STATEMEN	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	
N 18			A. BUILDING: _		-	PLETED
IL6007581		B. WING	230	7.4	C 29/2022	
NAME OF PROVIDER OR SUPPLIER STREET AD		DDRESS, CITY, ST	TATE, ZIP CODE		0,1021	
PRAIRIE	CITY REHAB & H C		AIN STREET, R CITY, IL 6147			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S 000	Initial Comments	2 4 2	S 000	B B	· 6	
	Complaint Investig	gation: 2229926/IL154309				# 14 10 10 10 10 10 10 10 10 10 10 10 10 10
S 9999	Final Observations	\$ S	S9999	5 EX		27 kg
	Statement of Licen	isure Violations			W 8	
	300.610a) 300.1210b) 300.1210d)1)	. w	E- Q	, iii.		**************************************
100	300.1210d)6)			*		
	SS 28	Resident Care Policies	15			8
es .	procedures govern facility. The writter be formulated by a Committee consist administrator, the a	advisory physician or the				89 883 W
)#:	of nursing and other policies shall comp The written policies	committee, and representatives er services in the facility. The oly with the Act and this Part. s shall be followed in operating all be reviewed at least annually			ex.	
	by this committee, and dated minutes	documented by written, signed	=		•30	
i.	Section 300.1210 Nursing and Perso	General Requirements for anal Care	55, £.	111	70 50	:: ·
	and services to atta	provide the necessary care ain or maintain the highest al, mental, and psychological				
· _ =	well-being of the re each resident's cor	esident, in accordance with mprehensive resident care	30			
400	care and personal	d properly supervised nursing care shall be provided to each total nursing and personal		Attachment A Statement of Licensure Viola	ations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007561			LE CONSTRUCTION 3:	(X3) DATE SURV		
		B. WING		C 12/29/2022		
NAME OF E	PROVIDER OR SUPPLIER		ODRESS CITY	STATE, ZIP CODE	TEI EOI EO	
	CITY REHAB & H C	825 E MA	IN STREET	, RR #2, BOX 97		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPOPER DEFICIENCY)	OULD BE CO	(X5) MPLETE DATE
S9999	Continued From pa	age 1	S9999	E 0	c 00	
	care needs of the r	esident.		# V ₄ 18	m g	
	d) Pursuant to subscare shall include, and shall be practic seven-day-a-week					2 2
8	1) Medications, inc intravenous and int administered.	luding oral, rectal, hypodermic tramuscular, shall be properly		W	** v	
*	assure that the res as free of accident nursing personnel:	ecautions shall be taken to idents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.				
5	These Requirement evidenced by:	nts were NOT MET as		5 13	10 mg	
// 	interview, the facilitappropriate interve administer a presc with a new diagnostrisk of future falls for reviewed for falls in failure resulted in F 12/5/2022,12/11/20 sustaining a Subar	022, and 12/12/2022 and rachnoid hemorrhage, subdura non displaced fracture of the				
15	Findings Include:			ii	£	52
nois Denar	11/10/2018, docum resident safety and	revention policy, dated nents," Policy to provide for I to minimize injuries related to s and honor each resident and			5	æ 21

STATE FORM

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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: COMPLETED A. BUILDING: C B. WING IL6007561 12/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY REHAB & H C PRAIRIE CITY, IL 61470 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 provide any care or treatment needed for the resident. A fall huddle will be conducted with staff on duty to help identify circumstances of the event and appropriate interventions. The unit nurse will place documentation of the circumstances of a fall in the nurses notes or an AIM for Wellness form along with any new intervention deemed to be appropriate at the time. The unit nurse will also place any new intervention on the CNA (Certified Nursing Assistant) assignment worksheet. Report all falls during morning Quality Assurance meetings Monday through Friday. All falls will be discussed in the Morning Quality Assurance meeting and any new intervention will be written on the care plan." On 12/27/2022 at 10:30AM R1 was observed walking up and down the hallway. Gait was unsteady. R1 was observed to have black and blue bruising under both eyes. R1 was weak, ambulating slow. R1 was accompanied with a staff member. R1's Nurses notes, dated 12/5/2022, at 4:05AM documents,"R1 up ambulating in hallway. (V2/DON [Director of Nurses]) noted R1 to started jerking and falling forward. R1 continued to have jerky motions for 4 minutes A quarter size lump/bruise noted to her forehead. R1's nose is swollen and bleeding. R1 will open eyes but will not verbally respond V2's voice." R1's State Agency Notification, dated 12/5/2022, documents, "Upon investigation into the alleged fall it was determined that R1 had a seizure prior to R1 going to the floor. R1 was transfer to a local hospital where a subarachnoid hemorrhage was

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noted."R1 was sent to a local hospital for further treatment. R1 was then transferred to another

PRINTED: 02/28/2023 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 IL6007561 **B. WING** 12/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY REHAB & H C PRAIRIE CITY, IL 61470 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 hospital for further treatment. Imaging impression from the local hospital showed a Subarachnoid hemorrhage, Subdural hemorrhage and non-displaced fractures of the 4th through 7th ribs." The facility's Fall Analysis Log, dated December 2022, documents" R1 had a fall on 12/5/2022 at 4: 05AM.Fell-in the hallway having a seizure and sustained a bloody nose, and a contusion on R1's forehead. The root cause was a seizure. Under new inventions: Lab and medication review done at the hospital." R1's CT scan of the head, dated 12/5/2022, documents, "Small right paramedium subarachnoid bleed." R1's Hospitalist History and Physical, dated 12/5/2022, documents, "Admitting Diagnosis: Subarachnoid Hemorrhage; facial contusion." R1's Progress Notes from the local hospital, dated 12/7/2022, documents, "Assessments: Mild closed head injury with bifrontal contusions, cerebral edema, and traumatic subarachnoid hemorrhage along the parafalcine left convexity. R1's Quality Care Reporting Form, dated 12/5/2022, documents, Summary of events and any actions taken: R1 had a seizure. Medication and lab reviewed at hospital. Investigation Report of Falls: What new interventions were put in place to prevent further falls: R1 was sent to emergency room."

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R1's Nurses Notes, dated 12/11/2022 at 1:30PM, documents,"R1 had unwitnessed fall discovered by V4/CNA (Certified Nurse's Aide) who heard R1's roommate yelling. R1 was on the floor face

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE COMP	SURVEY
· · · · · ·	v	IL6007561	B. WING	20 E	12/2	29/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE		. 70
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Ø ≡ # #	fall. At 4PM R1's c	ere falling out and broke during hin is starting to bruise. R1 also on the inside of upper lip."	n X =			. 2
, io 4	R1's Nurses Notes documents, "See A	dated 12/12/2022 at 9:15AM, AIM for Wellness."	ş#.		o 8	W.
	dated 12/12/2022, Discoloration to for from previous fall. Recommendation: staff that R1 had factor her back with h	s, Inter-communicate, Manage) documents, "Skin Evaluation: rehead. under eyes, and nose Pain: Tailbone. Physician V3/RN was notified by dietary allen. V3 noted R1 to be laying ead under the table. R1 don't Unable to state if R1 hit her dilated."				
8	dated 12/12/2022, mechanism of inju Subarachnoid Hen	auma History and Physical, documents," Chief Complaint: ry, fall. Hospital Problems: norrhage. Closed fracture of side 4 through 7th.	2:0 ⁸ W 2:0			
≈ "	12/13/2022, docum contrast: Impression hemorrhage along cingulate convexity	gress Notes, dated nents," Ct scan without on 1.) Subarachnoid the left paramedian front v. 2.) Small acute right parietal age. 3.) Mild to moderate global ss.	81 , W Ni 148		¥	e e
	documents, "Impre	st, dated 12/12/2022, ession:1.) Possible ures of the left 4-7th ribs".			26 70	. F
	12/12/2022, docum liquid/foods. Slippe The investigation F	Reporting Form, dated nents," R1 slipped in ers without slip resistant soles. Report of Falls: Areas of analysis: No documentation		W 33		iii (* 49

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED	
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MANAGOGI	PROVIDER OR SUPPLIER	30	0.1		12/29/2022	_
INAIVIEUF	LKONIDEK OK SUPPLIER	OTTLE! AD		STATE, ZIP CODE		
PRAIRIE	CITY REHAB & H C		IN STREET CITY, IL 61	, RR #2, BOX 97 470		
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S9999	Continued From pa	age 5	S9999	3 -		7
70	noted. What new in	ntervention was implemented			n ets	-
W	to prevent any furth	ner falls: No documentation	100	2=		
	noted."	ior raile. 140 documentation	30		34 98	-
	,9211 = 9,	8 j. 1970 – 1 – 5.		# (g		
957	R1's State Agency	Notification, dated 12/12/2022,				
	documents, "Upon	investigation into the allege fall	8 83			
- 8	it was determined t	hat R1 slipped in liquid that				
70	was on the floor, R	1 was wearing slippers that did			11 12 12 12	
	not have slip resista	ant soles. R1's pupils were not			¥ W	
	equal."			#S	, n	
		for grant and the state of the	10.		985	1
0	On 12/19/2022 at 1	1AM V3/RN (Registered		新 (1)		٠
	Nurse) stated, " On	12/12/2022 observed (R1)		.3	200	ı
	laying laying with he	er feet out, near some oatmeal				ı
200	and the floor was w	et. I couldn't tell what		**	5	۱
1.55	happened. There w	vere no witnesses. (R1) just				ı
	tell. (K1's) head wa	s under the table and she was		± 1	13	1
	iaying on her back.	(R1) had slippers with a hard			* S	1
	sole on, I assumed	(R1) hit her head. The left		U.	0) (5)	ı
	pupir was a fittle tille	ated. (R1) was assisted back		M of a	5 (6)	ı
	face was bruised from	d of pain in her tailbone. (R1's)		=		ı
	idoc was bluised ili	on previous rails.	-	884	154	1
	R1's Physician Orde	er Sheet, dated 12/7/2022,		55		ı
	documents." Keppr	a 750 MG (anticonvulsant)		N	1 to 10 (a)	ŀ
	buccal twice a day.'	' (anticonvulsant)			340	١
100	rite des al si				E 0.	ı
777	R1's (MAR) Medica	tion Administration Record			V	ı
-4. 35	dated 12/7/2022-12	/31/2022, documents.		50 SE	İ	ı
	"Keppra 750MG but	ccal twice a day 8AM and	14			ı
	5PM.			200	3 F F	I
	and a St. of			5.	Δ	
113	R1's Medication Ad	ministration Record			- Fig. 1	
	documents R1 did r	not receive Keppra 750 MG on		t-		
	December 9, Decer	nber 10th, and December		*	33	ı
	11th in the AM. And	December 9th, 10th, 11th and		la*		
-	12th at 5PM. Despit	e being ordered by R1's		10 PMC	5,000	
	doctor.	5		23 (9)		I

On 12/22/2022 at 12noon V6/Facility Pharmacist

IIIII IOIS D	repartition of Fubile	i lealui	tit		
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
300			, a bolebillo.		
38	20 E D	IL6007561	B. WING	74	C 12/29/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	*
PRAIRIE	CITY REHAB & H C			RR #2 ₇ BOX 97	
	658 , 50	The state of the s	CITY, IL 614	70	316
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S9999	Continued From pa	ge 6	S9999	30 19	8 9
	R1 from the facility processed on that of	ed the order for the Keppra for on 12/9/2022. It was day and sent the evening of as no order for this Keppra	110		
No.	"Resident has risk to and interventions to Risk factors include injuries related to fa Unsteady gait and p in place were done	ted 4/18/2022, documents, factors that require monitoring or reduce potential self-injury. It falls with major or minor alls. As evidenced by: poor balance. Interventions put at the hospital on 12/6/2022; review. No new intervention for 1/2022 falls."			
	stated," We were in just come out of the "ouch." (R1) was all was under table an On 12/27/2022 at 1 Nursing) stated," Tiplace for the fall of hospital. Labs and any interventions in from hospital on 12 intervention in place	0:36AM V5/Dietary Manager to the morning meeting. I had a office and heard her say, ready on the floor. (R1's) head do her legs were stretched out." 0:45AM V2/DON (Director of the interventions that I put in 12/5/2022, were done at the medicine review. I did not put in place after (R1) came back /7/2022. There was not a new of when (R1) fell in her room on			
	12/11/2022. The 12 to make sure R1 w	1/12/2022 the intervention was ears adequate shoes."			
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