STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010227	A. BUILDING: _____ B. WING _____	C 01/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASEYVILLE NURSING & REHAB CTR	601 WEST LINCOLN AVENUE CASEYVILLE, IL 62232

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S 000	Initial Comments Complaint Investigation 2340102/IL155006	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.1220b)3) 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	S9999	**Attachment A** Statement of Licensure Violations	

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S9999	Continued From page 1 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.	S9999		

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S9999	Continued From page 2 These requirements were Not Met as evidenced by: Based on interview and record review, the facility failed to conduct root cause analysis and implement progressive interventions after falls to prevent future falls for 1 of 3 residents (R7) reviewed for supervision to prevent accidents in the sample of 33. This failure resulted in R7 falling and sustaining superficial abrasion above his nose and left eye and a fracture to his fifth digit (finger). Findings include: R7's Physician Order Sheet for June 2023 document diagnoses of Chronic Obstructive pulmonary disease, Type 2 Diabetes, other psychotic disorder, Alzheimer disease, hypoxemia, unsteadiness on feet, wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture, unsteadiness on feet, Unspecified abnormalities of gait and mobility. R7's Minimum Data Set (MDS) dated 2/4/2022 document he was moderately impaired for cognition. R7's MDS documents he required extensive assist of one staff for mobility, was totally dependent upon two staff persons for transfers and required extensive assistance from one staff for toileting. The Facility was only able to provide R7's Morse Fall Assessment for 9/17/2021, and it documents he is "high risk for falling." R7's Nurse's Notes, dated 4/1/2022 at 10:34 AM, document, "CNA (Certified Nursing Assistant)	S9999		

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S9999	Continued From page 3 heard noise proceeded to resident's room, observed resident lying on the floor in front of the dresser on his right side with his wheelchair at his feet. Alert, awake and responding. No Loss of Consciousness. Resident stated that he hit his head." On 1/20/2023 at 12:05 PM, V1 (Administrator) stated I do not have any fall reports for R7, I do not see that he even had any falls for him in April 2022. R7's Care Plan: Falls start dated of 2/8/2022 with a completion date of 5/8/2022 documents, "R7 is at risk for falls related to impaired mobility, generalized weakness, pain, incontinent of bowel and bladder, and use of routine medications that increase his risk for falls. He requires extensive assist with activities of daily living (ADL) and transfers. He has had no falls this review period." R7's Care Plan was not reviewed after his fall on 4/1/22. R7's Nurse's Notes dated 6/2/2022 at 2:07 PM, documents, "Writer was called to patient room by V60 (Certified Nursing Assistant/CNA), and patient was lying face down on the floor. He has hit the front of his forehead and it was bleeding. When notice he has three small cuts on the forehead. One over the right eye, nares (nose) and over left eye." Nurse's notes dated 6/2/2022 at 7:43 PM, "Note Text: Resident returned from (Local Hospital) ER (Emergency Room) at this time per (Ambulance) and 2 EMT's (Emergency Medical Team) per stretcher. Per ER discharge report resident has a finger fracture. He has a splint to his left pinky finger that is taped to his ring finger."	S9999		

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S9999	Continued From page 4 R7's Emergency Department (ED) Room records dated 6/2/2022 document, "85 year old male presenting to emergency department via EMS (Emergency Medical Service) after ground level fall. Patient reportedly fell out of his wheelchair, landing on his face. Patient does take Eliquis on a regular basis. Denies LOC (Alert level of consciousness). Patient also reports pain to his left fifth and fourth digits." R7's ED records document a circle above his nose and above his left eye which documents, superficial abrasion to both areas. Mild contusions to the left 4th and 5th digits. Findings: There is diffuse soft swelling involving the fifth finger. There is acute mildly displaced and angulated midshaft fracture of the fifth proximal phalanx. X-ray to left hand with evidence of fracture to fifth digit." On 1/20/2023 at 12:51 PM, Director of Nursing (DON) stated, "After a resident falls, I would expect the staff to assess the resident for injuries, complete vital signs, contact the provider, get orders from the provider and contact the POA. The IDT (Interdisciplinary Team), myself, Assistant Director of Nursing, Minimum Data Set (MDS), we all come together and try to do root cause analysis, try and figure what happened and implement the appropriate interventions. We then add them the resident's name to the high fall risk and pass it out to department heads and make all staff aware. I would expect an intervention to be put in place after any and every fall that any resident would have. I am not sure why there were no interventions put in place after R7 fell on 4/1/2023." The Fall Policy with a revision date of 2/17/2020 document, "Notify the Director of Nursing or house supervisor to assist in resident assessment. If not available, have another nurse	S9999		

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S9999	Continued From page 5 assist with assessment. Document the accident/incident in the resident's chart. Document what you saw, injury obtained, first aid that was performed, vital signs, and at what time MD/practitioner and responsible party were notified. If resident has hit his/her head or has a fall not witnessed by staff, include this information when the practitioner/MD and responsible party are notified. Document any orders received from the MD/practitioner, any change in ROM, limping, complaints of pain, change in Vital signs, neurological assessment, or any other changes noted. Update the resident's care plan." (B)	S9999		