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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6008973 09/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **659 EAST JEFFERSON STREET** ASCENSION SAINT JOSEPH VILLAGE FREEPORT, IL 61032 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL-PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 Complaint Investigation 2217013/IL150797 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210 b) 300.1210 c) 300.1210d)6) Section 300.610 Resident Care Policies The facility shall have written policies and a) 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 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 Attachment A care and personal care shall be provided to each Statement of Licensure Violations resident to meet the total nursing and personal

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6008973 B. WING 09/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 659 EAST JEFFERSON STREET ASCENSION SAINT JOSEPH VILLAGE FREEPORT, IL 61032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 care needs of the resident. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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 requirments are not met as evidenced by: Based on observation, interview, and record review, the facility failed to supervise a resident with a history of syncope (fainting, or a sudden temporary loss of consciousness) for one of four residents (R2) reviewed for safety and supervision in the sample of six. This failure resulted in R2 fracturing her left leg. The findings include: R2's Physician Orders Sheet dated 9/2022 shows R2 was re-admitted to the facility on 7/25/22 with diagnoses including syncope and collapse. weakness, and displaced fracture of lateral malleolus of left fibula. R2's Fall Risk Assessment dated 7/17/22 shows R2 is a high risk for falls. R2's risk factors include altered elimination and dizziness/vertigo.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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(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
S9999	Continued From page 3		S9999		·	
	W.5	on the bathroom floor. R2 said				16.1
62:	that there was a time had been dropping monitor R2 closer. Voilet prior to her fall having bowel move longer on the toilet.	M, V6 CNA said she heard the when R2's blood pressure but V6 had never been told to V6 said she placed R2 on the I. V6 said R2 has issues with ments, so V6 said R2 takes V6 said she would've "peeked pently" if she knew that R2 ressure issues.	,			(#) (#)
	go answer a resider R2 calling out for he bathroom and she f up against the sink floor and R2 was or was awake but did	AM, V7 CNA said she went to nt's call light when she heard elp. V7 said she went into R2's ound R2's walker was pushed and R2's head was on the n her knees. V7 said that R2 not know what happened. V7 herself in the bathroom.				
	AM shows, "At 7:00 down to [R2's] room fetal position on her	Notes dated 7/19/22 at 9:24 AM this nurse was called I. [R2] was found in a front knees with face down		8 4 8		
1 5	she doesn't remember passed out. This nutrinto sitting position. In the pain and left a nose hurting. Small nose and bilateral k AM-Attempted to give	ve morning medications to				
Ilinola Dago	small yellow bile like came to assess. Re shaky, weak, slightly chills. Nurse practition	came nauseated and had a emesis. Nurse Practitioner sident still not feeling well, y lethargic, and complains of oner suggested to be sent to Dated 7/19/22 at 2:38 PM		N 		·

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