STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001804	A. BUILDING: _____ B. WING _____	04/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARK-LINDSEY VILLAGE	101 WEST WINDSOR ROAD URBANA, IL 61801

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S 000	Initial Comments Conditional Complaint Follow-up to survey date 11/2/20, Complaint #2068490/IL128118.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)3) 300.1210d)6) Section 300.1210b) General Requirements for Nursing and Personal Care 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. Restorative measures shall include, at a minimum, the following procedures: 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: 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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. Clark-Lindsey Village failed to follow their plan of correction for survey of 11/2/20. These requirements are not met as evidenced by the following: Based on observation, interview, and record review the facility failed to complete post fall assessments and neurological assessments for three of three residents (R4, R5, R6) reviewed for falls in the sample of three residents. R4, R5, and R6 reside in a licensed-only bed. Findings include: The facility's Plan of Correction dated 1/16/21 documents the following: Resident falls will be reviewed by the interdisciplinary team during the morning meetings held Monday-Friday. Documentation will be reviewed and ongoing to ensure that post fall assessments and neurological assessments were completed per the facility's policy. Nursing managers will follow up with nursing staff regarding any incomplete documentation that is identified. 1.) R4's Admission Record dated 4/6/21 documents R4 admitted to the facility on 3/19/21 with diagnoses of Parkinson's Disease, Orthostatic Hypotension, and Atrial Fibrillation. R4's Order Summary Report dated 4/7/21 documents an order for Aspirin Delayed Release 81 milligrams (mg) by mouth once daily.	S9999		

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R4's Nursing Notes document the following: On 3/28/21 at 2:30 PM R4 hit the right side of R4's head on the floor. There was a small amount of bleeding with swelling and bruising to R4's forehead. R4 was transferred to the local emergency room for evaluation. R4 returned to the facility at 8:00 PM on 3/28/21 with a diagnosis of closed fracture of the left distal end radius and a hematoma (collection of blood outside of the blood vessels) to R4's forehead. There is no documentation that post fall neurological assessments were completed after R4 returned to the facility on 3/28/21 at 8:00 PM until 3/29/21 at 8:38 AM.

R4's medical record document post fall nursing assessments and neurological assessments were completed on 3/29/21 at 8:30 AM, 3/29/21 at 7:00 PM, and 3/30/21 at 1:00 PM. There is no documentation in R4's medical record that post fall nursing assessments and neurological assessments were completed after 3/30/21 at 1:00 PM. R4's medical record does not document that a Post Fall 72-Hour Monitoring Report was completed following R4's fall on 3/28/21.

On 4/6/21 at 11:18 AM R4 was sitting in a recliner in R4's room. R4 had bruising to the right eye, forehead, and neck, and a hematoma to the right forehead. R4's left arm was in a sling. R4 stated R4 had fallen a few days ago out of R4's wheelchair and landed on the floor, bumped R4's head on the floor, and broke R4's left wrist.

On 4/6/21 at 11:59 AM V4 Registered Nurse (RN) stated on 3/28/21 at 2:00 PM V4 heard R4 yelling out for help. R4 was found on the floor of R4's room and R4 had been sitting in R4's wheelchair prior to falling. R4 complained of pain to R4's forehead and there was a bump with slight

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S9999	Continued From page 3	S9999		

bleeding. V4 stated V4 assessed R4 and transferred R4 to the local emergency room. V4 stated neurological assessments are to be completed post fall every 15 minutes for the first hour, then every 30 minutes for 2 hours, then hourly for 4 hours, and then once every 12 hour shift until a total of 72 hours has lapsed since the fall occurred.

2.) R5's Admission Record dated 4/6/21 documents R5 admitted to the facility on 1/14/21 with diagnoses of Parkinson's Disease and Dementia with Lewy Bodies.

R5's Unwitnessed Fall Report dated 2/13/21 at 3:00 PM documents R5 was found on the floor beside R5's bed. R5 had a nickel sized abrasion to the right forehead.

R5's Nursing Notes document the following: On 2/13/21 at 9:45 PM R5 was restful and R5's pupils were equally reactive to light following R5's fall at 3:00 PM. Post fall nursing assessments and neurological assessments were completed on 2/14/21 at 12:15 AM, 2/14/21 at 7:30 AM, 10:00 AM, and 2:00.PM, and 2/15/21 at 2:00 PM. On 2/15/21 at 8:00 PM V10 RN documented even though R5's neurological assessments have passed, V10 assessed R5's pupils and they were equally reactive to light. There is no documentation in R5's medical record that post fall neurological assessments were completed every 15 minutes for the first hour, then every 30 minutes for 1 hour, then hourly for 2 hours, and after 2/15/21 at 2:00 PM for a total of 72 hours post R5's fall on 2/13/21. R5's medical record does not document post fall nursing assessments were completed after 2/15/21 at 2:00 PM.

On 4/6/21 at 2:54 PM V9 RN stated: R5 was

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S9999	Continued From page 4	S9999		

found sitting on R5's buttocks between R5's recliner and bed around 3:00 PM on 2/13/21. R5 had an abrasion to R5's forehead. Post fall neurological assessments include assessing pupil reaction to light, pulses to all extremities, hand grip strength and vital signs every 15 minutes for first 30 minutes, then hourly, and then per the facility's policy. At the time of R5's fall neurological assessments were documented in a progress note cumulatively and not at the time each neurological assessment was performed. The facility now uses a neurological assessment form to document the assessments at the designated times.

3.) R6's Admission Record dated 4/6/21 documents R6 admitted to the facility on 8/7/20 with diagnosis of Cerebral Infarction.

R6's Order Summary Report dated 4/7/21 documents an order dated 8/27/20 for Clopidogrel Bisulfate (inhibits blood clotting) 75 mg by mouth daily.

R6's Care Plan revised on 10/28/20 documents R6 is at risk for falls and includes an intervention dated 10/28/20 to follow the facility's fall protocol.

R6's Nursing Notes document on 3/30/21 at 11:21 AM R6 had an unwitnessed fall while walking from the dining room to R6's room. R6 had an abrasion to the spine and complained of back and right hip pain.

R6's Post Fall 72-Hour Monitoring Report with fall date of 3/30/21 at 9:50 AM does not document post fall nursing and neurological assessments were completed every 12 hours for 4/1/21 and 4/2/21. The assessments documented as scheduled for 4/1/21 at 2:00 AM and 2:00 PM and

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S9999	Continued From page 5 4/2/21 at 2:00 AM and 2:00 PM are left blank and incomplete. On 4/6/21 at 11:43 AM R6 stated: R6 fell a few days ago while walking from the dining room to R6's room. R6 had back and right hip pain following the fall. R6's back pain has resolved, and R6 still has constant right hip pain rated a 5 on a 10 scale. The facility's Fall Audit Tool documents audits completed between 2/1/21 and 3/28/21 provided by V1 were reviewed. The Fall Audit Tool does not document that post fall documentation and assessments were reviewed for R4's fall on 3/28/21, R5's fall on 2/13/21, and R6's fall on 3/30/21. On 4/6/21 at 10:44 AM V2 Director of Nursing stated neurological assessments are completed on a paper form and uploaded into the resident's Electronic Medical Record (EMR). V2 stated neurological assessments are to be completed post fall every 15 minutes for the first hour, then every 30 minutes for an hour, then hourly for 2 hours, then once every 12 hours until 72 hours has lapsed following the fall. On 4/6/21 at 2:33 PM V2 confirmed R4's, R5's, and R6's post fall nursing assessments and neurological assessments were not consistently documented as completed per the facility's policy. V2 stated V2 has not been reviewing post fall documentation and assessments for residents who reside on the Greenhouse unit. V2 stated V2 thought V1 Administrator or V7 Greenhouse Guide completed the post fall reviews. On 4/6/21 at 2:35 PM V7 stated V7 has not been reviewing post fall documentation and assessments, and V7 thought V2 completed the	S9999		

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S9999	Continued From page 6 post fall reviews. On 4/6/21 at 1:51 PM V1 Administrator stated the facility implemented the Post Fall 72-Hour Monitoring Report at the end of February 2021. V1 stated prior to February each neurological assessment in the resident's EMR had to be accessed to see the time and date each assessment was completed. On 4/6/21 at 3:46 PM V1 confirmed the facility was not reviewing post fall documentation and assessments for residents who reside on the Greenhouse unit. On 4/7/21 at 10:26 AM V1 stated V1 was unable to provide any additional completed post fall nursing and neurological assessments for R4, R5, and R6. V1 stated general post fall nursing assessments should be completed and documented once every 12 hour shift, once between 7:00 AM and 7:00 PM and once between 7:00 PM and 7:00 AM. Neurological assessments scheduled for once every 12 hour shift should be completed once between 7:00 AM and 7:00 PM, and once between 7:00 PM and 7:00 AM. The facility's Post Fall 72-Hour Monitoring Report dated February 2021 documents "This assessment should be completed at the following intervals for follow up for all falls. A fall that is unwitnessed, or in which the head is struck, requires neurological checks. Any change in resident condition requires a phone call to the primary care physician as well as the family." This report documents post fall assessments should be completed initially, followed by every 15 minutes for the first hour, then every 30 minutes for an hour, then hourly for 2 hours, and then once per 12 hour shift for a total of 72 hours. This report documents to assess the resident's blood pressure for increase/decrease, pulse for	S9999		

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S9999	Continued From page 7 slowing/widening or increased rate, respiration changes in rate/rhythm/pattern, range of motion and strength of extremities, and eye and pupil response. The facility's Fall Risk Assessment and Protocol dated 9/8/2016 documents the following: Residents will be assessed by a nurse immediately following a fall and every shift for 72 hours. The assessment will be documented in the resident's medical record. The facility's Post Fall Neurological Assessment policy dated 2/22/21 documents "If head injury is suspected or unknown, the neurological status will be monitored for 24 hours post fall/incident." This policy documents neurological checks will be completed every 15 minutes for 1 hour, then every 30 minutes for 1 hour, then hourly for 2 hours, and then every 12 hours for 6 shifts and documented in the resident's EMR. This policy documents changes in the resident's neurological status will be reported to the physician or Nurse Practitioner. (B)	S9999		