STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014401	A. BUILDING: _____ B. WING _____	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING OF EDWARDSVILLE	6277 CENTER GROVE ROAD EDWARDSVILLE, IL 62025

(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 Complaint #2343422/IL159132	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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. These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to identify, develop and implement effective fall precaution interventions to prevent falls for 2 of 3 residents (R1, R2) reviewed for fall precautions in the sample of 6. This failure resulted in R1 with a un-witnessed fall, with injury's to the face, receiving 7 stitches to the chin, an axillary sinus, (front of face), fracture, bruising to face and right radius, (thumb side), fracture and R2 Physician Order was for the use of a Full Mechanical Lift for transfers. Findings include: 1. R1's Admission Record, documented, vascular dementia, psychotic disturbance, mood	S9999		

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S9999	Continued From page 2	S9999		

disturbance and anxiety, other abnormalities of gait and mobility, frontal lobe and executive function deficit, signs of cognitive functions and awareness, anxiety, repeated falls and major depressive disorder, recurrent.

R1's Initial Report, dated 11/8/22, documents, "had fall at facility on 11/8/22. Sent to ER, (Emergency Room), for further evaluation. Admitted for abnormal imaging."

R1's Hospital Records, dated 11/8/22, history and physical emergency room report, documented, right radius, (hand), fracture and left maxillary, (face), fracture. Treatment of 7 stitches to chin, and a Velcro wrist splint for immobilize, continue fracture precautions is expected for healing for the next 5-6 weeks and documented, discharge instructions as, "Please Don't Leave Patient Unattended."

R1's typed letter, undated, signed by a Registered Nurse, documents, "resident was remitted from (hospital) to facility on 11/9/22 fall with injuries as follows: facial fracture, right wrist fracture, and sutures to chin."

R1's entitled, #816, Fall, dated 11/24/22, documented, fell to floor in her room, no witnesses found.

R1's entitled, #887, Fall, dated 2/3/23, documented, resident in sitting position next to bed, R1 states, "I got up and took a fall and tumbled out for bed headfirst into the door." Further documented, injury of abrasion, to right hip. Mental status as confused, impaired memory. Fall un-witnessed.

R1's Care Plan Intervention, dates, "2/3/23 Keep

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S9999	Continued From page 3 BED IN LOWEST POSITION acceptable by the resident when the resident is in bed." R1's entitled, #902, Fall, dated 02/16/23, documented, on floor, between bed and wall, discoloration observed to the right shoulder and right hand, sent out to hospital for evaluation and treatment, documented, no witnesses' found. R1's Care Plan Intervention, does not document a new fall intervention for fall incident of 2/16/23. R1's entitled, #915, Fall, dated 2/24/23, documented, found laying on her right side with her back against the bed, sent to hospital for evaluation and treatment, injury of bruise to face at time of incident. R1's mental status as confused, orientated to person and impaired memory. R1's Care Plan Intervention, dates, "02/24/23 SCOOP or PERIMETER MATTRESS to bed." R1's entitled, #916, Fall, dated 2/25/23, documents, "CNA, (Certified Nurse Aide), walked in and found the resident ambulating without assist. CNA stated, she told the resident that she needs to press her call light when she needs help." Mental status documented oriented to person, impaired memory, confused. R1's Care Plan Intervention dated "02/25/23 Refer to THERAPY for screen/evaluation and treatment as indicated." Not an individualized effective intervention for fall. R1's entitled, #946, Fall, dated 3/24/23, documented, observed sitting on buttocks on floor, between bed and wheelchair. R1's mental status, impaired memory. On 3/24/23, a second	S9999		

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S9999	Continued From page 4	S9999		

fall, same day, documented, CNA found R1 sitting on the floor beside her bed.

R1's Care Plan Intervention dated, "03/24/23 Anti-roll backs to wheelchair."

R1's entitled, Maintenance Work Order, dated 3/27/23, documents, "Work to be done: Install anti-Roll back on guest wheelchair."

R1's entitled, #967, Fall, dated 4/7/23, documented the CNA approaches floor nurse and states resident is on floor laying on left side lying next to bed and between rollator, (a walker with a seat). R1's mental status documented as confused.

R1's Physical Therapy discharge Summary, dated 12/30/22 through 2/10/23, 3/16/23 through 4/14/23 and 4/13/23 through 4/27/23, documented progress as baseline as requiring; supervision or touch assistance with gait and stand pivot transfers and transfers.

On 5/2/23 at 1:00 PM, R1 was in her room, sitting in a wheelchair that was identified to not have anti-roll backs to the wheelchair she was sitting in.

On 5/2/23 at 1:14 PM, V5 Licensed Practical Nurse, stated, R1 should have Anti-roll backs on her wheelchair, and she struggles day to day with memory.

On 5/2/23 at 1:30 PM, V4 titled as a Corporate Regional Nurse and V1, Administrator both stated, that R1 is to have anti-rollbacks to her wheelchair and that a work order was submitted to have them placed on her wheelchair. V1 stated, she went to R1's room and states, "R1 is

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S9999	Continued From page 5 currently sitting in someone else's wheelchair, must have been taken from the hall by staff, by mistake and R1 was given her correct wheelchair." On 5/3/23 at 9:19 AM, V9 Director of Therapy, states, "R1 had Covid, as this changed her mobility instability which resulted in R1 having a medical decline." R1 currently is undergoing Therapy, which she is only able to walk 3-4 steps, she has a lot of progressive fatigue and can only sustain 30 seconds with ambulation as V9, had reviewed back to therapy records from 8/2022 through 4/13/23. On 5/3/23 at 10:50 AM, V10 CNA stated, R1 is able to activate her call light, but will not, will get up when she wants too, cannot tell you the day of week or month, she only is aware of herself and surroundings. On 5/3/23 at 11:20 AM, V1 and V4 both stated, that R1's falls are reviewed with the Interdisciplinary team, (IDT), with each fall, interventions are discussed, evaluated, documented in the Care Plan and implemented. 2. R2's Admission Record, dated 5/1/23, documented, admission date of 4/3/23 and medical diagnosis; hemiplegia and hemiparesis affecting left side of body, muscle weakness, lack of coordination. R2's Order Summary Report, dated 5/1/23, documented (Full Mechanical Transfer Lift of two assist), ordered recommendation from V8 (Physical Therapist)	S9999		

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S9999	Continued From page 6 R2's Nurse Risk Screen, dated 4/5/23, documents, "In progress," no Fall Risk Screen Documented. R2's Nurse Risk Screen, dated 4/14/23, documented, at High Risk for Falls. On 5/2/23 at 1:28 PM, surveyor entered R2's, room, V6 and V7 both CNA's, placed a gait belt around R2's waist, transferred R2 from his high back chair into the bed. R2's high back Chair was observed to have a Full Mechanical Lift sling in the chair that R2 was sitting on. R2's entitled #976 Fall, dated 4/13/23, documented, R2 found lying on floor by fall mat, was lifted back to bed using a "Mechanical lift." Notes: Alert to person, place and time, non-ambulatory, transfer dependent with Mechanical lift. On 5/4/23 at 9:15 AM, V1 stated, R2 is ordered for a Full Mechanical Lift, and will assure this is addressed with V6 and V7. The facility's policy and procedure, entitled, "Falls," dated 3/27/21, documents, "It will be the standard of this facility to complete an on-going monitoring/evaluation of resident condition and subsequent intervention development in an attempt to prevent falls and injuries related to falls. After a fall, the interdisciplinary team should review the circumstances surrounding the fall and develop an appropriate intervention (s) and plan of care. (B)	S9999		