them retain or maintain their highest practicable level of functioning. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practicable level of functioning. d) Pursuant to subsection (a), general nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements are not met as evidenced by: Based on observation, interview and record review the facility failed to supervise a resident while on the tollet (R1), failed to implement post fall interventions (R2) and failed to lock an unattended treatment cart (R2) for two of three residents (R1, R2) reviewed for fails in the sample list of three. This failure resulted in R1 failing and sustaining a 3 om (centimeter) laceration and receiving 5 stitches in the Emergency Room. Findings include:	Illimois I	Department of Public	Health			FORM	APPROVED	
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The facility's Falls and Fall Risk, Managing policy	1.	The facility's Falls and	d Fall Risk, Managing policy		52			
with a revised date of March 2018 documents.	1	with a revised date of	March 2018 documents.					
"Policy Statement Based on previous evaluations and current data, the staff will identify		rolicy Statement Bar	sed on previous evaluations	-				

PRINTED: 06/01/2022 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6004121 B. WING 04/19/2022 NAMEOF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTHWEST THIRD **HEARTLAND NURSING & REHAB CASEY, IL 62420** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOUL, D BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 risks and causes to try to prevent the resident from falling and to try to minimize complications from falling." "Resident-Centered Approaches to Managing Falls and Fall Risk 1. The staff, with the input of the attending physician, will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls." "5. If falling recurs despite initial interventions. staff will implement additional or different interventions, or indicate why the current approach remains relevant." "Monitoring Subsequent Falls and Fall Risk" "4. The staff and/or physician will document the basis for conclusions that specific irreversible risk factors exist that continue to present a risk for falling or injury due to falls." 1.) R1's Minimum Data Set (MDS) dated 2/23/22 documents diagnoses including Parkinson's Disease, Alzheimer's Disease, Non-Alzheimer's Dementia, Anxiety, Depression and Unspecified Dementia with Behavioral Disturbances. This MDS documents R1 has moderately impaired cognitive skills. This MDS documents R1 requires extensive assistance (weight bearing support) of one person for transfers and toilet use and documents R1 is not steady, only able to stabilize with staff assistance, when moving from a seated to standing position and moving on and off the toilet. R1's Care Plan dated 2/27/22 documents to assist R1 with transfers and ambulation, to observe for unsafe actions and intervene and to assist to bathroom or commode as needed. R1's

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undated active Physician's Orders document orders for Sertraline (antidepressant) 50 mg (milligrams) every day with a start date of 8/13/21. Lorazepam (antianxiety) 0.5 mg twice a day with

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6004121 04/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **410 NORTHWEST THIRD HEARTLAND NURSING & REHAB CASEY, IL 62420** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 a start date of 8/13/21 and Risperidone (antipsychotic) 0.25 mg twice a day with a start date of 9/13/21. The facility's Accident/Incident log documents R1 sustained falls on 2/26/22 (no injury), 4/10/22 (no injury) and 4/11/22 (deep laceration). R1's Incident Report printed on 4/18/22 documents on 4/11/22 at 4:50 AM, CNA (Certified Nursing Assistant) V7 sat R1 on the toilet and turned around to get R1's clothing and R1 fell off of the toilet seat and onto the floor. This report documents R1 sustained a deep faceration approximately 4 cm (centimeters) long to the right forehead and a ragged skin tear 3 cm long to the back of the right wrist. This report documents R1 was sent to the hospital emergency room for treatment. The investigation of the incident completed by V2 Director of Nursing documents the root cause of the fall was that V7 turned around instead of staying focused on R1. R1's emergency room documentation dated 4/11/22 documents, "(R1) with h/o (history of) dementia brought from nursing home after (R1) fell off the toilet commode and hit right forehead causing laceration." Emergency room Procedure Notes document, "Wound Length: 3 cm", number of sutures, "5". R1's undated Resident Care Summary documents R1 is a two person assist, is confused and is incontinent of bowel and bladder. On 4/19/22 at 12:55 PM, V6 CNA stated they refer to the Resident Care booklet if they have questions on how to care for residents. At this time, V4 Restorative CNA stated that V4 is responsible for updating resident information in this booklet and CNAs are to look in the booklet for guidance on

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resident care.

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6004121 B. WING 04/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTHWEST THIRD **HEARTLAND NURSING & REHAB CASEY, IL 62420** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 4/19/22 at 12:35 PM, V2 Director of Nursing confirmed regarding R1's fall on 4/11/22 that V7 got distracted after placing R1 on the toilet. V2 stated, "preferably eyes should be on (R1) the whole time." On 4/19/22 at 2:27 PM, V11 R1's Physician stated R1's laceration was caused by falling from the toilet and hitting R1's head. 2.) R2's MDS dated 3/2/22 documents diagnoses including Atrial Fibrillation, Heart Failure, Alzheimer's, non-Alzheimer's Dementia, Seizure Disorder, Anxiety, Depression, Psychotic Disorder and Restlessness and Agitation. This MDS documents a BIMS (Brief Interview for Mental Status) score of 3/15 which indicates severe cognitive impairment. This MDS documents R2 requires limited assistance of one person for transfers and extensive assistance of one person for toileting. This MDS documents R2's balance is not steady when moving from a seated position to standing, moving on and off the toilet and walking. R2 is only able to stabilize with staff assistance. R2's Care Plan dated 8/9/21 documents R2 is at high risk for falls with a start date of 3/24/20 and interventions listed are anti-lock brakes on wheelchair dated 6/25/20, shoes or slipper socks on at all times dated 8/9/21, assist with transfers and ambulation dated 8/9/21, observe for unsafe actions and intervene dated 8/9/21. This care plan documents a fall on 11/1/21 and an intervention of anti tippers were added to R2's wheelchair. R2's undated active Physician's Orders document

Illinois Department of Public Health

orders for Citalopram (antidepressant) 20 mg a

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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	Sodium Extended (a three capsules daily Mirtazapine (antider start date of 8/21/20	e of 6/15/19, Phenytoin antiseizure) 100 mg capsules, with a start date of 6/3/19, pressant) 15 mg daily with a 0, Risperdal (antipsychotic) 0.5 a start date of 11/30/20 and					
	Lorazepam (antianx a start date of 1/24/2 R2's Incident Report	iety) 0.5 mg twice a day with 20. t printed on 4/18/22					
	documents on 3/26/ the treatment cart from drawers nor the whe balance and fell pull of R2. R2 sustained	22 at 7:42 AM, R2 stood up at om R2's wheelchair. The cart els were locked. R2 lost R2's ing the treatment cart on top five skin tears to R2's arms mp to R2's forehead and a		,			
	incident happed at 7 in the morning. Thes document R2 was so returned to the facilit	s notes document that this :15 PM on 3/26/22 instead of se Nurse's Progress notes ent to the hospital and y at 11:09 PM and x-rays 2 had a Urinary Tract				***	
	root cause to the fall up to the cart and the and R2 tried to pull R	estigation documents the on 3/26/22 was that R2 went e drawers were not locked t2's self up and this caused fell, and the cart fell on top					
	because the treatment stated the carts should stated that the treatment of the stated that the treatment of the stated that th	PM, V2 confirmed R2 fell nt cart was unlocked. V2 ld be locked at all times. V2 lent cart was left in the d unattended when R2 pulled					

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6004121 B. WING 04/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTHWEST THIRD **HEARTLAND NURSING & REHAB CASEY, IL 62420** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 3.) R2's Care Plan 11/1/21 documents R2 is to have anti tippers on the wheelchair and an intervention dated 8/9/21 to keep the call light in reach. On 4/18/22 at 11:22 AM, R2 was in R2's bed sleeping. R2's wheelchair was next to R2's bed. There was no anti tippers on R2's wheelchair and R2 did not have a call light plugged into the wall. There was an empty plug where the call light was supposed to be. On 4/18/22 at 1:15 PM, R2 was in the dining room leaning R2's head way back over the back of the wheelchair. R2 had anti roll back brakes on the wheelchair but no anti tippers on the wheelchair. On 4/18/22 at 1:03 PM, V6 Certified Nursing Assistant was taking R2 to the bathroom. V6 confirmed R2 did not have a call light in R2's room and V6 did not know why R2 did not have a call light. On 4/19/22 at 11:38 AM, there is still no call light in R2's room. On 4/19/22 at 12:35 PM, V2 Director of Nursing stated V2 was not aware that R2 did not have a call light. V2 stated that R2 should have a call light. (B)