**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:** COMPLETED A. BUILDING: C IL6008817 B. WING 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4405 HIGHCREST ROAD ASCENSION SAINT ANNE PLACE ROCKFORD, IL 61107 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S 000 **Initial Comments** S 000 Complaint Investigation 2218486/IL152558 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210 b) 300.1210 d)6) Section 300.1210 General Requirements for Nursing and Personal Care 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. 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: 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. These regulations are not met as evidenced by: Based on observation, interview, and record Attachment A review, the facility failed to ensure safety Statement of Licensure Violations

Illinois Department of Public Health

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

interventions were in place while a resident was

TITLE

(X6) DATE

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 B. WING IL6008817 10/26/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4405 HIGHCREST ROAD ASCENSION SAINT ANNE PLACE ROCKFORD, IL 61107 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 being weighed for 1 of 5 residents (R1) reviewed for falls in the sample of 5. This failure resulted in R1 falling, sustaining a nasal fracture, lacerations to his nose, and the resident being sent to the emergency room for treatment. The findings include: R1 was admitted to the facility on 5/12/21 with history of falls. The facility 's Resident Incident Report shows R1 had a fall on 10/11/2022 in the shower room. Resident Incident Report shows R1 had swelling above his right eye, laceration to the bridge of his nose, lacerations to the tip of nose, abrasions to right hand and right knee. On 10/26/2022 at 8:54AM, R1 was observed lying in bed. R1 sat up in bed and sat on the edge of the bed to speak with this surveyor. R1 had a small scar on the bridge of his nose and his nose appeared crooked. On 10/26/2022 at 8:54AM, R1 was alert and oriented x3. R1 said he had a recent fall in the shower room and broke his nose. R1 said he was taken into the shower room by facility staff to get a weight check done. R1 said he tripped over the scale. R1 said he fell and hit his face on the floor. R1 said he had a bloody nose. R1 said he was sent to the hospital after the fall. R1 said his nose is crooked now following the fall and it wasn't like that before. R1 said he had a bump over his right eve from the fall. R1 said he feels the scale is unsafe. On 10/26/2022 at 10:36AM, V10, Certified Nursing Assistant (CNA), said Dietary had requested a weight check on R1 and she went to

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MILITIPLE CONSTRUCTION							
AND DIAN OF CORDECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED C 10/26/2022	
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NAME OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY.	, STATE, ZIP CODE			
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(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	CTION SHOULD BE COMPLETE OTHE APPROPRIATE DATE		
S9999	Continued From pa	ge 2	S9999				
	"W" dining room, wand brought him into said she opened the towards the scale to moved to the far sid scale as R1 approal lost his balance, stuand hit his face on to not able to catch R1 happened too quick a gait belt on R1. V. Attendant, was in the R1's fall. V10 sawent to R1's side. V. Practical Nurse (LPi	0 said she found R1 in the where he prefers to eat lunch, of the "W" shower room. V10 e door for R1, and R1 walked of get weighed. V10 said she le or opposite side of the ched the scale. V10 said R1 imbled, fell off to his right side, he ground. V10 said she was it, or stop his fall, because it ly. V10 said she did not have 10 said V12, Laundry e shower room at the time of itid she called for help and 10 said V11, Licensed N)/Restorative Nurse, came in I's face was bloody, and there he floor.					
	hanging up slings or R1 in to get his weig around and was faci stumble and fall nex his face on the show bleeding from his no	0:49AM, V12 said on she was a the wall when V10 brought tht. V12 said she turned ing the scale, and saw R1 it to the scale. V12 said R1 hit wer room floor, and he was use when he lifted his head I not see R1 with a gait belt					
V	someone scream in R1 was on the floor blood on the floor. V V11 said the Nurse F and the NP ordered ER.	:08AM, V11 said she heard the shower room. V11 said of the shower room with 11 said she assessed R1. Practitioner (NP) was notified, the resident to be sent to the			· ·		
	R1 was seen at a [lo 10/11/2022, and was Department (ED) for	cal area hospital] on seen in the Emergency "facial trauma" with "		19°			

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