(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			R/SUPPLIER/CLIA ATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
				A. BUILDING:					
	IL6008973		B. WING		C 08/01/2024				
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ASCENSION SAINT JOSEPH VILLAGE 659 EAST JEFFERSON STREET FREEPORT, IL 61032									
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
S 000	Initial Comments		S 000						
	Facility Reported Incident of 7/27/24/IL176268								
S9999	Final Observations			S9999					
	Statement of Licens	sure Violation	s:						
	300.1210d)6)								
	Section 300.1210 Nursing and Person		uirements for						
	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 regulations	were not met	as evidenced by:						
	Based on interview failed to ensure a resafe manner to pre resulted in R4 susta a transfer on 7/27/2 residents (R4) review	esident was ti vent injury. Tl aining a fracti 24. This appli	ransferred in a his failure ured femur during es to 1 of 3						
	The findings include	e:							
	R4's Facility Report states, "Resident, by CNA (Certified N her knees buckled	(R4) was lowe Iurses Assista	ered to the floor ant), (V9), after						

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

Electronically Signed 08/09/24

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			/SUPPLIER/CLIA TION NUMBER:	, ,			TE SURVEY MPLETED	
				A. BUILDING.			c	
	IL6008973		B. WING			08/01/2024		
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ASCENSION SAINT JOSEPH VILLAGE 659 EAST J FREEPORT								
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
S9999	Continued From particles was sent to (Local Resident returned to of periprosthetic frat R4's Radiographic 7/27/24 states, "The prosthesis in place angulated periprost femur" On 8/1/24 at 8:55 A (R4) cleaned up and transferring from the were giving out so sat on her butt on rethe call light. It took her it. Another CNA can what happened and Registered Nurse/Froom and assessed able to get my feet lifted her from under chair. She was able heard her say she where. I had never was just a 1 assist belt. She was sitting was standing in from she started to shak and she became versions her to the floor. I he she sat on her butt. On 8/1/24 at 9:30 A is really hard for me in the started for me in the same started for me	Hospital) for foot the facility was true of the distribution of the distribution of the facility was the facility of the facil	with a diagnosis istal femur." Knee, right dated ight knee omminuted of the distal stated, "I got her diwe were hair and her legs to the floor. She not able to reach mate to push her then she pushed rand he saw he nurse, (V11-) came to the got her up. I was er her and we ad put her in the of her legs and I hout I don't know so I think she did not use a gait of the bed and I stood and then she was scared She started to ay and I lowered y her pants and	S9999				
	all speculation. Per had some osteoper bone. These type of	her x-ray (rac nia but it is no	liography) she t the most fragile					

Illinois Department of Public Health

STATE FORM 6899 1NJ811 If continuation sheet 2 of 4

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPL IDENTIFICATION N		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				71. BOILDING.			^	
	IL6008973		B. WING			C 08/01/2024		
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ASCENSION SAINT JOSEPH VILLAGE 659 EAST JEFFER FREEPORT, IL 61								
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	nge 2		S9999				
	to a fall, they do not cause the fall. It looks like there was some twisting motion involved and some energy involved with this fracture pattern. It is a pretty good fracture there." On 8/1/24 at 10:15 AM V12 (RN) stated, "The fall							
	happened before my shift started. (R4) is normally one that doesn't complain of pain and doesn't offer any information. She will answer yes and no questions about her pain. My tactic is to ask, is it tolerable or do you need me to help you with your pain. After breakfast the girls (CNA's) told me that (R4) was sitting in the wheelchair with her knees bent but the right knee was not all the way bent. I noticed after they got her in bed that even the slightest movement or palpation she was wincing, but when she was still she was smiling and seemed very comfortable. Her knee looked disjointed. I asked her if she had pain and she told me no. I gave her what I had for pain-							
	Tylenol. I had already called the NP (Nurse Practitioner) and I called the POA (Power of Attorney) to see if they wanted her sent out. It took about 45 minutes for the transport to arrive and her leg was at about 15 degrees. She							
	couldn't straighten looked a little greer to bruise but nothin	it or bend it more than hish like maybe it wa ng major. Over the la en better transferring	an that. It is starting ist 3-4					
	assist than one. So really well and som unsteady. At one po	me days she could e days she was mo oint she was ambula she could stand and	stand re atory with					
	weight. The fall hap before I arrived and that there had beer	ppened about 10 mir d the nurse told me i n a fall- well kind of a	nutes n report a fall					
	had a lot of things of was happy she got	lowered to the grour going on that night a them all done and t sked me if I could ca	nd she hen this					

Illinois Department of Public Health

STATE FORM 6899 1NJ811 If continuation sheet 3 of 4

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BOILBING.		С		
	IL6008973		B. WING	B. WING 08		08/01/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ASCENS	SION SAINT JOSEPH	VILLAGE	JEFFERSO RT, IL 61032				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 3	S9999				
	POA- she had done	e all the paperwork, so I did."					
	Continued From page 3 POA- she had done all the paperwork, so I did." On 8/1/24 at 1:00 PM V11 (RN) stated, "I was at the nurse's station and the call light was going off so the other CNA went to answer it. He came back and told me the resident was on the floor. I told the other nurse and then we went down there and when I walked in the room the resident was on the floor, on her butt with her knees bent and kind of to the side and she was leaning against the (V9's) legs. (V9) told me (R4's) legs gave out when she was trying to transfer her and (V9) lowered (R4) to the floor. I assessed (R4) and did her vital signs and then told her we were going to stand her up and put her in the chair and (R4) said ok. When she got in the chair I asked (R4) to raise her arms and then to move her legs. She was able to move both legs but her kicks were very weak and she was not able to move her legs very far. I asked her if she has pain and she said her right leg hurt but I didn't see any discoloration or deformity in the leg. She was not grimacing and did not show any other outward signs of pain. I went back to the nurse's station and the day shift nurse (V12-RN) was there. I told him what happened and asked him to call the POA. Then I faxed the NP with what had happened. (R4) does not get any medications through the night so I don't interact with her much other than to give (R4) her incentive spirometer. I have cared for her before and never had any problems with her." R4's EMR (Electronic Medical Record) shows that R4 expired in the facility under hospice care on 8/1/24 at 3:34 AM. (A)						

Illinois Department of Public Health STATE FORM