STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000723	A. BUILDING: _____ B. WING _____	C 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE HEALTH & REHAB CENTER	1200 UNIVERSITY AVENUE CARLINVILLE, IL 62626

(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 Investigation #2540617/IL185114	S 000		
S9999	Final Observations Statement of Licensure Violations: 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	S9999		

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S9999	Continued From page 1	S9999		

care needs of the resident.

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 are not met as evidenced by:

Based on observation, interview and record review the facility failed to prevent injury to R2's right second toe during transport to the facility from the hospital. This failure resulted in R2's right toe striking the plate at the bottom of door, causing a wound to the second toe of right foot and toenail being removed.

Findings include:

On 1/29/2025 at 12:40PM V13, Certified Nursing Assistant (CNA) removed socks from R2's feet. R2's second toe of right foot, toenail is off and area dried blood. No dressing in place as verified by V13.

On 1/29/2025 at 10:55AM V14, facility transport stated she provided transport for R2 from hospital in (town name) to the facility on 1/15/2025. V14 stated when pushing R2 into the facility R2's foot hit the plate at the bottom of the door. V14 stated it was bleeding and she notified the nurse.

On 1/29/2025 at 12:50PM V8 Licensed Practical

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S9999	Continued From page 2	S9999		

Nurse (LPN) stated she was on duty when R2 arrived at the facility on 1/15/2025. V8 stated R2's toenail was off and bleeding. V8, LPN stated they cleansed wound and applied dressing.

R2's face sheet dated 1/29/2025 documents in part a diagnosis of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side.

R2's Minimum Data Set (MDS) dated 1/17/2025 documents unable to interview for Cognition.

R2's MDS documents R2 is dependent on staff locomotion with wheelchair.

R2's Physician Orders (PO) dated 1/15/2025 documents refer to wound care for consult as needed.

R2's skin and wound note dated 1/16/2025 by wound care documents right second toe full thickness abrasion.

R2's Care Plan dated 1/18/2025 documents R2 has an actual impairment to skin integrity of the right second toe related to abrasion. R2's care plan documents the following interventions dated 1/18/2025; use caution during transfers and bed mobility to prevent striking arms, legs and hands against any hard surfaces, monitor/document location, size and treatment of skin injury at least weekly. Report abnormalities, failure to heal, signs and symptoms of infection, maceration to physician.

On 1/29/2025 at 1:33PM V18 wound nurse stated she would expect residents to be provided safe assistance during transport from the hospital by the facility transport staff.

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S9999	Continued From page 3 On 1/29/2025 at 3:00PM V19, Regional nurse stated the facility does not have a policy on facility transport. (B)	S9999		