STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005888	A. BUILDING: _____ B. WING _____	C 09/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MATTOON REHAB & HCC	2121 SOUTH NINTH MATTOON, IL 61938

(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 Facility Reported Incident of 8-20-21/IL137651 Complaint Investigation 2166344/IL137665	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)6) 300.3240a) 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 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.	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

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 requirements were not met as evidenced by:

Based on observation, interview, and record review the facility failed to provide properly functioning fall prevention assistive devices to prevent a fall with injury resulting in R9 suffering a left femur fracture and pain. R9 is one of four residents reviewed for resident injury.

Findings Include:

1. R9's care plan revised date 4/30/21 documents that R9 is at risk for falls due to a history of falls. Interventions include pressure pad alarms for the bed and chair.

R9's progress note dated 7/15/21 documents that R9 fell from the bed with no alarm sounding. The alarm was then replaced.

R9's Situation, Background, Assessment and Recommendation document dated 7/15/21 documents no change in resident condition after the fall.

R9's fall investigation dated 8/21/21 documents that R9 fell from the wheelchair onto the floor. V23 (Certified Nursing Assistant/CNA) stated, "I was the first person in the room when (R9) fell. (R9's) alarm was in the chair, but it didn't go off. I don't know why." V8 (Licensed Practical Nurse/LPN) stated, "(V23 CNA) called me from

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S9999	Continued From page 2 down the hall to R9's room. I saw that (R9) had attempted to transfer herself from the wheelchair to the bed. There was no alarm sounding." R9's progress note dated 8/22/21 documents that an x-ray was ordered due to R9's complaints of pain. R9's x-ray report dated 8/22/21 documents, "Distal femur fracture." Handwritten note on the x-ray report dated 8/23/21 states, "Discussed with Orthopedic Surgeon and R9's Power of Attorney. Will control R9's pain in the facility as R9 is non-ambulatory" signed by V22 (Medical Doctor). R9's Minimum Data Set dated 8/26/21 documents R9 as severely cognitively impaired and extensive assistance for care. On 9/7/21 at 9:58AM, V9 (Registered Nurse/RN) stated, "(R9) has an alarm on at all times either in the chair or in the bed, and we move the pressure pad in between them." On 9/7/21 at 11:33 AM, V6 (Physical Therapy Assistant Director) stated, "We picked (R9) up for pain management since her fall. She is getting deep heat treatment to her left distal thigh area." (B)	S9999		