(X6) DATE

Illinois Department of Public Health

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				A. BUILDING:			
		IL6003081		B. WING			4/2024
NAME OF F	PROVIDER OR SUPPLIER	S	TREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DECATU	R REHAB & HEALTH	CARE CT		H DIPPER L R, IL 62522	ANE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
S 000	Initial Comments			S 000			
	Facility Reported In	cident of 3/17/24/IL171	396				
S9999	Final Observations			S9999			
	Statement of Licens	sure Violations:					
	300.610a) 300.1210b) 300.1210c) 300.1210d)3)6)						
	Section 300.610 Re	esident Care Policies					
	procedures governifacility. The written be formulated by a Committee consisti administrator, the a medical advisory cof nursing and othe policies shall complete.	shall have written policing all services provided policies and procedure Resident Care Policy ng of at least the dvisory physician or the ommittee, and represent services in the facility by with the Act and this I shall be followed in open	d by the es shall et tatives The Part.				
	Section 300.1210 G Nursing and Person	General Requirements f nal Care	or				
	care and services to practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	shall provide the necesso attain or maintain the l, mental, and psychologident, in accordance was prehensive resident call properly supervised nutter shall be provided to total nursing and persesident.	highest gical vith are ursing o each				

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

04/17/24 **Electronically Signed** 

TITLE

AND DIAN OF CORRECTION \ \ \ \ IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
, , , , , , , , , , , , , , , , , , , ,	or contraction	is Errin is the introduction.	A. BUILDING:			
		IL6003081	B. WING		04/0	; 4/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DECATU	R REHAB & HEALTH	CARECT	H DIPPER L R, IL 62522	ANE		
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S9999	Continued From pa	 ige 1	S9999			
	c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.					
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
	3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.					
	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 requirement by:	s were not met as evidenced				
	failed to provide pa a resident with a br timely manner; fail interventions to pre residents reviewed three. This failure re facility for ten hours left femur before be for pain control and	and record review the facility in control and failed to transfer oken femur to the hospital in a ed to implement effective vent falls for one (R1) of three for falls in the sample list of esulted in R1 remaining in the while in pain with a broken eing transferred to the hospital I care.				
	Findings include:					

Illinois Department of Public Health STATE FORM

6899 WJ5K11 If continuation sheet 2 of 6

AND DIAM OF CODDECTION DENTIFICATION AND DED		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		11 0000004			0.40	
		IL6003081	b. WING		04/0	4/2024
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
DECATU	R REHAB & HEALTH	CARE CT	TH DIPPER L R, IL 62522	ANE		
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	R1's Minimum Data Set dated 1/18/24 documents R1 as severely cognitively impaired.  R1's Fall assessment dated 3/20/24 documents recent					
	pressures on the for 2/10/24, 154/88 on 112/67 on 2/16/24 at R1's Behavior Trac 2024 (1st-29th) doc attempt to transfer supervision/assist, supervised areas with R1's fall care plan of R1 is to be reminded keep call light in rea and limitations as no R1's hospital historia.	d documents R1's blood bllowing dates: 167/82 on 2/11/24, 137/74 on 2/15/24, and 138/74 on 3/17/24.  king Record dated March cuments a goal that R1 will not R1's self without staff with an intervention of "keep in while up in wheelchair."  dated 1/18/24 documents that ad to lock wheel chair brakes, ach, and of safety precautions				

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result of the fall of 3/17/24 and an initial blood

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
IL6003081		B. WING		C <b>04/04/2024</b>		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	1 2	
DECATUR REHAR & HEALTH CARE CT			H DIPPER L R, IL 62522	ANE		
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S9999	Continued From pa	ge 3	S9999			
	pressure of 189/85	with a pulse rate of 78.				
	R1's progress notes	s document the following:				
		PM, R1 was found on the floor om, in front of his wheel chair.				
	"Help me, help me,	AM, R1 was heard yelling, " while complaining of pain, ,, and he could not straighten				
		AM, R1 continues to yell out in . R1 was then removed from in a wheel chair.				
	of hip pain, is unabl without pain. At this	AM, R1 continues to complain le to bear weight or lift his leg s time, V8 Licensed Practical nents a request for a portable p.				
	emergency room do	DAM, R1 was sent to the ue to continued pain and left leg and thigh at the s family member.				
		tion Administration Record ministration of Tylenol 1000 3/18/24 at 1:00AM.				
	the decision by orth provide pain contro medication) 50 milli hours as needed fo	arge dated 3/2024 documents appedics to watch fracture and I with Tramadol (opioid pain grams (mg) ordered every six or pain and Tylenol 650mg ours as needed for pain.				
		AM, V10 R1's Family Member arrived at the hospital, R1 was				

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AND DIAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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DECATU	R REHAB & HEALTH	CARECT	TH DIPPER L R, IL 62522	ANE		
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\$9999	moaning in pain.  On 4/3/24 at 10:22l came on shift that in pain. About 1:00Al I helped him use hi was guarding his led didn't seem like it whim Tylenol and that At about 3:30AM, ho complaining of bilateleft thigh. I still didn'hip, so we got him of pain when we transport the was sitting in the Around 4:45AM, he station and said that want to go back to his dementia and prooner."  On 4/3/24 at 10:45C Coordinator (RCC) R1 fell and was told obvious signs of inj RCC was notified that V7 Registered discuss it. V6 said, that R1 had a fall a complained of pain nursing judgement was hurt by the painon on 4/3/24 at 2:20P he was notified of the next morning who spital. V13 said, controlled and hour	PM, V7 RN stated, "When I night, (R1) didn't complain of M, he was yelling "Help me, so s urinal and noticed that he off leg, hip and thigh. That was from a hip injury, so I gave at seemed to settle him down. He was yelling again and teral hip pain and grabbing his n't really think that it was his out of bed, and he complained ansferred him, but then when be chair, he seemed ok. He was sitting at the nurse's at he was tired, but he didn't bed. Later on, I thought about probably should have sent him when defined that he had no pain or the said she was notified when defined that he had no pain or the said she was notified when defined that he had no pain or the said she was notified when defined that he had no pain or the said she was notified when defined that he had no pain or the said she was notified when defined that he had no pain or the said she was notified when defined the said she was notified	S9999			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		PLETED
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S9999	Nurse said he though on 3/17/24 and that from his wheel chain him when he's wan sunroom with the teanything."  On 4/4/24 at 12:15F	M, V3 Licensed Practical ght R1 was in bed when he fell R1 often tries to stand up Ir. V3 said, "We usually hear ting to get up but in that elevision, we can't hear PM, V11 Certified Nursing ated she was at the nurse's	S9999			

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