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JERSEYVILLE NSG & REHAB CENTER	1001 SOUTH STATE STREET JERSEYVILLE, IL 62052

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S 000	Initial Comments Annual Licensure and Certificaiton	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 4 300.610a) 300.1210a) 300.1210b) 300.1210d)6) 300.1220b)2)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 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	S9999		

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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.

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 Services

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

2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical

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functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

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 by:

Based on Interview, and Record Review, the facility failed to provide progressive fall interventions and to complete a fall investigation for 1 (R28) of 2 residents in the sample of 21. This failure resulted in R28 sustaining a displaced fracture of greater trochanter of left femur.

Findings include:

R28 documents an admission date of 10/28/2022. Diagnosis include Displaced fracture of greater trochanter of left femur, subsequent encounter for closed fracture with routine healing, Emphysema, Aneurysm of the Descending Thoracic Aorta, Dementia, Tremors.

R28's Minimum Data Set, MDS, dated 11/19/2024

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documents R28 is severely cognitively impaired. R28 requires maximum/substantial assist for activities of daily living, (ADLs) and mobility.

R28's Care Plan updated 1/1/2025 documents Problem: R28 is at risk for falls due to diagnosis of tremors, vertigo, dementia, arthritis of left hip, pain in left and right knee, history of falling, iron deficiency anemia, and poor safety awareness, up ad lib in facility with walker. Falls 7/20/23, 09/27/2023, 12/1/23, 12/8/23 atb initiated fall 2/10/24 fall 3/6.24. Interventions include: Staff to toilet resident every 2 hours and as needed. R28 to wear no skid socks to bed to prevent sliding on the mat when getting out of bed. Encourage R28 to take frequent rest periods and staff to provide stand by assist when ambulating with walker. Encourage R28 to utilize walker when ambulating. R28 struggles with her sleep pattern, medication review for any changes. Attempt to keep bathroom light on and leave bathroom door open. Place R28 in common areas for increased supervision. Therapy to evaluate and treat for strengthening and balance. Approach: engage in activities when noted wandering to prevent further falls. Approach: educate staff on R28's need for increased assistance at times. Place on Walk to Dine program. Approach: Clock place in R28's room to show the R28 what time it is. Approach: Staff to have a discussion with daughter regarding hip protectors and a helmet. Approach: Night light placed in resident's room to assist with vision during night hours.

R28's Care Plan updated 1/1/2025 documents Problem: Rachel is cognitively impaired related to unspecified dementia, mild, with anxiety, unspecified abnormalities of gait and mobility, Muscle weakness (generalized). Interventions include Approach: Simple YES/NO questions and

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commands Approach: Allow ample time for resident to respond.

R28's fall risk assessment dated 11/2/2024 documents R28 is at high risk for falls.

R28's progress notes dated 12/19/2024 at 11:00AM documents POA (Power of Attorney) had R28 ambulate to nurses' station and brought to this writer's attention that R28 has abrasion/bruised area to left forehead and an area into left hairline and that R28 complains of pain to head and to left upper hip down into left upper thigh and left foot slightly rotated inwards. States R28 was sitting on toilet when she first got here and when she went to assist R28 up, R28 started complaining of pain left hip and had a difficult time getting up. V2, Director of Nursing/DON, made aware and assessed R28 also. Origin/time of fall unknown at this time. R28 unable to say when or how she fell due to mental status. Will send R28 to local hospital evaluation.

R28's progress notes dated 12/19/2024 at 1:07PM documents Received call from staff nurse at local hospital and she states that R28 will be returning to facility. She states everything was negative and they did the following: Cat Scan of head and cervical spine without contrast; Xray of the chest, left femur, pelvis and left shoulder.

R28's fall report conclusion with root cause dated 12/19/2024 documents R28 coming out of restroom tripped over her walker and fell into roommate's wardrobe. R28 sent to local hospital for evaluation and treatment. R28 given pain medications for hip pain.

R28's care plan does not document new interventions for falls occurring on 12/19/2024,

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S9999	Continued From page 5 12/23/2024, and 12/27/2024. R28's progress notes dated 12/20/2024 at 2:36PM documents R28 is resting in low bed with eyes closed. No signs of pain or discomfort noted. Bruising/abrasion remains to L forehead/hairline. Staff assist with toileting during night. R28 does get up without assist at times and walks around room without walker. Reminders to use call light for assistance. Staff checking on R28 frequently during night and every 2hrs. Call light in reach. R28's progress notes dated 12/23/2024 at 2:26AM CNA (Certified Nursing Assistant) called this writer to R28's room she was s found lying on the bathroom floor on her back with her hands behind her head, no new injury bruising continues to right arm and some areas on forehead. No new injury noted. Lifting R28 off floor she begins to yell and resist care. While sitting on bed resident begins to shake all over will not respond to questions when asked by nurse. R28 transported to local hospital by ambulance. Parties notified. R28's fall event conclusions with root cause dated 12/23/2024 documents R28 attempting to take self to restroom. Sent to local hospital for evaluation and treatment. Staff requests urinalysis order. R28's progress notes dated 12/23/2024 at 3:16PM documents follow up from fall 12/23/2024. No injuries and range of motion within normal limits. No complaints of pain, discomfort or facial expressions. R28's progress notes dated 12/26/2024 at 8:42PM R28 displaying difficulty with ambulation	S9999		

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and transfer this shift as well as bruising to the left hip and thigh area and complaints of pain. Daughter expressed concerns to this writer that no x-rays were completed when R28 was sent to the local hospital on 12/23/2024. Call placed to on call physician. This writer expressed family concerns to Physician. Orders to X-ray left hip leg and ankle. Order placed with bio tech x-ray.

R28's progress notes dated 12/27/2024 at 5:22PM documents R28 found sitting on wheelchair pedals. Roommate stated she sat on her pedals hanging onto the arms of the wheelchair. No new bruises noted at this time. R28 offer any complaints of pain, discomfort, or facial expressions. Parties notified.

R28's fall event does not documents fall on 12/27/2024.

R28's progress notes dated 12/28/2024 at 10:41PM documents R28 has a broken Trochanter left hip. Daughter wants her to see Physician who will not be available until after New Year according to daughter. Suggested she see local physician and she states she wants her to wait and see her Physician delaying treatment. In the meantime, resident is getting worse, and having more pain.

R28's progress notes dated 12/28/2024 at 11:35PM documents R28 noted with increased pain to left hip. R28 guarding L leg. On call Physician notified of L hip xray results. New order noted to send R28 to local hospital for evaluation and treatment. POA notified. V2 notified. 911 called for transport.

On 2/26/25 at 10:12 AM, V2,DON, stated she does not think the hip fracture was attributed to

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the 12/23 fall and thinks they have an investigation on the unknown injury and will try to locate it.

On 2/26/25 at 10:53 AM, V2, DON, stated she fell on 12/23 and they did not Xray her at the hospital. We had been trying to keep her in her chair because she was getting some medication for pain but her daughter kept walking her and would complain of pain so that is why we ordered the x-ray on 12/27. There were no falls in between those days. Any change of plane would be a fall. There should be an intervention after every fall or incident, and they should be on the care plan.

On 2/26/25 at 11:08 AM, V2 provided pain evaluation. No pain documented from 12/23/25 until 12/27/25. Unsure whether there were staff interviews to determine what happened but will look for them.

On 2/27/2025 at 3:10PM V18, Regional Director, stated "Any change of plane should be considered a fall."

Facility fall policy with a revision date of 7/2017 states "It is the policy of (Facility) to assess and manage resident falls through prevention, investigation, and implementation, and evaluation of intervention. The definition of a fall refers to unintentionally coming to rest on the found, floor, and other lower level, but not as a result of an overwhelming external force (e.g., resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall. Unless there is evident suggesting otherwise, when a resident is observed on the floor, a fall is considered to have occurred."

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S9999	Continued From page 8 (A) Statement of Licensure Violations 2 of 4 300.610a) 300.1210a) 300.1210b) 300.1210d)2) 300.1220b)2)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 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	S9999		

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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.

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:

2) All treatments and procedures shall be administered as ordered by the physician.

Section 300.1220 Supervision of Nursing Services

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

2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

3) Developing an up-to-date resident care plan for each resident based on the resident's

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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 by:

Based on observation, interview and record review, the facility failed to obtain monthly weights on 2 of 3 residents (R13, R41), reviewed for nutrition in the sample of 21.This failure resulted in R13 having a significant weight loss of 15.6% from 11/8/24 to 2/26/25.

Findings include:

1. On 2/26/25 at 8:43 AM, R13 was sitting in a specialty chair in the dining room. She appeared thin with observable temporal wasting and did not respond when spoken to. V10, Certified Nursing Assistant (CNA), stated R13 has to be fed by staff.

R13's Face Sheet documents R13 was admitted to the Facility on 10/4/18 with diagnoses including cerebrovascular disease, depression, and pain.

R13's Minimum Data Set (MDS) dated 12/31/24 documented R13 was severely cognitively impaired, ambulated via wheelchair, required substantial assistance with eating, was on

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mechanically altered diet, and had no or unknown weight loss.

R13's Care Plan revised 2/11/24 documents R13 is at risk for hydration problems, dehydration, constipation, and urinary tract infection related to communication deficit, poor intakes, diagnoses of heart disease and hypothyroidism, and vitamin deficiency. The goal was for R13 to remain free of malnutrition as evidenced by labs, weight monitoring and intake monitoring through review date. The approach was weigh monthly and as needed and record. If weight changes 5% in one month, 7.5% in three months, or 10% in six months, notify provider and family.

R13's Physician Order dated 7/25/24 documents mechanical soft diet with pureed meat. R13's Physician Order dated 5/2/23 documents nutritional supplement twice daily due to weight loss history.

R13's 11/8/24 weight measured 153.2 pounds (lbs).

R13's 2/26/25 weight measured 129.0 lbs. A 15.6% weight loss from 11/8/24.

R13 had no recorded weights for December 2024 or January 2025.

2. On 2/25/25 at 1:50 PM, R41 appeared thin and stated since he has been on isolation for COVID-19, he doesn't get his meals until later than normal, it is cold by the time it gets to him and the meat tastes "horrible." R41 stated he isn't sure if he has lost any weight but has been trying to gain weight. R41 stated he has not been weighed recently.

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R41's Face Sheet, undated, documents R41 has a diagnosis of Moderate Protein Calorie Malnutrition.

R41's Minimum Data Set (MDS), dated 11/12/24, documents R41 has a BIMS (Brief Interview for Mental Status) score of 14, indicating R41 is cognitively intact and requires set up with eating.

R41's Care Plan, dated 11/7/24, documents R41 is at risk for weight loss with an intervention to monitor and record weight.

R41's Physician Order Sheet (POS), documents an order, dated 11/6/24, to weigh R41 monthly.

R41's Weight Records, document the last recorded weight was on 12/14/24 and R41 weighed 160.8 lbs (pounds). R41's weight on 11/6/24 was 160.8 lbs. R41's weight on 10/14/24 was 168.6 lbs.

R41's Progress Note, dated 11/6/24 at 11:49 AM, documents the following: IDT (Interdisciplinary Team) met regarding resident weights. Resident is noted to have a significant weight change of 10% in 180 days. Resident had medication changes in September which could have contributed to weight loss. Resident tis stable at this time. Chart review completed, medications reviewed, diet and intakes reviewed. Will continue to monitor with monthly weights. MD (Medical Doctor) and family notified.

R41's Progress Note, dated 11/12/24 at 3:14 PM, documents the following: Quarterly dietary progress note, resident has had some weight loss, not significant. Has a past history of not coming to the dining room and eating. Currently comes to the dining room and consumes

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(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
S9999	Continued From page 13 75-100% of all meals. Feeds himself in the dining room. Non-diabetic. On 2/26/25 at 1:20 PM, V5, Certified Nursing Assistant (CNA), stated the Facility's scale was broken for about six weeks, and the replacement did not arrive until a few days ago. On 2/26/25 at 1:44 PM, V19, Registered Dietitian (RD), stated she uses the Electronic Health Record (EHR) to obtain resident weights and monitors residents monthly for weight loss. She stated, "There were no weights done for January, and that is a problem." "People might already be losing weight, and we don't know it, and they could be malnourished. Last time I was there, some residents had not been weighed in December either. I would expect weights to be done monthly unless they have CHF (Congestive Heart Failure). I don't see any documentation that residents have been refusing (weights)." "If I had seen (R13)'s weight loss, I would have first requested a reweight (to ensure accuracy), and then I would have seen what I could do for her." "If (R13) went from 153.2 lbs to 129.2 lbs, that is 15.6% weight loss, and that's a problem." On 2/26/25 at 1:44 PM, V19, Registered Dietician, stated she visits the facility once per month, she runs a report that shows her any new admits, weight loss, and other concerns like skin. V19 stated there were no weights done for January 2025 and that is a problem. V19 stated she has contacted the facility about it. V19 stated people might already be losing weight and they don't know it and they could be malnourished. V19 stated the last time she at the facility, there were some residents that had not been weighed in December either. V19 stated she would expect weights to be done monthly. V19 stated the	S9999		

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	IL6004907	A. BUILDING: _____ B. WING _____	02/28/2025

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S9999	Continued From page 14 facility is supposedly getting a new scale. On 2/27/25 at 3:16 PM, V1, Administrator, stated, "Residents are always weighed upon admission, and then monthly unless other factors and requirements that necessitate them to be weighed daily or weekly." The Facility's "Weighing and Measuring the Resident" Policy revised 8/2014 documents, "The purposes of this procedure are to determine the resident's weight and height, to provide a baseline and an ongoing record of the resident's body weight as an indicator of the nutritional status and medical condition of the resident, and to provide a baseline height in order to determine the ideal weight of the resident. Monthly weights are to be obtained by the 8th of the month." "Weight is usually measured upon admission and readmission weekly x 4 weeks and then monthly during the resident's stay." The Facility's "Nutritional Assessments" Policy revised 1/2012 documents, "All residents who experience significant or undesirable weight loss shall be assessed for nutritional status and required intervention by the registered, licensed dietitian. A course of action increasing calories shall be implemented unless the weight loss is deemed desirable and necessary for improvement of medical status." "Weights shall be reported to the RDLD (Registered Dietitian, Licensed Dietitian) for review and assessment." "Residents shall be weighed and weights reported monthly to RDLD." (B) Statement of Licensure Violations 3 of 4	S9999		

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S9999	Continued From page 15 300.661 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 is NOT MET as evidence by: Based on interview and record review, the facility failed to conduct pre-employment screening and obtain results of fingerprint checks to determine if employees had a prior criminal history which would disqualify them for employment. This had the potential to affect all the 48 residents living in the facility. The facility's Abuse policy with a revision date of 9/29/2022 states "Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with the resulting physical harm, pain or mental anguish. This facility will not knowingly employ any individual convicted of resident abuse, neglect, or misappropriation of property. The facility will not knowingly employ any direct care staff convicted of any crimes listed in the Illinois Healthcare Worker Background Check Act, or with findings of abuse listed on the Illinois Health Care Worker Registry. The facility will not knowingly employ any licensed staff that have a disciplinary action in effect against his or her professional license by a state licensure body and a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. Prior to a new employee starting a working schedule the facility will: Initiate a reference check from a	S9999		

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S9999	Continued From page 16	S9999		

previous employer in accordance with facility policy. Obtain a copy of the state license of any individual being hired for a position requiring professional license. Check the Illinois Health Care Worker Registry on any individual being hired for prior to reports of abuse previous fingerprint check results and the sex offender website links on the registry. Check web sites such as Illinois Sex Offender Registry, the Department of Corrections, Sex Offender Search Engine, the Department of Corrections Inmate Search Engine, the national Sex Offender Public Registry and the website of the Health and Human Services Office of Inspector General to determine of the applicant has been adjudicated a sex offender has been a person inmate or has committed Medicare or Medicaid fraud. Initiate an Illinois State Police livescan fingerprint check."

On 2/26/2025 ten employee files were reviewed for pre-employment screening. The following was documented:

V15, Certified Nurse's Aide (CNA), was hired on 1/11/2025. The facility initiated a fingerprint based criminal background check on 2/25/2025. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents.

V16, Licensed Practical Nurse, (LPN), was hired on 12/31/2024. The facility initiated a fingerprint based criminal background check on 2/26/2025. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents.

V17, Licensed Practical Nurse, (LPN), was hired on 11/12/2024. The facility initiated a fingerprint based criminal background check on 2/26/2025.

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S9999	Continued From page 17 The facility failed to ensure a criminal background check was completed prior to employee providing care to residents. On 2/27/2025 at 3:15PM V23, Business Office Manager, stated "I do the employee background checks now. I've been doing them for a month. We had some mistakes, but we are trying to correct them. I try to have everything back before the employee starts, but that may not of happened." The Resident Census and Conditions of Residents, CMS 671, dated 2/25/2025 documents that the facility has 48 residents living in the facility. (C) Statement of Licensure Violations 4 of 4 300.625a) 300.625 Identified Offenders a) A facility shall comply with the Identified Offender registry. All Registry Background Checks are to be completed within 24 hours of admission. This Requirement is NOT MET as evidenced by: Based on interview and record review, the facility failed to obtain/conduct criminal background check screenings within 24 hours to determine if a resident had a prior criminal history. This had the potential to affect all the 48 residents living in the facility. Facility policy dated 9/29/2022 stated "This facility	S9999		

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shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Prior to a new resident being admitted to the facility this facility will: Check the resident's name on the Illinois Sex Offender Registration Web site, www.isp.state.il.us Check the resident's name on the Illinois Department of Corrections sex registrant search page www.idoc.state.il.us Conduct a Criminal History Background Check according to the facility Identified Offender Policy and Procedure. While background or fingerprint checks and or Identified Offender Report and Recommendations are pending, the facility shall take all steps necessary to ensure the safety of residents."

R246's Facesheet documents an admission date of 2/10/2025 and background check performed on 2/25/2025.

R245's Facesheet documents an admission date of 2/11/2025 and background check performed on 2/25/2025.

R146's Facesheet documents an admission date of 2/14/2025 and background check performed on 2/25/2025.

R145's Facesheet documents an admission date of 2/11/2025 and background check performed on 2/25/2025.

R25's Facesheet documents an admission date of 2/1/2024 and background check performed on 2/26/2025.

R20's Facesheet documents an admission date of 4/29/2020 and background check performed on 2/26/2025.

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S9999	Continued From page 19 R26's Facesheet documents an admission date of 4/15/2021 and background check performed on 2/27/2025. R6's Facesheet documents an admission date of 1/21/2021 and background check performed on 2/26/2025. R2's Facesheet documents an admission date of 7/23/2019 and background check performed on 2/26/2025. R38's Facesheet documents an admission date of 10/17/2023 and background check performed on 2/26/2025. On 2/27/2025 at 3:15PM V23 stated "I just started doing the background checks. We had another facility doing them for a while. We have had some mistakes." The Resident Census and Conditions of Residents, CMS 671, dated 2/25/2025 documents that the facility has 48 residents living in the facility. (C)	S9999		