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S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations: 1/1 300.610a) 300.1210b) 300.1210d)6) 300.2900d)2) 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	

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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: 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. Section 300.2900 General Building Requirements d) Doors and Windows 2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. These regulations were not met as evidenced by: Based on observation, interview, and record review the Facility failed to provide supervision to prevent elopement for 1 of 41 residents (R88) reviewed for elopement in the sample of 75. This failure resulted in R88 eloping from facility and the facility not being aware of when R88 left. R88 was found by the local police department on 1/18/2023 at 11:23 PM and taken to the hospital where he was diagnosed with chronic schizophrenia, noncompliance, and elevated blood pressure. Without having access to supervision, medical and psychiatric monitoring,	S9999		

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S9999	Continued From page 2 R88 has a likelihood for mental health complications resulting in psychiatric hospitalizations, decline in overall health and possible harm. This has the potential to affect 40 other residents (R7, R9, R15, R17, R19, R20, R21, R23, R26, R27, R36, R37, R39, R40, R42, R43, R44, R45, R46, R49, R50, R52, R56, R66, R69, R70, R72, R74, R83, R85, R93, R103, R104, R106, R107, R110, R122, R123, R126, and R232) who have been identified by the facility at risk for elopement. Findings include: R88's Progress Notes document R88 was admitted to the facility on 10/27/2022 at 6:32 PM. R88's previous facility's Physician Order Sheets (POS) dated 9/26/2022 to 10/26/2022 documents he had a (resident monitoring device), and staff were to evaluate the device every shift, twice a day 6 AM, 6 PM, and 6 AM. R88's POS dated March 2023 document R88 had diagnoses of Schizophrenia, delusional disorder, Psychotic disorder with hallucinations due to known physiological condition. R88's March 2023 POS document he was taking the following medications: Ativan (an anxiety medication) 1 milligram (mg) 1 tablet by mouth two times a day for anxiety, Invega Sustenna Suspension Prefilled syringe 234 mg/1.5 milliliters (Paliperidone Palmitate ER, an antipsychotic medication) inject 1 syringe intramuscularly one time a day starting on the 23rd and ending on the 23rd every month for prophylaxis related to schizophrenia, and Haloperidol (an antipsychotic medication) Tablet 10 gm, give a tablet a day for anxiety related to schizophrenia.	S9999		

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S9999	Continued From page 3 R88's Minimum Data Set (MDS) dated 11/3/2022 documents R88 was severely impaired for cognition, has a presence of behavioral symptoms, and had no wandering tendencies. R88's Care Plan, dated 1/10/2023 document, "Resident is a high risk for elopement." R88's Care Plan Goal dated 1/10/2023, documented "Will remain free from making elopement attempts throughout next review." R88's Care Plan Interventions to address elopement, dated 1/10/23, documented "RESOLVED: 15-30 min (minute) checks as needed; Allow concerns to be expressed; Encourage resident to keep busy with activities; MD (medical doctor) notification PRN (as needed); Monitor where abouts PRN; and Reality orientation if appropriate." The Care Plan dated 11/30/2022 documents, "Resident has diagnosis of Schizophrenia and may display symptoms that include but not limited to: being out of touch with reality (delusional or hallucinations), may have disorganized speech or erratic behavior, decrease in activities. Diagnosis of mental illness." R88's Care Plan dated 1/16/2023 documents, "(R88) is at great to moderate risk for self-harm." R88's Care Plan, dated 1/5/23, documents that he is a moderate risk criminal offender. The Care Plan Intervention, dated 1/5/23, documents "Evaluate the resident's ability to control impulses, document according. Teach impulse control strategies." R88's Nurse's Notes dated 1/18/2023 at 8:30 PM, "This nurse was going to the resident room to administer bedtime medications and did not locate him in the room. This nurse asked staff assigned to the hall if they could help locate resident. This nurse was made aware that resident could not be found. This nurse performed a complete patient head count of each	S9999		

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room on the hall. The nurse notified other staff on hall to help assist with a complete room search of each room, closet, and bathroom in the hall. The resident still could not be located at this time. Nurse Manager on duty notified at this time and alerted Administrator of the resident. Resident head count and search was extended to other halls of the building, still not located. Search begins to extend to the outside of the building and other surrounding areas near the facility by foot. Some employees went by car to search in this area. At this time resident still could not be found. Police notified of the resident. The resident was last physical seen approximately around 7 PM standing in the smoke line by this nurse. Staff continue to search for resident."

R88's Nurse's Notes dated 1/18/2023 at 9:30 PM, documents "The search for the resident continues. Will continue to monitor."

R88's Nurse's Notes dated 10:00 PM documents "(V34), Mother returned call, stated she haven't spoken with (R88) today. (V34) informed me to call (V67) who is a close family friend and stated that's where he might be headed (town listed)."

R88's Nurse's Notes dated 10:04 PM, documents "Staff contacted (V67), close family friend informed staff that (R88) doesn't know anyone in the area and if he had money he would attempt to travel to (town listed)."

R88's Nurse's Notes dated 1/18/2023 at 11:06 PM, documents "Received a call to facility stating resident has been found on a bus. Will follow up."

R88's Nurse's Notes dated 1/18/2023 at 11:15

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S9999	Continued From page 5 PM, documents "The nurse was made aware that the person found on the bus was not the resident. Resident still not found at this time. The oncoming nurse is aware of the situation and will continue to follow up." R88's Nurse's Notes dated, 1/18/2023 at 11:45 PM, documents "Resident returned to facility accompanied by local Police wearing a coat, t-shirt, necklace, socks, and black tennis shoes. Resident is smiling, happy stating he went to get a soda, some cigarettes and intended to get a ride to Centralia to see his mom. Resident aware it is late at night. Police received a call from dispatch resident was at Metro Link Station (2.2 miles from facility). Upon return resident stated that he did not know he was supposed to leave the facility without signing out he just wanted to see his mom because she is sick. Interviews with mom indicate resident has mental capacity to travel unassisted to (Centralia). Administrator educated resident on the proper process for signing out with staff when he wishes to go on a leave. Resident agreeable and states he will go to his room downstairs if he can't go to his mom's tonight. Resident escorted to room. Alert and orientated x 3. Resident 1:1 enhanced supervision will continue to follow. (draft)." R88's Police Report dated 1/18/2023 at 9:23 PM, "On January 18, 2023, at approximately 9:23 PM. I was dispatched to (Facility) for a report of a resident missing from the facility. I arrived on scene with (V58), Local Police Officer. We made contact with (V60), Front desk worker. She provided me with a document labeled admission record for (R88). (V58) took a photo of (R88's) intake photo and uploaded it to this report. I met with (V18, Certified Nursing Assistant CNA) in the facility basement, where (R88's) room was. She	S9999		

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stated (R88) was last seen at 7:00 PM, during a smoke break facilitated by employees. (V18) did not realize (R88) was missing from the facility until her room checks at 8:30 PM. (V18) said (R88) was last seen wearing a white shirt, blue jeans, and red and black jacket, a necklace made of shark teeth. (R88) had just received 30 dollars in cash, and she believed (R88) was heading to the Metro Link Station. Officers checked the area with staff and were unable to locate (R88). I completed the missing paperwork and turned it to dispatch so (R88) could be entered. At 11:57 PM, (V58) was disported to (Metro Link) and located (R88)." This report was documented by V59, Local Police Officer. The Police Report documents R88 was found at a Metro Station 2.2 miles from the facility at 11:57 PM.

The World Weather Services documents on 1/18/2023 at 7 PM in the city where the facility is located, it was raining and 37 degrees Fahrenheit.

R88's Nurse's Notes dated 1/19/2023 at 12:32 AM, "Made aware resident was returned to the facility/staff."

R88's Emergency Room visit with an encounter date of 1/19/2023 documents, "Chief complaint: Manic Behaviors. 64 year old white male with a history of schizophrenia, hypertension, reflux hyperthyroidism, currently has been living in a nursing home for six months or so was sent by the nursing home staff because of increasingly manic behavior, increasing hallucinations and tonight eloped from the nursing home, and he was found and brought back to the nursing home staff sent him here for evaluation, and medical clearance; and if he is cleared he may return back to the nursing home. Patient does report

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S9999	Continued From page 7 auditory and visual hallucinations, but he is vague. Physical Exam: At times speaks relatively clearly and other times he is rambling and does not make a lot of sense. However, when he settles down, he is able to provide a good history. He then just goes off on other tangents and has to be redirected. Patient arrived to ED (Emergency Department) via EMS (Emergency Medical Systems) from nursing home for complaints of maniac behavior. Per nursing home, he has been having more hallucinations, both auditory and visual. Patient reports he was locked out of the facility, and he was going to walk to Champaign and get his truck. Patient is alert and orientated, calm and agreeable. He did have multiple blood pressures that were elevated, we did give him amlodipine and clonidine to control his pressure, he is scheduled for his morning dose AM and recommending his blood pressure be followed closely and his primary care physician be notified." R88's Facility Incident Report Form, undated, documents Family notified 1/18/2023 and Physician notified, documents, "(R88) left the facility without notifying staff. Physician and Family notified immediately. Resident's mother stated that (R88) spoke of coming to visit her in (town). Resident did not mention this to staff. She provided phone number of his close friend that she stated he was also in contact with on a regular basis. Facility immediately began search for resident. Local police department was notified and assisted with locating resident." The Report Form Section Occurrence Resolution documented "Facility began immediate search for resident with assistance of the local police, facility staff and regional staff. Facility spoke with resident's friend who stated that (R88) mentioned going to (City) and that he knows his way and has	S9999		

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means to get there. Resident was located at the Metrolink station. Resident was assessed by staff with no injury or changes in status. Resident was dressed appropriately. Upon interview resident stated, 'I was going to see my mom'. Staff encouraged resident to speak to mother via phone and/or face time. Offered relocations closer to mother. Resident educated on the sign in/out process when leaving the facility. Resident was placed on enhanced monitoring and care plan updated."

On 3/8/2023 at 4:27 PM, R88 stated, "I left here because I don't like it here. I wanted to go back to my apartment. I don't like living here. I used to live downstairs on the 500- hall in the basement. I went out the basement door during the smoke break. I was trying to get back to (city name) to my apartment. I told them I did not like it here."

On 3/8/2023 at 4:35 PM, V31, Maintenance Director stated, "I am in the process of getting a new door frame for this door. When you open this door there is another door here and it is alarmed. Sometimes staff and residents will go out this door to smoke. (R88) was a smoker. He would fidget a lot. I was told they think he got out this door during the smoke break. "

On 3/8/2023 at 4:45 PM, V19, Certified Nursing Assistant (CNA) stated, "(R88) liked to play and guitar, sing and do music. He was all over the place and he liked to walk around. I was not here when he eloped, but I heard he had wandered off during the smoke break."

On 3/9/2023 at 5:00 PM, V34, R88's Mother, stated, "I was not informed that (R88) was sent out to the hospital today. I know he constantly has behaviors, and it happens quite often that is

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why he is in the facility. He eloped from the facility last month. I do not think he can make good decision on his own. He gets confused and sometimes he sees things that are not there. I do not think he could make it to my home safely on his own. I am 94 years old and (R88's) birthday is coming up and I am so worried about him. I never told anyone that he had the mental capacity to be on his own or that he could make it home safely to see me."

R88's MDS dated 2/2/2023 document R88 severely impaired for cognition for decision for activities of daily living. R88's MDS documents R88 can walk in room supervision only and wandering occurred daily.

On 3/9/2023 at 1:24 PM, V34, Licensed Practical Nurse (LPN) stated, "I think (R88) went out to smoke at 7 PM for a smoke break. The guy, I don't know his name, but he was in charge of the smoke break said he let (R88) back into the building again. When I went to give out my pills later that night (R88) he was not in the building. I alerted everyone and we did a search and could not find him. At first, they thought they found him on a bus, when I left my shift at 10:30 PM, (R88) was still missing. I work with agency I had never worked with (R88) before, so I was not sure what was or was not normal for him. They said they let them out to smoke and are supposed to watch and monitor and then let everyone back inside of the building. Nobody told me any information about any of the residents. I did not get any report sheet, I just got a sheet with resident names but no information. A lot of staff are supposed to have one 1:1 and one night I did not have any aides I charted that and the ADON (Assistant Director of Nursing) got mad at me and yelled at me because I charted in the charts that

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there was no sitter. I think that building is risky and scary. If they are supposed to be on 1:1, then I would expect staff to be there for 1:1. I can't do my job and do 1:1. That's just an accident waiting to happen."

On 3/10/2023 at 10:54 AM, V35, Emergency Room (ER) Attending Physician stated, "(R88) had increased behavior and increased hallucination. The Police found (R88) and brought him back to the nursing home where they then send him to the ER. (R88) did not want to be in a nursing home and I was told he had a history of non-compliance. (R88) wanted to be in the outside world but with his psychiatric mental illness and medical problems and to keep him safe he needed to be in the nursing home with supervision. (R88) was healthy enough to figure out how to get out of the facility but not healthy enough to make safe decision and be aware of his environment, road, dangers, things that I would expect a healthy person to be aware of and able to navigate on their own. I do not believe (R88) was capable of making this safety decisions on how own and that would put him at risk for dangers."

On 3/14/2023 at 12:37 PM, V1, Administrator stated, "I interviewed all staff and could not get anyone to admit to me that they did not do a head count and/or anything to determine how (R88) got out of the building and when he got out of the building. We still do not know how he got out of the building."

On 3/14/2023 at 1:03 PM, V68, Social Service Director stated, "Nobody is really in charge of smoke breaks. Staff hold on to their cigarettes and hand them out. Staff are to supervisor residents when they smoke. I would expect all

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S9999	Continued From page 11 staff to do a head count and ensure everyone comes back into the building and is accounted for. After (R88) eloped (V1) moved the smoking so nobody staff and residents can smoke on the 500 hall that is where (R88) eloped on. (V69) was in charge of the smoke break when (R88) eloped." The elopement book observed at the Nurse's station on the 300-hall identified the following residents as elopement risk: R7, R9, R15, R17, R19, R20, R21, R23, R26, R27, R36, R37, R39, R40, R42, R43, R44, R45, R46, R49, R50, R52, R56, R66, R69, R70, R72, R74, R83, R85, R88, R93, R103, R104, R106, R107, R110, R122, R123, R126, and R232. The elopement Policy with a review dated of 9/2022 and 3/14/2023 documents, "Elopement occurs when a resident occurs when a resident leaves the premises or a safe area without authorization (i.e., an order for discharge or leave of absence) and/or any necessary supervision to do so. This does not include alert and orientated resident who handle themselves outside the facility and choose to leave the facility, even if against medical advice and sometimes, common sense. While presenting different care challenges, these alert residents are not in the same category of potential danger as the residents with impaired cognition trying to leave the facility, and their absences from the facility are not considered to be an elopement. All residents will be assessed for elopement risk upon admission, with significant change in condition, and quarterly. Residents who are at risk to elope are closely supervised to keep them safe in their environment, while allowing to move freely about the safe environment. Residents at risk to elope will be closely monitored."	S9999		

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S9999	Continued From page 12 (B) 2/2 300.610a) 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	S9999		

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	IL6001341	A. BUILDING: _____ B. WING _____	03/15/2023

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S9999	Continued From page 13 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. These regulations were not met as evidenced by: B. Based on observation, interview, and record review, the facility failed to provide supervision, progressive interventions, and ensure bed in safe position to prevent falls for 3 of 6 residents (R34, R38, R74) reviewed for falls in the sample of 75. This failure resulted in R38's fall sustaining a hip fracture requiring surgical repair. Findings include: 1.R74's Physician Order Sheet (POS) documents diagnoses of psychosis, paranoid Personality, Dementia, Bipolar disorders, Personal history of transient ischemic attack and cerebral infarction without residual deficits. 1. R74's MDS dated 12/20/2023 document R74 was moderately impaired for cognition and transfers with independent set up only with no impairments. R74's Care Plan dated 11/15/2022 document R74 is a 'high risk' for falls related to the use of psychotropic medication use and history of falls. R74's Nurse's Notes dated 2/2/2023 at 4:02 AM, "Resident returned to facility following ED (Emergency Department) visit. Diagnosis Unwitnessed fall, closed head injury, Eyebrow	S9999		

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S9999	Continued From page 14 laceration, left. No new orders. Liquid bandage applied. Area intact, no drainage, no odor and peri wound clear. No pain or discomforts voiced. Call placed to (V33, Medical Doctor, no answer no return phone call. Will continue to follow." R74's Nurse's Note, dated 2/2/2023 at 1:50 PM, documents "Note Text: this nurse noted resident having dried red area above left eyebrow while communicating with resident. Resident stated he fell out of bed this morning round 5 o'clock. Resident stated he needed a new bed because his was too high, this nurse assessed resident no injury noted other than 1cm (centimeters) skin tear above Left eyebrow, no pain expressed. Resident eyebrow cleaned. Resident stated he is fine. Nurse on duty made aware of situation. NP (Nurse Practitioner) notified awaiting response. Resident received a new bed and was educated to call for assistance when needed." R74's Incident Report dated 2/22/2023 at 1:00 PM, "Incident Description: This nurse noted resident having dried blood above left eyebrow. Resident description: Resident stated I fell this morning out of bed. It was too high. Orientated to person and situation. Intervention: Self-reported fall from bed. Intervention: Resident unable to put bed in lowest position. New bed given to resident that will raise and lower." On 3/14/2023 at 10:30 AM, R74 stated, "Yes, I fell and hit my eye. I could not get the bed down it was too high, and I fell." On 3/14/2023 at 4:12 PM, V1, stated, "I am not really sure what happened with (R74's) fall. I can only go by the incident report I am not sure what happened with his bed."	S9999		

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S9999	Continued From page 15 On 3/14/2023 at 4:15 PM, V4, Registered Nurse (RN), stated, "I am not sure about why (R74's) bed was replaced but it is fixed now." 2. R34's Face Sheet, undated, documents that R34 has diagnoses of difficulty in walking, other abnormalities of gait and mobility, muscle weakness, lack of coordination, syncope, and collapse. R34's Physician Order (PO) dated 04/04/22 documents "other abnormalities of gait and mobility." R34's PO dated 07/28/21 documents "other lack of coordination." R34's PO dated 07/28/21 documents "muscle weakness (generalized)." R34's Fall Risk Evaluation dated 12/14/22 documents a score of 17.0. R34's Care Plan dated 12/21/22 documents " (R34) is at high risk for falls related to use of psychotropic medication, some visual loss and DX (diagnosis): Seizure Disorder and Syncope. 12/14/2022 - fall while going to restroom." R34's Care Plan Interventions document the following: 11/29/22 Education done with (R34) on taking his time while he is up walking. 12/14/22 Education to (R34) to wear non-skid socks when not wearing shoes. R34's Nurse's Note dated 11/29/22 at 6:53 PM documents "Resident lost his balance and fell to his knees in hallway upon assessment both knees were scraped moves all extremities WNL	S9999		

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S9999	Continued From page 16 (within normal limits) or him this nurse and CNA (Certified Nursing Assistant) assisted resident back up on his feet fall was witnessed resident denies pain will continue to monitor POA (Power of Attorney) and DON (Director of Nursing) notified." R34's Nurse's Note dated 12/14/22 at 2:20 AM documents "0150 CNA informed nurse that resident had fallen and hit his head. 0157 (V33) was called and an order was given to [sic] to (local hospital) for evaluation and treatment. 0200 (local ambulance service) was called and report was given. 0205 Report was called to RN at (local hospital). 97.3 (temperature) 80 (pulse) 20 (respirations) 150/94 (blood pressure)." R34's Nurse's Note dated 12/14/22 at 9:30 AM documents "(R34) returned from Local hospital) Ed (emergency department) at this time post fall, he has 2 stitches noted above right eye cover with dry dressing. He is alert and orient x 3. Skin impairment noted. (R34's POA) called and made aware, thankful for call." R34's MDS dated 01/26/23 documents a Brief Interview for Mental Status (BIMS) score of 15 out of 15. The MDS documents R34 requires supervision with no setup or physical help from staff for bed mobility and toilet use, requires supervision with setup help only for transfer, walk in room, walk in corridor, locomotion on unit, locomotion off unit, dressing, eating, and personal hygiene. R34's MDS documents R34 is steady at times. R34's Nurse's Note sated 02/11/23 at 12:58 PM documents "Resident was noted in room on the floor of the bathroom, states he did not hit his head. Resident had no loss of consciousness.	S9999		

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S9999	Continued From page 17 Called report to (local hospital). Blood pressure 138/80, pulse 100, resp 18. Called EMS (Emergency Medical System) for transport. Initiated neuro checks." The facility did not document a root cause analysis of R34's fall on 2/11/23 and did not implement any progressive interventions to address this fall. R34's Nurse's Note dated 02/17/23 at 11:32 AM documents "Resident is A & O (alert and oriented) x2/3; verbal & able to make needs known. VS (vital signs) stable/WNL: RR 18 even, unlabored, no SOB (shortness of breath) /cough noted, LS (lung sounds) CTA (clear to auscultation) bilaterally, O2 98% on RA (room air), HR (heart rate) 77, BP 128/72, ABD (abdomen) soft, non-tender & no distention noted, BS (bowel sounds) active & present all 4 quadrants, Pedal pulses present bilaterally, PERRLA (pupils equal round, reactive to light, accommodation), afebrile @ 97.7 & no complaints of pain reported. Resident had a witnessed fall this shift; reported to NP (Nurse Practitioner) (V32), NNO (no new orders) @ this time. No injuries noted. Resident did not hit his head. Resident resting with call light within reach while in room, no other concerns @ this time." There was no documentation that the facility assessed R34 for potential root cause after R34 fell on 2/17/23. There was no documentation R34's Care Plan was not revised with progressive interventions after R34 fell on 2/17/23. R34's MDS dated 02/20/23 documents R34 requires supervision with setup help only for	S9999		

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S9999	Continued From page 18 transfer, walk in room, walk in corridor, locomotion on unit, locomotion off unit, eating, toilet use, personal hygiene. The MDS documents R34 is not steady, but able to stabilize without staff assistance. On 03/09/23 at 3:00 PM, R34 observed ambulating by himself from the 400-hall to the dining room. On 03/14/23 at 10:00 AM, R34 observed ambulating by himself down the 400-hall. On 03/14/23 at 11:18 AM, V2 state that she would expect residents to have progressive interventions for each fall. She stated, "I know that sometimes it's hard to come up with interventions, but you got to try." Facility's policy "Fall Prevention and Management" dated 05/2015 documents "This facility is committed to maximizing each resident's physical, mental and psychosocial well-being. While preventing all falls is not possible, the facility will identify and evaluate those residents at for falls, plan for preventive strategies, and facilitate as safe an environment as possible. All resident falls shall be reviewed, and the resident's existing plan of care shall be evaluated and modified as needed." 3. R38's Facesheet documents an admission date of 4/1/2014 with diagnosis of Alzheimer's Disease, Diabetes Mellitus, Lack of Coordination, Drug Induced Subacute Dyskinesia, Paranoid Schizophrenia. R38's Fall Risk Assessment dated 5/31/2022 documents score 4.0. Quarterly fall risk	S9999		

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S9999	Continued From page 19 assessment, 1-2 falls in past 3 months, ambulatory/continent, gait balance normal, alert and oriented to person, place, and thing. R38'S Fall Risk Assessments dated 2/1/2023 at 12:56PM documents: Score 16.0. High risk for falls. Reason for assessment: post fall, unsteady gait and/or use of ambulatory device, alert and oriented to person, place and thing, history of falls, continent. R38's Care Plan updated 1/10/2023 documents "(R38) is at high risk for falls related to impaired safety awareness, use of psychotropic medication and DX (diagnosis): DM (diabetes mellitus) II and Alzheimer's Disease. Goal Falls/injuries will be minimized through management of risk factors thru next review." Interventions include 2/18/23 Brightly colored visual cues to ask for assistance. 2/1/23- Staff to provide frequent monitoring when up ambulating thru the facility. Assess for fall risk quarterly and as needed. Encouraged (R38) to get up out of bed slowly to avoid dizziness. Encourage (R38) to take rest breaks in between activities. Monitor (R38)'s safety during activities and anticipate needs, describe activities to (R38). Ensure (R38) is wearing proper fitting shoes. Keep frequently used items by (R38) within easy reach to avoid overreaching. Encourage (R38) to use call light and wait for assist. Keep call light within easy reach. Observe gait while ambulating for unsteadiness, SBA (stand by assist) as needed. Provide a safe environment free from clutter or safety hazards. Provide an environment with adequate lighting, free or glare. Transfers and ambulates independently. R38's fall investigation dated 2/1/2023 at 10:40PM states "Writer made aware of (R38) lying supine on the floor in front of clean utility	S9999		

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S9999	Continued From page 20 closet." No injuries observed at time of incident. Alert and ambulatory with assistance. Oriented to person and place. Predisposing factors include gait balance and ambulating without assist. MDS (Minimum Data Set) dated 2/8/2023 documents R38 has severe cognitive impairment, requires supervision of two+ persons physical assist for locomotion on unit, and has impairment on one side lower extremity. R38's Progress Note dated 2/2/2023 at 3:00AM documents "Writer made aware of (R38) lying supine on the floor in front of clean utility closet. (R38) unable to explain how she got on the floor. This nurse assessed (R38) no active bleeding noted. Bilateral upper extremity wnl (with in normal limits) for (R38), LLE (left lower extremity) wnl (with in normal limits) for (R38), RLE (right lower extremity) writer noticed (R38) to favoring not bearing weight, Writer notified (V33), received orders to obtain xray and to give ibuprofen 600 mg (milligrams) until results reported." R38's Progress Note dated 2/2/2023 at 1:20PM documents "(R38) had an increase in pain to left hip. (V32) notified and gave orders to have resident sent out. EMS (Emergency Medical Services) was called." R38's Progress Note dated 2/2/2023 at 2:40PM documents "Radiologist notified this nurse that (R38) had fractured L (left) hip." R38's Post-Acute Care Transfer Report Assessment and Plan dated 2/5/2023 documents "(R38) was seen examined today, she was awake and alert, vital signs stable, (R38) admitted with displaced left femoral neck fracture and has undergone placement of prosthesis hip bipolar on	S9999		

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the left. No chest pain or shortness of breath, White count is 10.8, hemoglobin is 10.7, Urine culture positive for E. coli, Will continue ceftriaxone, will check CBC and BMP in the morning, Continue Accu-checks and monitor blood sugar levels."

R38's Progress Note, dated 2/7/2023 at 6:00PM documents "(R38) returned to facility at approximately 6pm via Ems, EMS staff assisted and transferred (R38) to bed from stretcher vss (vital signs stable) no c/o (complaint of) pain (R38) in room resting with HOB (head of bed) elevated (R38) refused vital signs temp was able to be taken (R38) is A-febrile 97.4 (R38) has one to one staff in place for safety measures (R38) has sutures to left side from a left hip hemiarthroplasty (R38) has to have abductor pillow in place this nurse notified MD (medical doctor) (R38) was back at facility. Will pass on in report to oncoming nurse."

R38's Progress Note, dated 2/18/2023 at 2:58PM documents "Was informed by another resident, (R38) was in next door closet. This Nurse went to check (R38) was on floor on knees. Assist up with walker and to her room. Called EMS to come transport to ER (Emergency Room) to evaluate for reinjury to left hip. Will be out to transport to local hospital. Called local hospital, report given, expecting (R38)."
There is no documentation of the outcome of this ER visit.

R38's progress notes dated 2/22/2023 at 2:46PM documents Call placed to (V32, Physician) regarding (R38)'s wanderings. New order received for enhanced supervision as necessary.

On 3/9/2023 at 10:00AM, R38 was up in room

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S9999	Continued From page 22 without walker. R38 at closet in room looking through items. R38 had shoes on. Call light not located. One bright colored sign on wall documents "Ask for Assist." On 3/10/2022 at 9:10AM, R38 up in room without walker. R38 moving very quickly and spastically. On 3/9/2023 at 10:15AM, V13, LPN, stated "(R38) doesn't interact much with others. She gets up on her own, uses her walker in the hall. She does what she wants." On 3/9/2023 at 10:15AM, V37, Medical Records, stated "(R38) doesn't use the call light. She will yell or come out into hall if she needs something. She will sometimes follow commands and not at other times." On 3/10/2023 at 9:15AM, V41, unnamed staff, stated "(R38) is very difficult to understand. She yells, screams, goes in other resident's rooms, takes other people's items." On 3/14/2023 at 11:20AM, V2, Director of Nursing (DON), stated "I would expect (R38) to be monitored more closely. I know she is a wanderer and where she fell and broke her hip is at the end of the hallway." (A)	S9999		