STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002208	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MICHAELSEN HEALTH CENTER	831 NORTH BATAVIA AVENUE BATAVIA, IL 60510

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S 000	Initial Comments Complaint Investigation 2573181/IL190040	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1010h) 300.1210b) 300.1210d)3)6) Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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 care needs of the resident. d) Pursuant to subsection (a), general	S9999		

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S9999	Continued From page 1	S9999		

nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week 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 regulations were not met as evidenced by:

Based on interview and record review, the facility failed to provide timely and comprehensive pain and physical assessment after a fall. This delay resulted in R1 experiencing untreated prolonged pain for five hours from a fracture after a fall and a delay in treatment.

This applies to 1 of 3 residents (R1) reviewed for fall-related incidents.

The findings include:

The Electronic Medical Record (EMR) showed that R1, an 82-year-old resident, had an extensive medical history, including but not limited to: B-cell lymphoma with lymph node metastasis, lung cancer, intracerebral hemorrhage, atrial fibrillation, heart disease, hypertension, chronic obstructive pulmonary

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disease, peripheral vascular disease, venous insufficiency, left below-knee amputation, chronic kidney disease, anemia, frontal temporal neurocognitive disorder, urinary reflux, phantom limb pain, anxiety, hyperlipidemia, osteoarthritis, Barrette's esophagus, benign prostatic hypertrophy, carotid artery disease, hypomagnesemia, cholecystitis, acute kidney failure, mood disorder, malignant neoplasm of bone, non-Hodgkin's lymphoma, obesity, hyponatremia, psychophysical visual disturbances, fall history, impaired gait, generalized weakness, and right foot drop.

R1 was admitted to the facility on April 4, 2025, at 1:00 P.M., following a hospitalization from March 29 to April 4, 2025, for acute conditions including urinary tract infection (UTI), urinary retention, toxic metabolic encephalopathy (TME), and altered mental status. Hospital records dated March 29, 2025, documented hallucinations secondary to UTI and TME, which were managed with intravenous antibiotics. R1 was admitted to the facility on continued oral antibiotic treatment.

Physician notes by V3 (Attending Physician), dated April 4, 2025, at 11:08 A.M., documented R1 as alert and oriented to person and place but unable to state the reason for his admission.

Nurse Practitioner notes by V4 from April 4, 2025, at 5:16 P.M., document R1 as alert and oriented to 1-2, with identified risks of muscle weakness, gait disorder, dependency in ADLs (Activities of Daily Living). The medical plan physical/occupational therapy and fall precautions.

Nursing documentation on April 6, 2025, at 2:33 A.M. by V5 (RN/Registered Nurse) showed that

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R1 was found by V6 (CNA/Certified Nurse Assistant) at approximately 9:45 P.M. on April 5, 2025, sitting on the floor next to his reclining chair. R1 reported striking his head, left side, and left hip during the fall and rated his left hip pain as 6/10 (moderate pain). The facility was unable to provide documentation of a comprehensive assessment, including evaluation for range of motion limitations, extremity alignment, or a detailed pain assessment to identify potential injury severity.

During an interview on April 16, 2025, at 11:00 A.M., V5 said she did not assess R1 for signs of musculoskeletal injury such as range of motion restriction or limb deformity. V5 also confirmed that a complete pain assessment was not conducted.

On April 6, 2025, at 9:30 A.M., V7 (RN) documented that R1's left hip pain had escalated to 10/10 and was unrelieved by Tylenol pain medication. V7 said that due to the absence of timely x-ray imaging, R1 was subsequently transferred to the hospital at 2:00 P.M. for further evaluation and treatment. This was a duration of approximately 5 hours for R1 experiencing pain. V7 stated on April 16, 2025 at 11:45AM, that after R1's pain intensified, she contacted V3 for an x-ray order. When the x-ray was delayed and R1's pain remained uncontrolled, V7 arranged for hospital transfer.

In a separate interview on April 16, 2025, at 1:00 P.M., V3(Attending Physician) stated she had seen R1 on April 5, 2025, prior to the fall, and noted R1's confusion and poor safety awareness. V3 said that following R1's fall, V5 reported the incident to her, initially stating there were no injuries. V3 further explained that few minutes

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S9999	Continued From page 4 later after the first call, V5 had called again and informed her that based on standard facility policy for residents on anticoagulants, R1 should be send out to the hospital secondary to R1 being on anticoagulant and suffering an unwitnessed fall. V3 said she gave order to V5 for R1 to be sent to the hospital on the night of April 5, 2025. V3 expressed concern upon learning that R1 had remained at the facility overnight and only later was found to have sustained a left hip fracture requiring surgical repair. V3 stated: "If I had been informed that R1 was still in the facility and experiencing increasing pain, I would have ordered immediate hospital transfer. This extent of injury could have been identified through a thorough post-fall assessment, including checking for extremity misalignment, rotation, swelling, discoloration, and a complete pain evaluation. Earlier identification would likely have reduced R1's prolonged and unnecessary pain." Hospital records dated April 6,2025 showed that R1 was admitted on April 6, 2025, with an acute left hip fracture, which was surgically repaired on April 7, 2025. (A)	S9999		