

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004477</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C 05/20/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HILLTOP SKILLED NSG &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>910 WEST POLK STREET CHARLESTON, IL 61920</b>		
(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  FRI of 5/1/2025/IL192355	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.1210b) 300.1210c) 300.1210d)6	S9999		
	Section 300.1210 General Requirements for Nursing and Personal Care <ul style="list-style-type: none"> <li>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.</li> <li>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</li> <li>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:</li> <li>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.</li> </ul>			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

## TITLE

(X6) DATE

Electronically Signed

05/28/25

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S9999	<p>Continued From page 1</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to properly implement fall interventions for one of three (R1) residents reviewed for falls on the sample list of four. This failure resulted in R1 falling and sustaining a left femoral neck fracture. This past noncompliance occurred from 5/1/25 through 5/9/25.</p> <p>Findings Include:</p> <p>The Full QA Report dated 5/1/25 documents R1 had a witnessed fall on 5/1/25 at 12:05 AM. R1 attempted to stand up from her wheelchair and fell to the ground. R1's chair alarm did not sound. R1 displays poor dynamic sitting/standing balance as well as impulsiveness related to her advanced Dementia diagnosis. V4 Certified Nurses Assistant (CNA) was walking by the hallway and observed R1 attempt to stand then lose her balance and fall to the ground. V4 notified the nurse on duty (V3 Registered Nurse RN).</p> <p>R1's Emergency Room documentation dated 5/6/25 documents R1 had a fall on 5/1/25 onto her left hip. R1 complained of pain and an X-ray was completed on 5/2/25. The x-ray showed possible deformity to the left hip and a recommendation for further testing was indicated. On 5/6/25 R1 was sent to the emergency room to get a computed tomography (CT) scan completed of her left hip.</p> <p>R1's Radiology Report dated 5/6/25 documents R1 sustained a mildly impacted non-displaced left femoral neck fracture status post fall and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>suspicious findings on x-ray imaging.</p> <p>R1's Medical Diagnoses list dated May 2025 documents R1 is diagnosed with Vascular Dementia, Cognitive Communication Deficit, Impulse Disorder, Insomnia, Personal History of a Traumatic Brain Injury.</p> <p>R1's Minimum Data Set dated 3/14/25 documents R1 is severely cognitively impaired, requires substantial assistance from staff to safely transfer from a seated position, and requires the use of a manual wheelchair for mobility.</p> <p>R1's Fall Risk Assessment dated 4/24/25 documents R1 is at high risk for falls due to her disorientation, 1-2 falls in the past three months, chair bound and requiring assistance with elimination and takes medications that put her at risk.</p> <p>R1's Care Plan dated 3/18/25 documents R1 is at high risk for falls related to impaired safety awareness, poor memory, inability to retain information, attempts to self-transfer, and inability to retain safety reminders from staff. R1 has multiple fall interventions in place which include low bed with fall mats, a scoop mattress, anti-rollback on her wheelchair, and a pull tab alarm when in her wheelchair. R1's Care Plan documents R1 has a pull tab alarm on her wheelchair, in place for safety related to falls and a lack of safety awareness. R1's alarm is to be maintained and functioning when it is in place on her wheelchair. Staff are to check placement and functioning of R1's alarm every shift and as needed. R1 also has no safety awareness related to a cognitive deficit. Staff are to monitor R1's whereabouts regularly.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 5/20/25 at 2:43 PM V3 Registered Nurse stated she was the nurse on duty when R1 fell on 5/1/25. V3 confirmed she was alerted of R1's fall by V4 CNA and observed R1 on the floor. V3 stated R1's tab alarm was still attached to her shirt and to the magnetic tab and was not sounding. V3 stated she pulled the alarm off the magnet, and the alarm sounded. V3 confirmed the alarm string must have been too long.</p> <p>On 5/20/25 at 11:30 AM V2 Director of Nurses confirmed R1 fell to the floor on 5/1/25 when she attempted to stand unassisted from her wheelchair. V2 confirmed the fall was witnessed by V4 CNA. V2 confirmed even though R1's pull-tab alarm was on and functioning, it did not sound as R1 stood up from her chair. V2 stated staff should have made sure the string on the pull-tab alarm was at the proper length and it was not attached to baggy clothing which could cause it to not work properly or pull from the magnet when R1 was beginning to lean forward to stand. V2 confirmed R1 sustained a left femoral neck fracture from the fall on 5/1/25.</p> <p>Prior to the survey date of 5/16/25, the facility had taken the following actions to correct the noncompliance:</p> <ol style="list-style-type: none"> <li>1. In-services were completed to educate the nursing and CNA staff about the importance of properly implementing all fall interventions and regarding the accidents policy.</li> <li>2. The accidents/fall policy was reviewed and updated.</li> <li>3. Residents were identified who could be affected by the failure and resident care plans and fall interventions were reviewed.</li> <li>4. Audits were completed to ensure the staff were following the fall policy and implementing fall interventions.</li> </ol>	S9999		

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S9999	<p>Continued From page 4</p> <p>5. Audit results were discussed at the facility's Quality Assurance Program Improvement meetings.</p> <p>(A)</p>	S9999		