Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6015200 B. WING 07/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **13138 STATE ROUTE 13 COULTERVILLE REHAB & HCC** COULTERVILLE, IL 62237 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 Initial Comments \$ 000 Annual Licensure Survey \$9999. Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies 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 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 Attachment A plan. Adequate and properly supervised nursing Statement of Licensure Violations care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Illinois Department of Public Health 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: B. WING IL6015200 07/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **13138 STATE ROUTE 13** COULTERVILLE REHAB & HCC COULTERVILLE, IL 62237 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) \$9999 Continued From page 1 S9999 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: 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 requiremnts are not met as evidenced by: Based on interview and record review the facility failed to provide adequate supervision to prevent falls for 1 of 3 residents (R13) reviewed for supervision to prevent falls in a sample of 44. This failure resulted in R13 falling twice in one day and sustaining a right inferior orbital blowout fracture and minimally displaced left nasal bone fracture. Findings include: R13's Admission Record, printed on 7/21/23, documents R13 had history of falling, unspecified dementia, unspecified severity, with agitation, unspecified abnormalities of gait and mobility and abnormal posture. R13's Minimum Data Set (MDS), dated 04/16/23 documents a BIMS (Brief Interview for Mental Status) score of 11 indicating moderate cognitive impairment. The MDS documents that R13 requires limited assistance of one person for bed mobility, transfer, dressing, toilet use, and personal hygiene. The MDS documents that R13 requires supervision of one person for locomotion

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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: IL6015200 **B. WING** 07/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **13138 STATE ROUTE 13 COULTERVILLE REHAB & HCC** COULTERVILLE, IL 62237 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) \$9999 Continued From page 3 S9999 AM documents "CNA reported to this writer that R13 was having a slight left sided droop and some slurred speech after a fall this morning. This nurse went to assess resident and resident's vitals were 142/80 BP (blood pressure), 91 BPM (beats per minute), 93 o2 (oxygen saturation), 18 resp (respiration), 98.1 temp. This writer then notified DON (Director of Nursing) of resident's condition and DON advised this writer to call (V16). (V16) was notified and advised this writer to keep an eye on the resident and call back if residents condition worsens." R13's Health Status Note dated 04/28/23 at 9:45 AM documents "CNA reported to this writer that resident was on the floor. This writer assessed resident and resident had swelling and a hematoma to her right eye. Resident had and an episode of emesis. This nurse helped CNA get resident up into wheelchair this writer took residents vitals which were 166/82 BP, 124 BPM, 100.2 temp, 92 o2. This nurse then notified DON and was advised to send resident to the hospital. This writer then called 911 and asked for transport, this nurse then notified MD of resident being sent out. POA notified of transport. Resident transported to (local hospital) via EMS (Emergency Medical System)." R13's Fall Investigation dated 04/28/23 documents "CNA reported that resident was on the floor. Swelling and hematoma noted to right eve. CNA and nurse assisted resident into wheelchair and vitals obtained. Conclusion: Elder was immediately sent to ED for evaluation and 1-hour visual checks initiated upon return from the hospital. Root cause: No fault." R13's Hospital Report dated 04/28/23 documents "Right inferior orbital blowout fracture and

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