STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007751	A. BUILDING: _____ B. WING _____	01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RED BUD REGIONAL CARE	350 WEST SOUTH 1ST STREET RED BUD, IL 62278

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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations LICENSURE VIOLATIONS: 300.610a) 300.1210b)5)d)6) 300.3240a) 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:
5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.
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 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These regulations are not met as evidenced by:

Based on record review, and interview the facility failed to implement safety measures for 1 of 7 residents, (R25), reviewed for falls in the sample of 32. This failure resulted in R25 falling and needing surgical intervention for a fractured femur, (thighbone).

Findings Include:

R25's Admission Morse Fall Risk Assessment dated 09/02/19 at 3:37pm stated "1a History of

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Falls, Yes, resident has history of falls or recent fall". R25's Morse Fall Risk Assessment, dated 09/02/19 documents R25 is at high risk for falls.

R25's Physician Order Sheet, (POS), dated 09/03/19 Physical Therapy, Occupational Therapy, Speech therapy evaluate and treat.

R25's Minimum Data Set, (MDS), dated 09/09/19 documents, R25 severely cognitively impaired. R25's MDS, also documents R25 transfers with assistance of two staff. R25's MDS further documents, that R25 walks in her room with an assistance of two.

R25's Care Plan, dated 09/10/19, documents R25, at risk for falls, related to her confusion, gait/balance problems, incontinence, and poor comprehension/communication. On 10/23/19, R25 fell and was sent to the Emergency Room. R25 was readmitted to facility with, diagnosis of, fractured left femur (thighbone).

R25's Long Term Care Facility, Serious Injury Report dated 10/23/19 documents "(R25) is a resident alert with confusion and anxiety. (R25's) diagnoses include Kidney Failure, Dementia, Weakness and Anxiety. She is independent with some of Activities of Daily Living, (ALD's), brushing her teeth and hair, washing her face and hands. R25 ambulates around the facility with supervision of staff. On the morning of 10/23/19 during her morning care, R25 was washing her face, brushing her teeth and hair at the sink while the Certified Nursing Assistant, (CNA), was providing care for roommate. (this don't sound right) The V7. CNA took her roommate to the dining room. When V7, CNA, was near the room, she heard a loud noise, then heard R25 say ouch. R25 was found lying by the doorway on the floor.

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R25 was assessed and sent to the Emergency Room, for evaluation. An X-ray revealed a left proximal femur (Thigh bone) fracture, and the resident was admitted to the hospital."

V7's Handwritten Statement dated 10/23/19 documents at 7:30 AM, R25 was brushing her hair. V7 advised R25 that she would return, after she take her roommate to dining room. V7 said R25 said ok, as V7 made her way down the hall, she heard a noise. V7 ran to her room and found R25 on the floor near the doorway. R25 had left the sink without her walker.

R25's POS: send to (Local Hospital), Emergency Room Department, for an evaluation and treatment related to a fall with left knee, hip, and pelvic pain.

R25's Local Hospital Report dated 10/27/19 documents R25 had a Fracture left Proximal Femur (thighbone). R25 had a left Intertrochanteric (hip) fracture, status post repair on 10/24/19.

V7's Employee Counseling /Disciplinary Action Notice, documents the discussion, V7 had left (R25), who is supposed to be supervised in room alone, standing at the sink. The Corrective Action Recommendation was to review transfer/assistance status for each resident under your, (V7's), care and follow the Plan of Care.

R25's Physical Therapy Plan of Care, dated 10/16/19 documents R25's treatment diagnoses are unspecified pain and unsteadiness on her feet. R25's Physical Therapy Plan of Care, dated 09/02/19, documents R25 recently had falls prior to being admitted. This caused her lower extremities pain to increase and she currently

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needs, (SBA) stand by assist for transfers and ambulation due to unsteadiness. Therapy Admission Screen, signed by Therapist on 10/28/19, Precautions: Fall risk marked. Weight bearing 50% LLE (left lower leg). Special Notes: Go slow, must use WW, (Wheeled walker).

R25's MDS dated 11/04/19 documents R25 is an extensive assist of two staff members. R25 for walking in her room she is an extensive assist of one staff member

On 01/23/2020, V10 CNA asked R25 if she was ready to go to bed, and if she had to toilet. V10 rolled R25 inside her room and placed a gait belt around her waist. R25 was helped to a standing position, and she walked to the bathroom. R25 was very confused talking with V10. R25 stood with the help of the V10 and walked from the bathroom to her bed.

On 01/23/19 at 9:03 AM, V7 CNA stated, That morning it very rushed. I had just finished getting her roommate ready. R25 was combing her hair and brushing her teeth. She was standing by the sink. She was by the door, when she fell. She walks with her walker, but I found her by the door without her walker. She was supposed to be supervised by my co-worker outside the door. R25 got confused, she was trying to get some clothes out of the closet.

On 01/23/20 09:11 AM, V8 Occupational Therapist stated, she was stand by assist, (meaning) you stand next to her, but your confident that she can go about your business. It's hard to keep your hands off her, but you must give them some independence. R25 was close to independent in walking without staff being a standby assist.

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S9999	Continued From page 5 On 01/23/20 at 9:52 AM, V6 Licensed Practical Nurse stated, "She (R25) never really walked, she came in a wheelchair, but she (R25) had got to where she could walk with therapy. She fell shortly after she began walking. Now she (R25) will not participate with therapy even with her grandson encouraging her to do the Therapy, she (R25) cannot walk now." On 01/23/2020 at 11:25 AM V9 Physician stated, "Yes she should have been a standby assist for balance and transfers." The facility policy Falls dated February 9, 2012 documents "based on previous evaluation and current data the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling" A	S9999		