| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | IL6016406 | A. BUILDING: _____ B. WING _____ | C 06/06/2025 |

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| S 000 | Initial Comments<br><br>Complaint Investigation: 2584471/IL192692 | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations:<br>300.610a)<br>300.1210a)<br>300.1210b)<br>300.1210d)6)<br><br>Section 300.610 Resident Care Policies<br><br>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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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 | S9999 | | |

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| S9999 | Continued From page 1 | S9999 | | |

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.

These requirements were not met as evidenced by:

Based on interview, and record review facility failed to perform accurate fall risk assessment for a resident with a known fall history, develop and implement post fall interventions to prevent future

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| S9999 | Continued From page 2 | S9999 | | |

falls and failed to monitor, document, and send resident to hospital in a timely manner post fall incident for one resident (R2) out of four residents reviewed for accident and supervision. This failure led to R2 falling in the facility sustaining multiple acute fractures.

Findings Include:

R2's Minimum Data Set (MDS) dated 5/16/25 shows he is cognitively impaired.
R2's electronic medical record (EMR) revealed R2 was initially admitted to the facility on 09/13/23 and was 90 years old with diagnoses of, but not limited to unspecified fall, subsequent encounter, malignant neoplasm of bladder, heart failure, unspecified atrial fibrillation, hypertension, unsteadiness on feet, muscle weakness generalized, chronic kidney disease, diverticulitis of intestine with perforation and abscess with bleeding.

On 6/3/25 at 1:53 PM, via telephone interview, V11 (Licensed Practical Nurse/LPN) stated that he observed R2 in a sitting position on the floor in his room on 5/12/25 at about 1:15 AM, he denied pain, or hitting his head, the vital signs were stable, he is not aware that R2 was on Eliquis, but the doctor ordered lab and to monitor since he did not hit his head. V11 also stated that there should be seventy-two hours post fall documentation every shift to monitor the resident for any changes and to prevent medical complication, but he did not work with R2 after the incident.

R2's fall investigation summary form documents "At around 1:15 AM resident observed on the floor, sitting position, by the bedside and call light is within reach. Resident verbalized "I lost my balance while trying to get out of bed."

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| S9999 | Continued From page 3 | S9999 | | |

On 6/3/25 at 3:30 PM, V2 (Director of Nursing/Fall Coordinator) stated that she has been in the facility since August 2024, she completes the fall risk assessment based on the root cause of the fall and collaborate with the care plan coordinator to update the care plan with new interventions to prevent further falls. V2 also stated that there should be seventy-two hours post fall documentation every shift to monitor R2 for any changes, to provide timely care and to prevent complication.

On 6/4/25 at 2:44 PM, V2 stated that R2 was sent to the hospital on 5/16/25 due to neck pain with diagnosis of multiple acute fracture, he is at high risk for fall due to the history of fall prior to admission because he had a fall on 2/18/25. The fall risk assessment of 3/5/25 shows a score of 65, and on 4/9/25 with a score of 80 shows that R2 continues to be at an increased high risk for falls. He should be accurately documented and care planned to prevent further falls, but the readmission falls risk assessment of 4/21/25 shows a score of 3 (low risk). V2 stated that R2 was not accurately assessed to prevent the fall of 5/12/25 which resulted to multiple neck fractures, and when fall risk assessment is not accurately done, appropriate intervention will not be in place and resident safety will be compromised.

On 6/4/25 at 12:15 PM, V14 (Minimum Data Set/MDS/Care Plan Coordinator) stated that she has been working in the facility since 2022, she does the care plan for the diagnoses, medications, readmission, admission, quarterly, significant change, and helps with the fall care plan. The purpose of care plan is to set goals for the resident and for the staff to know how to care for the resident. Care plan should be updated

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|---|---|---|---|---|
| S9999 | Continued From page 4 | S9999 | | |

post fall with appropriate interventions, R2 is at high risk for fall, his fall assessment should reflect high risk, inaccurate fall assessment will lead to ineffective care plan and potentially another falls.

On 6/4/25 at 1:16 PM, V15 (Medical Director) stated that he has been taking care of R2 for two years, he was substantially getting weaker, dependent on staff for activity of daily living, he is at high risk for fall, he had a big fall on 4/5/25, and another fall on 5/12/25. R2 was on Eliquis but according to the nurse report R2 denied hitting his head so there was no need to send him to the hospital on 5/12/25, however it is his expectation that nurses will continue to monitor him every shift and document to rule out any complication.

Documents reviewed but are not limited to the following:

R2' Face Sheet, POS, Section C, GG, and of MDS.

R2's progress notes document on 5/16/25 at 1:30PM care partner and (NOD-nurse on duty) were assisting the care, the resident was screaming when the resident was moving in bed. (Physician) notified, per MD send (R2) out for further evaluation. Resident admitted with diagnosis of multiple acute fracture at C4, C5 and C6.

R2's clinical records had no documentation showing that 72 hours post fall monitoring/supervision was done post fall of 5/12/25.

R2's Fall risk assessment dated 3/5/25 with a score of 65 = high risk
R2's Fall risk assessment dated 4/8/25 with a

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| S9999 | Continued From page 5<br>score of 80 =high risk<br>R2' Fall risk assessment dated 4/21/25 with a score of 3 =low risk.<br><br>Safety and supervision of residents' policy dated 12/2024, documents read in part: Resident supervision is a core component of the systems approach to safety.<br><br>Fall Risk Prevention Policy dated 4/4/2025, documents read in part: Staff will try attempt interventions, based on the assessment.<br><br>"B" | S9999 | | |