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S 000	Initial Comments Complaint Investigations 24410348/IL182887 24410497/IL183231	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 3 300.610a) 300.2210b)2) 300.2220a)1)2)3) 300.2230a)1) 300.2630a) 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 300.2210 Maintenance b) Each facility shall: 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems.	S9999		

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Section 300.2220 Housekeeping

a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall:

1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas.

2) Keep floors clean, as nonslip as possible, and free from tripping hazards including throw or scatter rugs.

3) Control odors within the housekeeping staff's areas of responsibility by effective cleaning procedures and by the proper use of ventilation systems. Deodorants shall not be used to cover up persistent odors caused by unsanitary conditions or poor housekeeping practices.

Section 300.2230 Laundry Services

a) Every facility shall have an effective means of supplying an adequate amount of clean linen for operation, either through an in-house laundry or a contract with an outside service.

1) An adequate supply of clean linen shall be defined as the three sets of sheets, draw sheets, and pillow cases required to provide for the residents' needs. Additional changes of linen may be required in consideration of the time involved for laundering and transporting soiled linens.

Section 300.2630 Sewage Disposal

a) All sewage and liquid wastes shall be discharged into a public sewage system when available.

These requirements were not met as evidence by:

Based on observation, interview, and record

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review the facility failed to ensure residents have clean, safe, and sanitary living conditions, not being exposed to sewer water, which is highly contaminated with bacteria, viruses, and potentially harmful substances. This failure has the potential to affect all 73 of the residents residing in the facility.

Findings Include:

1.) On 01/02/25 at 4:30 AM, immediately upon facility entry, a strong odor of sewage noted.

On 01/02/25 at 4:45 AM, V29, Certified Nursing Assistant (CNA) was observed wearing a surgical mask and foot covers on her feet.

On 01/02/25 at 4:58 AM, Standing sewage water was noted to be on the 200 hallways down the east and south (off the nurse's station) wings. There were numerous towels lying on the floor soaked with sewage water and they had industrial fans set up, pointing at the floors, and going.

On 01/02/25 at 5:30 AM, V29, CNA, was observed still wearing a surgical mask and feet coverings. She was walking down the 200 hallway East end through the sewage water to check on the residents then she was observed walking back through the sewage water and back out to the nurse's station and through the main lobby to go to the other side of the building (100 hallway).

On 01/02/25 at 7:58 AM, Sewage water was noted to be coming out of the resident's rooms on the East 200 hallway. They had blankets laid down on the ground trying to soak up the sewage water and fans were noted to be blowing down the hall.

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On 01/02/25 at 8:02 AM, R25 wheeled himself through the sewage water that was on the floor on the 200 hall in his wheelchair to return his empty food tray to the cart at the nurse's station. He had to touch the wheels of his wheelchair that were wet with sewage water to propel himself down the hall. After returning the tray to the cart he continued to stay at the nurse's station.

On 01/02/25 at 10:33 AM, There is a strong sewage smell throughout building, two of the hallways on the east side are now wet from sewage leakage coming through their doorways. Some blankets are on the floor soaking up the leak, but large puddles of standing sewage water were noted.

On 01/02/25 at 10:40 AM, The shower room on the 200 hallways had standing sewer water with black particles noted in the water.

On 01/02/25 at 10:45 AM, R20 was sitting up in her chair between the two beds in her room. The entrance to her room and over to the bathroom door was flooded with sewage water. There were brown smudges on the saturated blanket lying in the doorway.

On 01/02/25 at 11:05 AM, R15 was wheeling herself down the hall through the standing sewage water to get to her room so she could use the bathroom. R15 was visibly upset and crying about the situation.

On 01/13/25 between 10:56-11:05 AM R14, was coming out of the bathroom and R15 was sitting on her bed with her wheelchair beside her. R14 stated she was hoping this surveyor would come back to talk with her because she had some issues. She said the cleaning crew that came in

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the facility to clean after the sewage backed up didn't even clean the bathroom. She said the only thing they did in the bathroom was mop the floor. They didn't wipe down any of the walls in the bathroom and it had about 2 inches of water standing in it. At 01/13/25 at 11:00 AM, When looking in the bathroom there was dried brown particles on the baseboards. R14 said no one came in and cleaned the wheels on her walker or wiped down any of the walls in her room. R15 said the cleaning company only mopped the floors they didn't anything else and she feels like the bathroom should have been deep cleaned after all of that. She said she wiped down her own wheelchair wheels after the cleanup no one else did.

01/13/25 at 11:10 AM, R21 said she just wanted to confirm what R14 and R15 said about the cleaning crew not cleaning like they were supposed to. She said they didn't even pull any of the furniture out of the room and mop under the beds, herself in the room, or even the refrigerator. R21 said no one came in and wiped down the walls either. She said the facility's housekeeping did come in and wipe down the wheelchair wheels, lower part of the bed, and the wheels on the over the bed tables but that was it. R21 pointed out a pink clothing item that was lying on the floor under her roommates bed and said that had been left in the floor since the sewage back up and no one has picked it up.

On 01/02/25 at 4:58 AM V27 Licensed Practical Nurse (LPN) stated the sewer on the 200 hall is stopped up. She said they had a plumber out working on the pipes last night (01/01/25) but it kept freezing up on him and he was unable to fix it so he will be back later today to try and get it fixed.

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On 01/02/24 at 8:04 AM, V2, Assistant Director of Nursing (ADON), stated there's backed up plumbing, the plumber was here last night and will be returning today. Some residents will flush wipes down the toilet and create a sewage back up.

On 01/02/25 at 9:17 AM, V1, Administrator stated she was notified yesterday evening (01/01/25) of a sewage leak and called an emergency plumbing visit. The plumber was at the facility until around midnight and will be back today to figure out what's going on.

On 01/02/25 at 10:47 AM, V1, Administrator stated the plumber told her the work with the snaking was more extensive than what he had available tools to use and the cold temperature outside was affecting this. She said he was unable to finish the job at that time and he would be back in the morning to complete the job.

On 01/02/25 at 10:50 AM, V3, LPN, stated it's disgusting working in this, the residents should not have to move through sewage. I did see something floating in it but not sure what it was.

On 01/02/25 at 10:51 AM, R4 stated "I'm overwhelmed this is shocking" regarding the sewage backup.

On 01/02/25 at 10:55 AM, R14 stated she can't use her bathroom and she hasn't used the bathroom since 4:00 PM on 01/01/25. She said this has been an ongoing issue for a while now. R14 said they need to just fix the problem instead of slapping a band-aid on it. She said she has seen toilet paper and feces in the water earlier in the day. She said the smell has been horrible like

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breathing in methane gas for three days.

On 01/02/25 at 11:02 AM, R15 said the facility has been having sewage issues on and off since she got to the facility about four months ago, but this is the worst it's ever been.

On 01/02/25 at 11:22 AM, V1, Administrator, stated on 01/01/25 the facility started having issues with the sewer pipes backing up and she had to call the emergency plumber number and get someone to come out and check on the situation. She said they were here in the facility until about midnight but were still unable to get the problem fixed and they were to come back today (01/02/25) and work on it. V1 stated she is waiting to see what the plumber says, if it's going to be an ongoing issue, and see if they need to move any of the residents.

On 01/02/24 at 11:36 AM, V1 stated she hadn't given the residents any instructions on how to use the toilet if they needed to go to the restroom.

The facility census report, dated 01/02/2025, documented there were 73 residents residing at the facility.

The Facility's policy What to do after a flood, not dated, documented "avoid floodwaters. Water may be contaminated by oil, gasoline, or raw sewage. Water may also be electronically charged from underground or downed power lines. Service damaged septic tanks, cesspool pits, leaching systems as soon as possible. Damaged sewage systems are serious health hazards. Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals." It also documented "5. Flooding (Internal Sources) a. Turn off building electricity.

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S9999	Continued From page 7 b. Move residents as required." 2.) R5 was documented to be severely cognitively impaired and not interviewable. On 12/30/24 at 8:25 AM, R5's room had no bedding, sheets, pillowcases on either bed, both mattresses have dark stains on them and there is a strong musty urine odor to the room. Her chair has brown crusted stains on it and the cabinets have sediment on the outsides resembling water stains. The tile floor has multiple dark marks on it and is sticky. Bathroom door is blocked by bedside dresser. On 12/30/24 at 12:55 PM, R5's door was closed; after knocking and walking in, R5 was viewed sitting in her wheelchair with no linen on mattress or pillowcase, stains still on mattresses and chair, a strong urine odor is present, floor has same dirt markings on it and is sticky. On 12/31/24 at 8:07 AM, R5's room has chips on floor, brown liquid on the wall by the window, and a strong musty urine odor; stains on mattresses and chair still present from the day before, no linen on bed or pillow, cabinets still have markings on them. On 1/7/25 at 2:17 PM, R5 was sitting in her wheelchair, her room continued to have a strong musty urine odor to it, no sheets and linen on the stained mattresses and pillowcase; the floor was sticky with small food crumbs on it. On 12/30/24 at 12:25 PM, R2, who was documented to be cognitively intact, stated how well the housekeeping staff do their jobs is dependent on who the worker is. R2 stated one housekeeper is good at the job and others just rush to get in and out without cleaning well such as not sweeping the floor before mopping it. R2 stated the dining area is usually dirty every day for long periods of time. R2 stated he does not like to eat in the dining room, so he eats in his	S9999		

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room. Old food will be left out on the floor until the next day frequently. On 1/7/25 at 9:45 AM, R2 has a full trash bin in his room and stated it has not been emptied for two days now.

On 12/31/24 at 4:00 PM, R13, who was documented to be cognitively intact, stated the housekeeping staff could do a better job at cleaning the facility specifically keeping it more sanitary.

On 1/4/25 at 12:17 PM, R38, who was documented to be cognitively intact, stated housekeeping won't always mop up the hallways on both Saturday and Sunday. They will sometimes only do one side of the building the entire weekend. On 1/7/25 at 9:35 AM, R38 stated his toilet hasn't been cleaned in a week. R38's toilet had urine and grime on the toilet bowl and rims. R38 stated the soiled utility room also needs a lot of work, it's a health hazard to keep all the trash they have in there the way they do. R38 stated when they open the door to the soiled utility room, the foul odor travels all the way down the hall. R38's room is the very last room on the hall and the soiled utility room is at the start of the hall. On 1/7/25 at 3:10 PM, R38's toilet had not been cleaned.

On 1/4/25 at 12:45 PM, R39, who was documented to be moderately cognitively impaired, stated the clean utility room has had black colored water in the sinks for quite some time and its very concerning, they've done nothing about it but cover the sinks with a black bag. R39 stated he will use the clean utility room to heat up his food in the microwave or to get ice out of. On 1/7/25 at 2:18 PM, R39 stated the sinks have been that way for at least a month and he had told V1 about it last week. R39 stated he

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wasn't sure why V1 didn't have the plumber look at it while they were here on 1/2/25.

On 1/4/25 at 1:05 PM, the clean utility room on the west side was noted to have three sinks with black colored water in them covered by a black garbage bag.

On 1/7/25 at 8:40 AM V4, LPN, stated the clean utility room is used mainly for holding basic patient supplies such as toothpaste, denture cream, and combs. V4 stated they keep an ice chest for the residents and a microwave to heat up food for the residents. On 1/7/25 at 2:20 PM, V4 stated the sinks in the utility room have been that way for about a week.

On 1/7/25 at 8:41 AM, the clean utility room on west side of the building had the following items stored in it: denture cleanser, lotion, toothpaste, razors, mouth swabs, combs, bedside commode hats, two red crash carts, a microwave, a small refrigerator, battery chargers for the mechanical lifts, an ice chest/cooler full of ice, and a winter jacket.

On 12/30/24 at 8:00 AM, a purple shirt, two towels and a pillowcase, some sort of black garment, cigarette buds, a plastic cup, four books, a sock, a Christmas light box, a disposable glove, a white wooden decoration, and a plastic water bottle is laying outside the front entrance outside resident's rooms for the east side of the building. These same items were outside the building still on 12/31/24 and 1/2/25, and 1/4/25.

On 12/31/24 at 8:09 AM, outside R39's room in the hallway, there was a clear liquid spill with drops on the floor, the surrounding area was

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sticky.

On 12/30/24 at 8:44 AM, a pink liquid was noted to be on the floor in dining room by a trash bin, it covered an area of approximately 5-7 inches in diameter. There were also multiple wet spots on tablecloths, and a used milk carton on table after breakfast that remained in the dining area for an hour. On 12/30/24 at 9:50 AM, 11:09 AM, and 12:20 PM, the pink liquid was still on floor while residents ate lunch. On 12/30/24 at 12:56 PM, the liquid was not present.

On 12/31/24 at 8:10 AM, food crumbs were noted to be on the floor under the front lobby table to the left of the entrance and trash including a straw wrapper and napkin on the hallway floor down the 200 halls and in front of the nurse's station.

On 1/7/25 at 8:30 AM, this surveyor asked V1, Administrator, if she was aware of any issues with the sinks in the clean utility room and V1 stated she was not aware. This surveyor had V1 remove a black trash bag covering three sinks located in the utility room on the west side of the building. The sinks were each filled about 25 percent of the way up with black colored water. The water had an odor resembling foul stagnant pond water. V1 stated she does not know what that was and was not notified of the issue. V1 stated she will call the plumber now to get it looked at.

On 1/7/25 at 10:05 AM, V1 stated she could not get a hold of the plumber yet but will continue to reach out.

On 1/7/25 at 10:08 AM, this surveyor asked V1 to open up the door to the soiled utility room on the west side of the building. V1 proceeded to show

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this surveyor the soiled utility room, which had several large black trash bags piled up throughout it with no clean pathway to walk in. The window to the soiled utility room was cracked open slightly. V1 stated she does not expect this room to be this way and she's not sure why the window is open, probably due to the smell.

Team surveyor observations include 01/02/25 at 5:15 AM The dining room was observed at this time. There were dirty dinner trays (8) with food still on them scattered throughout on the dining room tables. There was trash lying on the floor around one of the dining room tables close to the kitchen.

On 10/1/24, Resident Council has "not changing soap when empty, not putting paper towels in dispenser" listed as a house keeping concern. On 11/5/24 Resident Council has "clean up halls and handrails" listed as housekeeping concern. On 11/25/24 Resident Council has "clean better" listed as housekeeping concern. On 12/3/24 Resident Council has "soiled room needs clean better" as housekeeping concern. On 11/5/24 a Grievance was submitted for housekeeping to clean halls better and remove trash from handrails. On 11/3/24 a Grievance was submitted for staff being asked to remove trash from room and was not done. On 11/5/24 a Grievance was submitted for room 219 to get new blinds and room 210 has a leak in the bathroom. On 12/31/24 at 3:59 PM room 219 had broken blinds in room.

The facility's Routine Cleaning and Disinfection Policy, undated, documented it is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the

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development and transmission of infections to the extent possible. The policy further documented consistent surface cleaning and disinfection will be conducted with a detailed focus on high touch areas; horizontal surfaces with infrequent hand contact in routine resident-care areas should be cleaned on a regular basis and when soiling and spills occur; cleaning of walls, blinds and window curtains will be conducted when visibly soiled.

(A)

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300.1210b)
300.1210c)
300.1210d)6)
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300.1220b)3)

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
a) Comprehensive Resident Care Plan. A

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facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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.

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.

Section 300.1220 Supervision of Nursing

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Services

a) Each facility shall have a director of nursing services (DON) who shall be a registered nurse.

1)This person shall have knowledge and training in nursing service administration and restorative/rehabilitative nursing. This person shall also have some knowledge and training in the care of the type of residents the facility cares for (e.g., geriatric or psychiatric residents). This does not mean that the director of nursing must have completed a specific course or a specific number of hours of training in restorative/rehabilitative nursing unless this person is in charge of the restorative/rehabilitative nursing program. (See Section 300.1210(a).)

2) This person shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. At least 50 percent of this person's hours shall be regularly scheduled between 7 A.M. and 7 P.M.

b) The DON shall supervise and oversee the nursing services of the facility, including:

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

These requirements were not met as evidence

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by:

Based on interview and record review the facility failed to ensure new progressive interventions were put into place to prevent falls for 2 of 3 residents (R7 and R8) reviewed for falls in a sample of 41. This failure resulted in R8 falling multiple times in which R8 sustained fractured ribs, a laceration to his face, bruising to his right eye and being sent out to the hospital for evaluation.

Findings include:

1. R8's Face Sheet, current admit date 01/04/22, documented R8 has a diagnoses of but not limited to Acute kidney failure, unspecified, Transient cerebral ischemic attack, and Parkinson's disease.

R8's Minimum Data Set (MDS), dated 10/01/2024, documented he was cognitively intact with a brief interview of mental status (BIMS) of 15 out of 15, was independent with his activities of daily living (ADLs) and walking, and was always continent of bowel and bladder.

R8's Care Plan, dated last care conference of 07/31/2024, documented Problem: Resident is at risk for falls due to Parkinson's with an original start date of 02/23/2022. Goal: Resident will be free of falls with a target date of 11/06/2024. Interventions included but not limited to Provide individualized toileting interventions based on needs/patterns, Increased staff supervision with intensity based on resident need, and implement exercise program that targets strength, gait, and balance. Problem: I am at risk for decline in my ability to walk due to Parkinson's. Goal: I will complete restorative walking program as written

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in individualized restorative nursing program through next review. Intervention started are but not limited to use a gait belt when providing assist with walking, notify restorative nurse of decline or improvement for further evaluation, possible therapy and/or medical doctor (MD) notification, follow with wheelchair as needed, and resident to participate at least 6 days a week for 15 minutes a day in a walking/ambulation program using a 2 or 4 wheeled walker with supervision of restorative aide or other trained staff member. Recommend walk to dine program times (x) all three meals. Start Date of 07/22/2024 and Last Reviewed/Revised date of 08/15/2024 04:30 PM. It further documented R8 had multiple actual falls in January, February, March, June, July, September, October, and December of 2022, March, and June in 2023, and May, June, and July of 2024. The goal is to reduce frequency of falls and interventions are but not limited to resident to have shoes on when getting up to use bathroom, remind resident to ask for assistance before he stands up from wheelchair (w/c), and educated resident to allow staff to carry items for him to a table so he can concentrate on using walker and maintaining steady gait.

R8's Physician's Orders, dated 10/27/23, documented R8 was a fall risk.

R8's Physician's Orders, dated 04/15/24, documented Fall: Initiate Fall Prevention Program.

R8's Physician's Orders, dated 11/03/24, documented Fall: Initiate Fall Prevention Program.

Review of R8's Progress Notes was completed and documented R8 had the following falls:

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a. On 10/25/2024 at 09:49 AM, R8 had an unwitnessed fall in his bathroom. His roommate heard R8 fall and him yelling so he called for help. Assessment completed and R8 had an abrasion to his left knee which was treated.

b. On 10/30/2024 at 11:59 AM, R8 had a witnessed fall while walking in the hallway with his walker. He tripped over his feet, and this resulted in him falling. R8 was assessed by the nurse and found to have no complaints of pain and was able to move all extremities. Skin assessment was also completed with no new skin issues noted.

c. On 11/01/2024 at 4:33 AM, R8 had an unwitnessed fall. The nurse and Certified Nursing Assistant (CNA) were standing at the nurse's station and heard something. They went to R8's room and found him on the floor next to his walker. He was alert and talking and stated he thinks he was having a seizure and fell. R8's vital signs were within normal limits, and he was observed to have a small scratch to his forehead. R8 said the bruise on his left arm and skin tear on his knees were from a previous fall. He denied any pain or discomfort.

d. On 11/03/2024 at 8:30 AM, R8 had a witnessed fall while trying to put his breakfast tray on the food cart. R8 stated he felt dizzy and lost his balance. He rated his pain level at a 5 out of 10 and no injuries were noted.

e. On 11/03/2024 at 09:15 AM, R8 had a witnessed fall while walking in the hallway across from the dining room while attempting to go and visit another resident when he lost his balance and fell. R8 hit his head on the bottom of the siderail and had a small bump noted to the back

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of his head.

f. On 11/07/2024 at 10:00 AM, R8 had an unwitnessed fall in the hallway while walking to the beauty shop. R8 stated he felt fuzzy in the head and went down to the floor. R8 denies hitting his head and refused to go to the emergency room (ER) to be evaluated. His speech was slightly slurred as orientation returned.

g. On 11/08/2024 at 06:45 AM, R8 had a witnessed fall in the hallway near the dining room door where he fell on his buttocks and hit the back of his head on the door. R8 rates his pain level a four out of ten. Resident was sent out to the hospital for evaluation due to multiple recent fall and hitting his head.

R8's Hospital discharge instructions, dated 11/08/24 at 10:56 AM, documented R8 had three fractured ribs that were starting to heal, and he was given an incentive spirometry (a handheld device that helps people to take slow, deep breaths) to help prevent complications from the rib fractures.

R8's Progress Notes, dated 11/08/2024 at 12:15 PM, documented resident returned to facility at this time from ER. Resident has lunch tray at bedside. Resident vital signs within normal limits (WNL). Resident has three healing rib fractures noted from previous falls. Resident continues neuro checks.

h. On R8's 11/13/2024 at 10:32 AM, R8 had a witnessed fall in his bedroom where he lost his balance. He said he was trying to get to bed and lost his balance.

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i. On 11/18/2024 at 10:55 AM, R8 had an unwitnessed fall. Resident has lacerations to the face and bruising to right eye. This nurse asked resident what happened, and resident stated that he fell minutes prior but he's fine. This nurse asked resident why he didn't notify staff of him falling, resident stated that he doesn't have to tell us when he falls. Resident was assessed, neuros were within normal WNL. resident had no complaints of (c/o) pain or discomfort and was able to move all extremities WNL. Resident was encouraged to go to hospital related to (r/t) fall and lacerations to face. Resident refused and stated he didn't need to go to the hospital.

j. On 11/19/2024 at 05:58 AM, R8 had an unwitnessed fall in his room. The nurse and the CNA heard R8 fall from the nurse's station. They found the resident sitting on his buttocks with his back against his roommate's bed frame. R8 stated he was trying to get a belt from his closet. R8 has a WC (wheelchair) which was located outside of his room. R8 is up adlib (as much and as often as desired) with limitation and resident is noncompliant with asking for assistance from staff and gets up on his own when ambulating with unsteady gait.

On 12/31/24 R8's care plan was reviewed, and no documentation of new progressive interventions were put into place after each one of his 10 falls from 10/25/24 to 11/19/25.

On 01/09/25 at 11:00 AM, R8's electronic medical record was reviewed and there was no documentation a fall risk assessment was completed upon admission.

2. R7's Face Sheet, current admit date 04/16/24, documented R7 has diagnoses of but not limited

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to Hemiplegia, unspecified affecting right dominant side, hypertension (HTN), Type II diabetes mellitus with ketoacidosis without coma, Vascular dementia, unspecified severity, with other behavioral disturbance, Schizophrenia, and bipolar disorder.

R7's MDS, dated 10/19/24, documented R7 is moderately cognitively impaired with a BIMS of 11 out of 15 and he required partial/moderate assistance with toileting hygiene, shower/bathe, dressing, bed mobility, sit to stand, transfer, substantial/maximal assistance with putting on/taking off footwear, and personal hygiene.

R7's Care Plan, last care conference date 07/31/24, documented R7 had experienced an actual fall on 09/4/24 and 09/17/24. Goal: R7 will resume his usual activity through the next review. Interventions includes but are not limited to Approach start date of 04/22/24, Interdisciplinary Team (IDT) to review my fall and provide interventions as indicated, provide R7 with floor safety mats, and therapy to screen related to fall and provide him treatment as indicated. Approach Start Date: 09/04/24, offer residents food of choice or supplements if he does not want his regular food tray but the Created date was 10/04/24. Approach Start Date: 09/07/24, Review medications for an intervention for increased agitation. Administer Vistaril as ordered. Created date of: 10/04/24.

R7's Physician's Orders, dated 06/09/24, documented Fall: Initiate Fall Prevention Program.

R7's Progress Note documents on 10/31/2024 at 02:41 PM, R7 had a witnessed fall. The CNA notified the nurse that R7 was on the floor at 1:00

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PM. Resident was witnessed leaning forward and throwing his self to the floor before staff could reach him. R7 hit his head upon falling and was then sent out to the ER to be evaluated.

On 12/30/24 Review of R7's Care Plan was completed, and no new progressive intervention was put into place after the fall on 10/31/24.

R7's and R8's Fall Investigations were requested from V1, Administrator on 01/02/24 and 01/06/24. V1 was unable to produce the investigations during the survey.

On 01/07/25 at 9:40 AM, V1, Administrator, said she already knows the facility is going to get a tag on falls. She said she is going to come up with something so they can keep track of the falls. V1 said she knows it isn't being done because the facility doesn't have a Director of Nursing (DON) right now. V1 was asked by this surveyor if she had fall investigations for R7 and R8 and V1 stated she was going to say no unless they are somewhere in the electronic medical record (EMR) where she couldn't find them.

On 01/07/25 at 10:10 AM, V33, Licensed Practical Nurse (LPN) said R8 was mostly independent when it came to his care. She said he only needed help putting on his pants and socks, he did all his grooming by himself. She said he used a walker when he ambulated, but when his Parkinson's progressed, he became wheelchair (w/c) bound and he just gave up after that. She said R8's interventions were more frequent checks and to make sure he had on proper footwear. V33 said R8's gait was very unsteady towards the end, and he had a lot of falls. V2, Assistant Director of Nursing (ADON) or V24, Social Service are responsible for updating

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the care plans.

On 01/07/25 at 10:15 AM, V34, CNA stated R8 used a walker when he ambulated, and his gait became very unsteady. She said he was mostly independent with his ADLs and only required assistance with putting on his pants and socks.

On 01/09/25 at 10:00 AM, V13, Medical Director/Owner stated the facility has fall policy with protocols in place to be followed and implemented; safety is our main focus. V13 stated he is to be notified after every fall and interventions should be added to the care plan after each fall.

On 01/09/25 at 11:17 AM, V1 stated the initial fall risk assessment for R7 and R8 were not done.

On 01/09/25 at 11:50 AM, V1, Administrator, stated she would expect the nurses to be following the policy when it comes to falls. She said they need to be finding out the root cause and putting an intervention into place. She said they should also try to give a thorough description of the incident if possible. V1 said the nurses need to communicate with someone or let the care plan nurse know so they can update the care plan.

The facility's policy Fall and Fall Risk, Managing, revised date of 03/2018, documented "Policy Statement Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling." It further documented Resident-Centered Approaches to Managing Falls and Fall Risk 1. The staff, with the input of the attending physician, will

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S9999	Continued From page 24 Statement of Licensure Violations 3 of 3 300.661 Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This requirement was not met as evidence by: Based on interview and record review, the facility failed to ensure Certified Nursing Assistants (CNAs), Licensed Practical Nurses (LPNs), office personnel, dietary personnel, social services personnel and maintenance personnel were checked with the Illinois Department of Professional Regulation before hire, Healthcare worker backgrounds checks were performed within 30 days of hire, and Illinois Sex Offender Search, Department of Corrections Sex Offender search, Department of Corrections Inmate Search, Department of corrections wanted fugitive search, national sex offender search, Illinois Department of Financial and Professional Regulations (IDFPR) and the Health and Human Services Office of Inspector General searches all were completed within 30 days of hire for 9 out of 10 employees reviewed for the Health care Worker Background Protocol. Findings include: 1. V21, office personnel, has a hire date of 9/5/2024. There was no documentation the facility could supply of V21's Health and Human Services Office of Inspector General search being completed.	S9999		

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S9999	Continued From page 25 2. V22, CNA, has a hire date of 10/24/2024. There was no employee file with any documentation on V22 having the Illinois Department of Professional Regulation search, Healthcare worker background check, Illinois Sex Offender Search, Department of Corrections Sex Offender search, Department of Corrections Inmate Search, Department of corrections wanted fugitive search, and the Health and Human Services Office of Inspector General search being completed. On 12/30/2024 at 2:35 PM, V12, office personnel, stated she could not find an employee file on V22. 3. V23, CNA, has a hire date of 8/23/2024. There was no documentation the facility could supply of V23's Health and Human Services Office of Inspector General search being completed. 4. V5, dietary personnel, has a hire date of 6/1/2024. V5's Illinois Department of Professional Regulation search was checked on 5/7/2012. There was no employee file with any documentation the facility could supply of the Illinois Sex Offender Search, Department of Corrections Sex Offender search, Department of Corrections Inmate Search, Department of corrections wanted fugitive search, and the Health and Human Services Office of Inspector General search being completed on V5. 5. V24, Social Services, has a hire date of 5/6/2024. There was no employee file with any documentation on V24 having the Illinois Department of Professional Regulation search, Healthcare worker background check, Illinois Sex Offender Search, Department of Corrections Sex Offender search, Department of Corrections Inmate Search, Department of corrections wanted fugitive search, and the Health and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	C 01/13/2025

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S9999	Continued From page 26	S9999		

Human Services Office of Inspector General search being completed.

6. V25, CNA, has a hire date of 9/26/2024. There was no documentation the facility could supply of V25's Health and Human Services Office of Inspector General search being completed.

7. V26, Maintenance, has a hire date of 9/12/2024. There was no employee file with any documentation on V26 having the Illinois Sex Offender Search, Department of Corrections Sex Offender search, Department of Corrections Inmate Search, Department of corrections wanted fugitive search, and the Health and Human Services Office of Inspector General search being completed.

8. V11, LPN, has a hire date of 8/20/2024. V11's Illinois Department of Financial and Professional Regulations (IDFPR) was checked on 12/31/2024.

9. V8, Maintenance Director, has a hire date of 12/4/2024. There was no employee file with any documentation on V8 having a Healthcare Worker Background Check performed within 30 days of hire, and Illinois Sex Offender Search, Department of Corrections Sex Offender search, Department of Corrections Inmate Search, Department of corrections wanted fugitive search, national sex offender search, Illinois Department of Financial and Professional Regulations (IDFPR) and the Health and Human Services Office of Inspector General search. When this surveyor arrived to the facility on 12/30/2024, V8 opened the door and turned off the alarm to the facility. On 12/30/2024 at 10:00 AM, V1 stated V8, Maintenance Director, was sent to work at our facility on 12/4/2024 and is contracted out to

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S9999	Continued From page 27 work by the owner, V13. On 12/30/2024 at 11:21 AM, V1 and V12(Office Manager) stated they do not have an employee file on V8. V1 stated V13 contracted V8 out for maintenance on all his facilities and sent him here 12/4/2024 when we needed someone and did not think he needed a background check done. On 1/7/2025 at 9:05 AM, V1 stated she had not completed V8's background check yet but will do it as soon as he gets back from vacation. On 1/7/2025 at 10:05 AM, V1 stated she fired V8 after he refused to give her his social security number to run a background check on him. On 12/31/2024 at 12:58 PM, V1, Administrator, stated the background checks should have been completed, there is no excuse for that. On 1/9/25 at 10:00 AM, V13, Owner/Medical Director, stated he was not aware of V8's background and was notified of concerns with his eligibility last week. The facility's Abuse Prevention Program, undated, documented prior to a new employee starting a work schedule, this facility will: check the Illinois health Care Worker Registry on any individual being hired for prior reports of abuse, previous fingerprint check results. The facility policy and procedures for conducting a Health Care Worker Background Check will be followed. (C)	S9999		