STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 Annual Health Survey & Complaint Investigation: 2342061/IL157431	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 5 1). 300.610a) 300.1210b) 300.3240a) 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 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 1 care needs of the resident. 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 ensure a resident was treated with dignity, and had needs met 2 of 2 residents (R54, R229) reviewed for dignity in the sample of 41. This failure resulted in R229 experiencing feelings of embarrassment and feeling like a "freak show." Findings include: 1. R229's Minimum Data Set (MDS), dated 1/11/23, documents that R229 requires limited assist of 1 person for locomotion and extensive assistance of 2 for dressing. On 3/06/2023 at 8:45 AM, R229 was lying in bed covered with a large amount of stool visible from the hallway. R229 was lying on a large dried brown stained fitted and flat sheet. R229's bed frame and floor had a large amount of dried stool on them that was visible from the hall. R229 was exposed to and viewed from the high traffic hallway. R229's hallway is used for smoking and residents from all over the building ambulate on hallway, passed R229's open door to and from the smoking exit as well as the residents that reside on the hall. 03/09/23 at 09:15 AM, R229 was transported by	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 2	S9999		

staff through the high traffic hall. R229's large abdomen, colostomy and abdominal apron was exposed.

As of 3/9/2023 at 9:20 AM, the dried stool observed from 3/6/2023 at 8:45 AM remained on R229's bed frame.

As of 3/14/23 at 9:00 AM, the dried stool observed from 3/6/2023 remained on R229's bed frame.

On 3/9/2023 at 9:30 AM, R229 stated that she does not like to lie in "s***" and certainly don't like to be seen that way." R229 stated that she did not like to be on display for everyone to see. R229 stated that it's embarrassing. R229 stated that she feels like a "freak show." R229 stated that she does not need an audience and that she is not a "freak show."

On 3/13/2023 at 11:45 AM, V2, Director of Nursing (DON), stated that she would expect staff to cover R229 when transporting R229 and assure that R229 was clean and not exposed to people walking past R229's room. V2 stated that R229 was not cleaned timely. V2 stated that the exit at the end of the hallway was used for smoking. V2 stated that the residents and staff would walk or be assisted through the hall passed R229's room. V2 stated that there are also other residents on the hall as well.

2. R54's Face Sheet, undated, documents R54 was admitted on 8/9/22 and has diagnoses of Anxiety and Parkinson's disease.

R54's MDS, dated 2/21/23, documents R54 requires limited assistance of 1 staff member for dressing and hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 On 03/07/23 11:15 AM, V10, Certified Nurse's Aide (CNA), went in to assist R54 with getting dressed and up for lunch. R54 was lying in bed covered up with covers. V10 uncovered R54. R54 was lying with just an incontinent brief on. V10 checked R54 for incontinence. V10 dressed R54 in black sweats pants and a black t shirt. R54's bed was next to the window. R54's window drapes were never pulled closed and the window faces the parking lot. On 3/14/23 at 3:00 PM, V, stated that the drapes should be pulled for privacy with care. Residents' Rights for People in Long-term Care Facilities, dated 5/2018, documents "safety and good care: Your facility must provide services to keep your physical and mental health, and sense of satisfaction." It also documents "privacy: Your medical and personal care are private." (B) 2). 300.610a) 300.1210b) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 4 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 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. These Requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the call light was within reach for 4 of 4 residents (R3, R53, R58, R229) reviewed for accommodation of needs in a sample of 41. This failure resulted in R3 feeling sad, alone and like no one wants to take care of her. Findings include: 1. R3's Care Plan, dated 12/12/19, documents "PROBLEM: Resident at risk for falling R/T (related to) unaware of safety issues." It continues "APPROACH: Keep call light in reach at all times." R3's Minimum Data Set (MDS), dated 2/17/2023, documents that R3 requires extensive assist of 1 to total assist of 2 with ADLs (activities of Daily living).	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 5 On 3/6/2023 at 8:34 AM, R3's call light was on the floor not in R3's reach. On 3/7/2023 from 9:33 AM to 11:16 AM, R3's call light was on the floor out of R3's reach with R3 yelling out for help. At 11:16 AM V22, Housekeeper, responded to R3's yell for help. V22 left R3's room. R3's call light remained on the floor out of R3's reach. On 3/9/2023 at 11:40 AM V3, Certified Nurse's Assistant (CNA), stated R3 is alert and able to answer questions appropriately. On 3/9/2023 at 11:45 AM, R3 stated that she can use her call light when she can reach it. R3 stated that she yells for help when she doesn't have her call light. R3 stated that it makes her feel sad, alone and like no one wants to take care of her. R3 stated that she stays in her bed. R3 stated that she depends on the staff for her care needs and that the only help that she gets is from the staff. R3 stated that when she doesn't have the call light it takes forever for her to get help. R3 stated that she has to wait till she sees someone passing in the hall way and that can take hours. 2. R229's MDS, dated 1/11/23, documents that R229 requires limited assist of 1 person for locomotion and extensive assistance of 2 for dressing. On 3/06/2023 at 8:45 AM, R229 was lying in bed facing the door. R229's call light was on the floor between the wall and the bed frame out of R229's reach. On 3/6/2023 at 11:44 AM, R229 was transported to her room from the dining room. R229 was left sitting in the wheelchair in the middle of the room.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 6 R229's call light was located on the floor between the wall and the bed on the other side of the room out of R229's reach. On 3/8/23 at 10:00 AM, R229 stated that she doesn't have a way to call for help. R229 stated that she needs help from the staff to take care of her. R229 stated that she doesn't know how she will get help without her call light. R229 stated that it's scary not knowing if she will get help if she needs it. R229 stated that she guesses she will just wait until someone comes. On 3/13/2023 at 11:45 AM, V2, Director of Nursing (DON), stated that she would expect the staff to make sure that each resident has their call light in reach and that the call light is answered timely. 3. R53's Face Sheet, undated, documents R53 was admitted on 11/18/22 with diagnoses of Dementia and repeated falls. R53's MDS, dated 1/24/23, documents R53 is moderately impaired cognitively and requires extensive assistance of 2 for transfer and limited assistance of 1 staff member for bed mobility. On 03/07/23 10:24 AM, R53 was lying in bed asleep. R53's call light was attached to the privacy curtain which R53 was unable to reach when he woke up. On 3/14/23 at 3:00 PM, V2, DON, stated that call lights should be kept within reach of the resident and not clipped on the privacy curtain. 4. On 3/6/2023 at 9:45AM, R58 was lying in bed on his back. The call light was hanging from the wall on the night stand against the wall out of	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 7 R58's reach. R58 stated he cannot reach his call light. R58's current face sheet documents a diagnosis to include quadriplegia. R58's MDS dated 2/21/2023 documents R58 requires extensive assistance and two plus physical assistance for bed mobility. R58's MDS documents that R58 is cognitively intact. The facility's Call Lights Policy and Procedure, dated 1/1/2020, documents Policy: to assure each Resident will have a readily accessible means to obtain needed assistance, The call light Communication system will be a direct link to a centralized staff location. It also documents Procedure: 1. Each resident will be provided with a call light. 2 Call lights will be kept within reach of Residents. 3. Call lights will be answered in a timely fashion. (B) 3). 300.610a) 300.1210b) 300.3210t) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 8 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 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. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These Requirements were not met as evidenced by: This Licensure Findings require two DPS statements: (A) Based on interview and record review, the facility failed to provide mental health services for residents with mental disorders for 1 of 3 residents (R180) reviewed for mental health services in the sample of 41. This failure resulted in R180 not receiving services/interventions to address impulsive aggressive behaviors and being arrested by police after physically assaulting another resident.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 9 (B) Based on interview, observation and record review, the facility failed to prevent physical abuse for 2 of 3 residents (R180, R181) reviewed for abuse in the sample of 41. This failure resulted in R181 sustaining a facial laceration requiring 5 sutures and an orbital (bone around the eye) fracture. Findings include: 1. R180's Face Sheet, undated, documents that R180 was admitted on 11/9/22 and has diagnoses of Generalized anxiety disorder. R180's Minimum Data Set (MDS), dated 11/18/22, documents that R180 is cognitively intact. R180's MDS, dated 2/8/22, documents that R180 is cognitively intact and has no behaviors. R180's Nurse's Note, dated 11/18/22, documents, "Resident arrived at facility at approx. (approximately) 6:30pm with 1 transport aid [sic]. Resident is 48 y/o (year old) male with gangrene of scrotum, CHF (Congestive Heart Failure), DM 2 (Diabetes Mellitus) and hx (history) of substance abuse. Ambulates independently. Cont (continent) of B and B (bowel and bladder). Resident oriented to room, roommate, given call light instructions. Resident had not eaten dinner so writer gave resident food tray from dietary. Resident informed that after writer completed her med (medication) pass she would then assess resident and begin admission checklist. Resident had no c/o (complaint of) pain at this time. At approx 7:15pm resident came to nurses' station and stated he did not like his roommate and that he was "shady". Writer told resident she would	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 10	S9999		

have the office speak with him in morning about a possible room change. At approx 8:50pm resident requested pain medication that was not at facility. At this time another resident had a health emergency and writer explained that after she took care of the emergency, she would enter his medications and call pharmacy to obtain pain medication. Resident got angry with writer. Yelling obscenities, repeatedly calling facility, stating he was going to call 911 to take him back to (hospital) if he didn't get meds (medication) now. Writer offered Tylenol which res (resident) declined. Writer explained that the admissions process takes a little bit of time and resident said "(f***) that". At approx 10:30pm writer entered orders and faxed them to after hrs (hours) pharmacy. Pharmacy called as well. Writer attempted to retrieve pain med from narcotic E (Emergency) kit but that particular medication was not in there. Writer called pharmacy again and requested e-run (emergency run) at approx 11:30pm. Resident informed of this, and he became very agitated. Writer again offered Tylenol until pharmacy arrival, but resident denied again. Resident refused to have V/S (vital signs) taken, refused all assessments, refused to have writer look at body/scrotum wound, refused accucheck, and repeatedly said "(f***) that". Resident began complaining that he wanted a private room and that his dinner of a hot dog and chips was horrible. Writer attempted to talk to resident but he told her to shut up. At approx 11:45 911 arrived. Resident had called them to transport him back to (hospital). Resident refused to sign AMA (against medical advice) form. Continued to insult writer while being transported on stretcher. DON (Director of Nurses) notified. Admin (Administration) notified. Report called in to (local) E.R. (Emergency Room)."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 11 R180's Nurse's Note, dated 11/28/22, documents, "[Recorded as Late Entry on 11/29/2022 04:43 PM] Resident's roommate informed SSD (Social Service Director) of threats made by resident to roommate. Behavior tracking is in place for this behavior, and interventions such as a room change has been put in effect as of today." R180's Nurse's Note, dated 11/29/22, documents, "Resident going to his old room to switch beds. Resident educated that he cannot just move beds around the facility for his safety. Resident stood in the halls yelling that he needs the bed from the previous room. Resident walked into his old room and started moving the bed after being educated that he should not be moving furniture due to his injury. Staff switched the mattress from one room to the other and resident went to his room. then resident came back out of his room yelling that he did not want any nurse to give him his medication. Resident stated that he only wanted the doctor to give his medication. resident educated that the doctor is not in the building every time he has medication administration, and he still needs his medication. Resident still was cursing and yelling at staff. Resident redirected by a staff member and resident became compliant with staff." R180's Nurse's Note, dated 12/9/22, documents, "Resident refusing to eat dinner. Resident refusing substitute meal also. Resident cursing at staff and other residents. Resident reminded that he needs to stop cursing to respect the other residents of the facility. Resident started cursing more and stood up against staff member. Police called and arrived to the scene and resident went to his room and calmed down to this point." R180's Social Service Note, dated 12/13/22, documents, "Care plan meeting held with resident	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 12	S9999		

today to discuss discharge plan and goals that are to be met before discharging. Resident agreeable to goals and would like to remain in the facility for continued wound management. SSD will follow up with resident to ensure goals and discharge plan is still in place. Due to recent events with resident, SSD will be holding 1:1 meetings with resident as needed to control outbursts and behavior improvement."

There was no documentation in R180's medical record regarding SSD's one-to-one meetings to address R180's behavioral outburst.

R180's Nurse's Note, dated 12/13/22, documents, "Care Plan updated to reflect Care Plan meeting today with resident: Care Plan goal updated for: episodes of making accusations, harassing staff, or using vulgar language toward staff or others. Topics include discussion about how to control anger and coping mechanisms related to behaviors."

There was no documentation in R180's care plan regarding interventions to address how to assist R180 controlling his anger and assist R180 with coping mechanism to address his behaviors.

R180's Nurse's Note, dated 12/21/22, documents, "Resident continues contact and droplet isolation. related to COVID+. resident came out his room to sit at the nurse's station. resident stated that he could go anywhere he wanted. resident asked to go to his room and upon the 3rd attempt and after a few minutes went to his room."

R180's Nurse's Note, dated 12/12/22, documents, "Isolation continued. Resident educated regarding the COVID policy about

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 13	S9999		

keeping his door closed and resident is non-compliant. resident keeps opening his door and stating that no matter how much we close it he is going to open his door again, and nobody can stop his. resident re-educated and his room door was closed. Needs anticipated, cluster care."

R180's Nurse's note, dated 12/23/22, documents, "Covid+ isolation, resident is able to make needs known, remains asymptomatic. Resident needs several reminders to keep door closed and to stay in room. Supervisor went and spoke with resident about keeping door closed. Resident and writer had a conversation about his anxiety. Writer suggested he try what was prescribed to him, resident felt like he needed something stronger. Writer encouraged resident to try to listen to music or talk with a friend on the phone when his anxiety hit, resident says "I just need something that's going to work immediately." Writer felt resident becoming agitated and left room."

R180's Nurse's Note, dated 12/23/22, documents, "Resident continues to display continuously aggressive behavior in nature. Resident is refusing to adhere to facility's isolation guidelines in regard to recent Covid+ test results dated on 12/20/22. Resident has thrown his trashcan out of his room and down the hall. Resident has thrown his tray out of his room and onto the floor, down the hall. Resident does not wish to talk to this writer at this time. States "You're a (f******) joke. Get the (f***) out of my face." When attempting to talk to the resident about his behavior, he states "You (mother f******) treat everybody like kids so you should expect childish (f******) behavior." Resident states "I have anxiety, so I smoke some (d***) weed. I got

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 14	S9999		

some from my kid last night and smoked it and flushed the rest. I'm sure you know about all that already." Call placed (V27 Medical Director). New order received to send resident to (local) Hospital r/t (related to) eval (evaluate) and treat. Resident has been notified of transfer. Report called to (local) EMS (Emergency Medical Support) requesting transport. (local) EMS stated that police needed to be on site when they arrive in order to transport. (local) PD (police Department) has been dispatched. (local) Police department arrived into facility at 5:36 PM. (local) EMS arrived to facility at 1841. Resident stated he did not want to leave the facility. (V29 Psychiatrist) called. (V29) gave order to have resident transported to (local hospital) with documentation. Resident then agreed to leave the facility after receiving reassurance that nobody would touch his belongings. Ambulated to stretcher independently. Leaving facility at this time being escorted via (local) EMS and (local) PD (police department)."

R180's Nurse Note, dated 12/24/22, documents, "Resident back in facility at this time. Transported by Cab. Resident ambulatory and able to walk."

R180's Nurse's Note, dated 1/3/23, documents, "Resident insist on doing his own wound care on his right 2nd toe, refusal to let most nursing staff take care of it instead."

R180's Nurse's Note, dated 1/16/23, documents, "Res (Resident) seen by (V26 Psychiatry Nurse Practitioner) and gave new orders to start Buspar 15 mg (milligram) take 1 tab (tablet) po (by mouth) bid (twice a day) res notified."

R180's Nurse's Note, dated 1/28/23, documents, "Resident continues to refuse Buspar. MD to be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 15 made aware. Will continue to monitor." R180's Nurse's Note, dated 2/15/23, documents, "Residents risk assessment came back today which determined him a high risk. Resident is required to have a private room close to the nurse's station. Resident has been notified that he is moving to room 102 which he was ok with and understood." R180's Nurse's Note, dated 2/23/23, documents, "Resident was observed screaming at the dietary staff calling these idiots and morons. I approached resident to see what the problem was, and he stated he did not get a breakfast tray. I spoke with kitchen who indeed sent down a room tray. After interviewing the CNA (Certified Nurse's Aide), they stated he did get a tray however it was cold and he threw it on the floor. The kitchen staff did make him a new tray. RDO (Regional Director of Operations) and I did explain to the resident he has to keep his anger under control and that he can't talk to staff that way." R180's Nurse's Note, dated 2/25/23, documents, "Nurse was notified by another resident that this resident informed him that he went into another residents room and made contact to resident. This resident stated he was going to lie about the event if he was questioned. After event occurred this resident sat in the dining room at the table. DON was in building and spoke with resident and completed 1 on 1 with resident until police arrived. This resident cont. to state he didn't do anything wrong. Resident was calm and did not appear in any pain, or discomfort. Resident is A&O (alert and orientated) x3. Resident did not make any threats while talking with DON. Resident was questioned by police regarding	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 16	S9999		

event and resident was asked to show police his hand. Right hand was noted to be swollen and had discoloration to knuckles. Resident received an immediate D/C (discharge), and police arrested this resident. All paperwork regarding resident's medications were sent with resident. Resident was medically ok for D/C. Resident was ambulatory as he was walking out the building. MD, DON, ADMIN, POLICE, Emergency Contact, Ombudsman notified of event."

R180's Care Plan, dated 11/9/22, documents, "Problem: I am on anti-anxiety medication r/t (related to) a dx (diagnosis) of Anxiety. Approach: I will remain med compliant to reduce symptoms of this behavior, I will inform staff if symptoms occur." No other interventions were in place.

R180's Care Plan, dated 11/10/22, documents, "Problem: I have drug seeking behaviors related to past drug use history. Approach: I will refrain from having symptoms of drug seeking behaviors through next review." No other interventions were in place.

R180's Care Plan, dated 11/10/22, documents, "Problem: I have episodes of making accusations, harassing staff, or using vulgar language toward staff or others. Approach: I will refrain from making any accusations, harassing staff, or using vulgar language toward staff or others through the next review. Start date of 11/10/22. Approach: Care Plan meetings to discuss coping mechanisms to help me control behaviors. start date of 12/13/22." No other interventions were in place.

R180's Care Plan, dated 11/10/22 revised 2/15/23, documents, "Problem: I am an IOP (Identified Offender Person) r/t (related to) a past

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 17	S9999		

history of burglary offenses. I am considered High risk and require a private room close to the nurse's station. Approach: I will have no incidents of any kind r/t my past history through next quarter." No other interventions were in place.

There was no documentation in R180's Care Plan regarding R180's aggressive impulsive behaviors and interventions to address these behaviors.

R180's Outside Counseling Service monthly progress note, undated, documents that R180 was seen 2/2/23 and 2/15/23. The Note documented "On the two occasions of clinician's visit, before his departure, (R180) avoided this clinician and did not want to participate in sessions."

R180's Behavioral Tracking Sheets from 11/22 - 2/23 documents R180 only had behaviors of episodes of making accusations, harassing staff, or using vulgar language toward staff and others and drug seeking behaviors related to past drug use history in November 2022.

On 3/15/23 at 1:41 PM, V1, Administrator, stated, "We lost our Social Service person before I got here. When I got here, I hired someone, then I transferred that person to Human Resources, and I have the activity person transitioning into the Social Service position. She will start her training class on 3/28/23. It's a 2-day class for Social Service. We do have an outside counseling service coming in and providing counseling to a few residents." V1 stated "She did see (R180) for us twice for free because his insurance would not cover counseling for him. She tried to see him a third time, but he refused to see her." V1 stated "We do not provide any groups like anger management, healthy living, or substance abuse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 18 I am under the impression that we do not have to because their medical reason for being here outweighs their mental issues, so we don't have to provide groups. At this time, activity works with the resident's doing activities and group activities like bingo and stuff. He (R180) really just yelled at staff. We were surprised when (R180) hit (R181). We did not see that coming. The problem started when I received his Illinois State Police report, and he was identified as being high risk and he needed a private room near the nurse's station. He was very protective of (R53 his previous roommate). No one witnessed the attack on (R181). From what I have been told, he heard from another resident that (R181) was in (R53's bed) and that is what upset him. Another resident went to the nurse and told her that (R180) said that he hit (R181). The nurse went down and checked on (R181) and that is when he was found to be hurt. (R180) was immediately put on 1:1 observation and the police were called. (R180) was given and immediate discharge. The police arrested him. At this time, I have not been able to find any social service notes that have been written. I have looked at his hard chart and nothing is there. It is great when the Social Service Director documents that she has spoken with residents but if you don't put your plan into action and document on it. All it does is look good on paper. That is part if the reason she is no longer here." On 3/9/23 at 1:24 PM, V30, Certified Nurse's Aide, (CNA) stated that R180 would really get aggressive if his food was not right. On 3/15/23 at 9:00 AM, V1, stated that she was unable to get the progress notes from the outside counseling service due to confidentially.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 19 On 3/15/23 at 11:31 AM, V30, Medical Director, stated, "(R180) was very angry when he came in. He did not show behaviors when he saw me because I was the key to his narcotics. I am not sure how much mental health programming would help for some of the residents but for some it will help." Findings include: 1. R181's Face Sheet, undated, documents that R181 was admitted on 2/17/23 and has diagnoses of Unspecified dementia, Violent behavior, and Alzheimer's disease. R181's Minimum Data Set (MDS), dated 2/26/23, documents that R181 is severely cognitively impaired and has behaviors. R181's Nurses Note, dated 2/25/23, documents, "Recorded as Late Entry on 02/27/2023 10:50 AM, This nurse was informed by another res (resident) that this res was bleeding. This nurse went into resident's room and he was sitting on the end of his bed facing the door and he had blood dripping from his nose and had large hematoma above his left eyebrow which had a laceration and was also bleeding. res was asked what happened but res was unable to answer this nurse. Resident is currently at baseline. He was talking and trying to eat his cookies. This nurse told res to stay here and I would be right back. DON (Director of Nurses) was in facility and was notified of incident. DON spoke with individual who reported resident condition and said the suspect hit him and came and told them he did it. This nurse stayed with res until the emts (Emergency Medical Technicians) arrived and gave res first aid. res continued to talk this nurse.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 20	S9999		

Res. was able to ambulate to stretcher. Res didn't appear to be in any discomfort. Neuros (neurological checks) were initiated and were wnl (within normal limits). Vitals were stable. MD (Medical Doctor), POA (Power of Attorney), DON, ADMIN (Administrator), 911 was notified. Report given to E.R. (Emergency Room)"

R181's Nurses Note, dated 2/26/23, documents, "res back from er and was on stretcher and put into bed with no issues. res more alert then before going to the er last night. res able to answer questions when asked with appropriate answers. res in bed with tv (television) on and drinking a pepsi. res has no c/o (complaint of) pain or discomfort voiced at this time. call placed to wife and let her know he was back and was informed by emts that he did have a fall at the er but the cat (computerized tomography) scan was ok. res has 6 sutures above his left eye and there is bruising noted around the left eye. res to start abt (antibiotic) Levaquin 750 mg (milligram) take 1 tab (tablet) po (by mouth) daily times 7 days r/t (related to) to facial fx (fracture). res sutures to be removed 5 to 7 days and to follow up with (V27, Medical Director). don and dr aware of res being back and his new orders. wife made aware of new orders and let her know when sutures are to come out."

R181's Emergency Room Visit Note, dated 2/25/23, documents, Chief Complaint: Assault, physical. Stated complaint: vov (victim of violence), lac (laceration) to eye swelling. One 3 centimeter Laceration to face (eyebrow) left side, received 5 Sutures. Discharge Plan: Closed fracture of orbital wall.

The Facility Incident Report Form, dated 2/25/23, documents, "Occurrence Resolution: Upon

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 21	S9999		

further investigation after interviewing residents, it was found that (R180) was upset with (R181) due to resident (R181) getting into the wrong bed in his room. (R181) suffers from dementia and got turned around and ended up in the wrong bed. (R180) used to be in the room of (R181) resided in at the time of the incident. (R180) was very protective over his previous roommate as he cared for him and helda special bond. Said roommate was now (R181's) roommate. (R180) was mad and jealous his previous roommate now has another roommate in his room. When (R180) went to check on his previous roommate he noticed (R181) in the wrong bed. He then made physical contact with (R181). Resident were immediately separated. (R180) remained 1:1 until police arrived. (R180) was given an emergency discharge due to being a danger to the facility. (R180) was arrested and taken to jail."

On 3/13/23 at 4:00 PM, R180 stated, "I did hit a man there. I got tired of him walking around hitting other residents. So I went in and took care of it. The facility told me that I was the wrong because he had dementia. They called the police and I was arrested with a felony. I spent 3 days in the jail."

On 3/15/23 at 1:41 PM, V1, Administrator, stated, "He (R180) really just yelled at staff. We were surprised when (R180) hit (R181). We did not see that coming. The problem started when I received his Illinois State Police report and he was identified as being high risk and he needed a private room near the nurse's station. He was very protective of (R53 his previous roommate). No one witnessed the attack on (R181). From what I have been told, he heard from another resident that (R181) was in (R53's bed) and that is what upset him. Another resident went to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 22	S9999		

nurse and told her that (R180) said that he hit R181. The nurse went down and checked on (R181) and that is when he was found to be hurt. R180 was immediately put on 1:1 observation and the police were called. (R180) was given and immediate involuntary discharge. The police arrested him. (R181) went to the hospital because he had a cut on his eye."

On 3/14/23 at 2:39 PM, V4, Licensed Practical Nurse (LPN), stated that R180 was very aggressive. He would kick doors, slam doors and yell. It was worse when his pain medication was wearing off. V4 stated that R180 was very protective of R53.

On 3/14/23 at 2:40 PM, V29, Certified Nurse Aide (CNA), stated that R180 was very aggressive. V29 further stated, "If he did not get his way he was aggressive."

The facility Abuse Prevention Program, dated 12/2016, documents, "As part of the resident abuse prevention, the administration will: 1. Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff for other agencies, family members, legal representatives, friends, visitors, or any other individual."

(B)

4.) 300.610a)
300.1210b)
300.1210d)6

Section 300.610 Resident Care Policies

a) The facility shall have written policies and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 23 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 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. These Requirements were not met as evidenced by:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 24 Based on interview, observation and record review, the facility failed to provide supervision, safe transfer procedures, and progressive interventions to prevent falls for 4 of 5 residents (R13, R39, R59, R74) reviewed for falls in the sample of 41. This failure resulted in R13 sustaining 2 separate lacerations and a fractured clavicle and R59 sustaining a nasal fracture. Findings include: 1. R13's Face Sheet, undated, documents that R13 was admitted on 7/15/2013 and has diagnoses of Epilepsy, Dementia, Cognitive Communication Disorder and Bipolar. R13's Minimum Data Set (MDS), dated 10/14/2022, documents that R13 has modified independence for cognition and is independent with walking. R13's MDS, dated 1/12/23, documents that R13 is cognitively intact and is independent with walking. R13's Care Plan, dated 5/24/22, documents, "I have experienced an actual fall on 5/24/22 & 11/14/2022, 3/3/23. Approach: Resident was educated on taking his time smoking cigarettes due to getting dizzy. Start date of 3/3/23. Approach: Send to ER (Emergency Room) for evaluation and treatment. Start date of 3/3/23. Approach: Therapy to eval (evaluate) and Treat. Start date of 3/3/23. Approach: Start Weekly Meetings with Social Services and began behavioral monitoring. Stat date of 11/17/22. Approach: IDT (Interdisciplinary Team) to review my fall and provide interventions as indicated. Start date of 5/24/22. Approach: Send me to the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 25 ER for evaluation and treatment as indicated. Start date of 5/24/22." R13's Care Plan, dated 3/10/23, documents, "Resident will be free of falls. Approach: therapy will evaluate and treat as needed. Approach: I will allow staff to assist me when needed. Approach: staff will remind me to slow down when I am walking too fast which includes to and from smoking breaks. Approach: Order comprehensive medication review by pharmacist, assess for polypharmacy and medications that increase the fall risk." R13's Nurses Note, dated 5/24/22, documents, "this nurse notified by staff that resident fell to his knees outside after he finished smoking. resident hit his head on another resident wheelchair when he fell to his knees. resident assessed by this nurse and no injuries noted. neuro (neurological) checks wnl (within normal limits). resident denies hitting his head. denies pain to bilateral knees. poa (Power of Attorney) called and message left r/t (related to) incident, md (Medical Doctor) notified don (Director of Nurses) notified. no c/o (complaint of) pain or distress noted at this time." R13's Interdisciplinary Team (IDT) Note, dated 5/25/22, documents, "IDT: FALL resident had a fall on 5/24/22 outside after he finished smoking resident fell on his knee. resident denies any pain or discomfort related to fall and has had no change in cognition. IDT team discussed and resident will be evaluated for therapy services resident is independent with gait and leans to one side slightly when walking. md and poa aware." R13's Nurses Note, dated 11/14/22 at 10:06 AM, documents, "Resident was standing in hallway wanting to go back out and smoke. When	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 26	S9999		

resident was told that he just had smoke break and next one was at 1:00 resident dropped down to the floor. Hitting his chin on the floor causing a 2.6x0.8x0.3 laceration to his chin; a 3x0.1x<0.1 laceration to left lower jaw area; 1.5x<0.1x<0.1 scratch behind left ear. Resident was assisted back up by this nurse and another nurse. Taken to his room where his chin and other areas were cleaned and temporary drsg (dressing) applied. MD/POA made aware. Resident being sent to (local) ER for tx (treatment), possible stitches. Report given to ER, (local) ambulance called for transport."

R13's Interdisciplinary Team, dated 11/17/22, documents, "IDT Fall Investigation: Resident was standing in hallway wanting to go back out and smoke. When resident was told that he just had smoke break and next one was at 1:00 resident dropped down to the floor. Hitting his chin on the floor causing a laceration to his chin. Resident received basic first aid and sent to ER for eval and treatment; incidental findings was that resident b/p (blood pressure) was low while at the hospital. IDT met and determined that residents' behavior caused him to injure himself which ending up having him sent out to the ER for treatment. The team determined that the resident would benefit from weekly meetings with SSD and behavioral monitoring program. MD and res (resident) POA were informed of final and had no concerns."

R13's Nurses Note, dated 03/03/2023 09:40 AM, documents, "Resident fell in west side hallway at 940am. Resident evaluated with a BP (blood pressure) 190/121 temp (temperature) 97.5 pulse 68 02 (oxygen level) 98% Resp (Respirations) 18. Resident was asked what happened and how did he fall resident stated 'Im going to my room'.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 27 CNA'S (Certified Nurse's Aides) present in hall way stated he was unsteady on feet when he fell. Resident showed signs of confusion. POA and MD notified MD advised to send resident to (local) Hospital to be evaluated." R13's Emergency Room Report, dated 3/3/23, documents, "Activity Restrictions of Additional Instructions: You were found to have a clavicle fracture today." R13's Nurses Note, dated 03/03/2023 at 02:25 PM, documents, "Resident returned to facility from (local) hospital. Emt's (emergency medical technicians) informed this nurse that this resident does have a fractured left clavicle. Residents arm was placed into a swing resident complains of no pain. POA and MD informed. Will continue to monitor." R13's Nurses Note, dated 3/4/23 at 6:01 AM, documents, "Resident sling remains in place to left arm, c/o pain throughout the night, vss (vital signs stable) Prn (as needed) Tylenol given, per resident 'still in bad pain, honey'." R13's IDT Note, dated 3/9/23 at 9:21 AM, documents, "IDT: FALL: Resident noted to have a witnessed fall in the hallway on the west side on 3/3/23 in the morning. Resident had just got done smoking his cigarettes when he was coming inside and resident was witnessed losing his balance and falling on the floor. Resident has been noted to smoke his cigarettes quickly causing himself to get lightheaded and then attempts to walk quickly. Resident has been educated on taking his time and waiting to get himself up from the chair outside until he feels ok. Resident can be non-compliant with education at times. Resident cont. (continued) to be reminded	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 28	S9999		

while smoking. Resident was assisted back up of the floor with the assistance of 2 staff and a gait belt. Resident insisted on going to his room. Nurse assessed resident immediately and resident was noted to have an elevated BP with increased confusion. Resident had stated at the time of the fall he was not in any pain although stated he was unsure of how he fell. Resident is known to have slurred and mumbling speech as this is not a change in condition. Resident did not hit his head. MD was notified and resident was sent to the E.R for evaluation and treatment. DON, POA notified of order. Resident returned later in the day with results of a fractured left clavicle. Residents arm is in a sling at this time of return. Resident cont. to get scheduled pain medication and prn Tylenol for pain. MD and POA notified of results. Resident will cont. to be further monitored for increased pain. Resident will be reminded to keep sling on. All appropriate individuals notified of results. Therapy will be evaluating and treating resident as well as staff reminding resident to take his time when outside. Will cont. to mx (monitor)."

On 3/6/23 at 1:30 PM, R13 was sitting in the living room area. R13's left arm in a sling. R13 stated that he fell.

On 3/9/23 at 1:10 PM, R13 outside smoking.

On 3/9/23 at 1:13 PM, R13 was finished smoking and was walking at a quick and unsteady gait to reenter the facility.

03/09/23 01:16 PM, V30, CNA, stated, "(R13) smokes and he can ambulate in the hallways by himself. I do remember him getting sent out on Friday because he was acting different. He was more confused. They thought he had a uti

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 29 (urinary tract infection). I did not realize that he fell. When he goes out to smoke, he acts a little different. They say he gets light headed if he smokes to fast. I don't know if that can happen, I am not a smoker. I didn't see him fall." On 3/14/23 at 3:00 PM, V2, Director of Nurses (DON), stated, "(R13) does smoke his cigarettes very quickly and he makes himself lightheaded. The staff do encourage him to smoke slower and to wait to go back into the building, but he does not listen." On 3/14/23 at 3:10 PM, V1, Administrator, stated that if they took R13's cigarettes away, he would start having behaviors, but she understands that they need to do something. 2. On 3/6/2023 during the noon meal, R59 was wandering around in the dining without staff assistance, drinking out of other resident's glasses and eating off trays. R59 walking from table to table. On 3/9/2023 at 10:51 AM, R59 wandering in the front hallway with shuffling gait and bent over, no staff assistance provided. On 3/9/2023 at 11:35 AM, R59 climbing in chair being assisted by another resident. R59's care plan documents R59 had actual fall on 6/8/22, 7/5/22, 7/24/22, 8/24/22, 11/17/22, 11/30/22, 11/30/22, 12/06/2022. R59's care plan documents the following interventions; 12/8/2022 Bed will be placed at the lowest position with floor mat added for safety, 6/8/2022 monitor resident for her respiratory systems, 1/14/2022 therapy evaluated and provided another chair for comfort, 12/24/2021 change to standard bed, 12/15/2021	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 30	S9999		

ENCOURAGE STAFF TO KEEP IN HIGH TRAFFICKED AREA WHEN AROUSING FROM BED, 12/15/2021 IDT to review my fall and provide interventions as indicated, 12/5/2022 restorative Nursing Program: Walk to dine 2-3 meals daily with emphasis on stay to task. Falling Star program 12/5/2022, R59 will have a room close to Nursing Station for closer observation.

R59's MDS dated 1/27/2023 documents that R59 is independent in locomotion.

R59's Nurse's Notes dated 6/08/2022 02:29 PM document resident was walking in the hallway and she stepped inside of a (full mechanical) lift and fell to her knees before staff could reach her. resident assessed and no injuries noted. fall was witnessed and resident did not hit her head. resident assisted up with two assist and helped to her room. resting in bed comfortably at this time with no s/s (signs/symptoms) pain noted.

R59's Nurse's Notes dated 6/13/2022 12:54 PM document IDT: FALL resident had a fall while ambulating on 6/8/22 resident walked into the (full mechanical) lift. fall was witnessed although staff unable to prevent. resident developing a respiratory illness and IDT discussed and concluded that fall was correlating with illness. resident has been walking around facility with no recent falls until illness. will monitor illness and report to MD with any changes. family and MD aware.

R59's Nurse's Notes dated 07/11/2022 12:37 PM document IDT: FALL: Resident had a witnessed fall on 7/5/22. Resident tripped over another resident's foot. This fall was an isolated event. Other resident is alert and oriented x3 and was educated on keeping her feet out of the walkway

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 31 to prevent other residents from tripping over her feet. Resident understood. Resident landed on her knee when she tripped. Resident did not hit her head. Resident was assessed with no injuries noted. Resident was assisted back to standing position. Vitals stable. No pain or discomfort noted. MD and POA notified of fall. R59's Nurse's Notes dated 07/24/2022 04:35 PM document Resident had witnessed fall by CNA in DR (dining room). Resident had on another resident's slippers that were too big and she tripped over them. Did not hit head. C/O pain to L (left) elbow but no visible injury noted. Emergency contact one called but unable to leave a voicemail. Emergency contact two disconnected at this time. VS 114/64, 100, 18, 98.5, 95% RA. R59's Nurse's Notes dated 07/31/2022 09:02 AM document IDT: FALL resident had a fall in dining room on 7/24/22. fall was witnessed. resident has no injuries from fall. resident is independent with gait and took another residents slippers and placed them on her feet. resident can be combative with care when attempting to redirect at times. shoes were replaced with her own shoes. unable to contact POA. MD notified. R59's Nurse's Notes dated 8/24/2022 05:30 PM document resident was in the dining room trying to dance with other residents and lost her footing and fell to her bottom. fall was witnessed and resident did not hit her head. resident assessed and no injuries noted. resident states she bumped her right elbow but was not in pain. resident reminded she cannot attempt to dance with others due to her poor balance and resident started laughing and said "I can do what I want." resident assisted off the floor x2 and to a chair to sit. MD, DON and poa notified of fall. resident	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 32 denies pain or distress at this time. VS T 97.0, P 80, R 18, BP 110/72 R59's Nurse's Notes dated 09/09/2022 12:04 PM document IDT: FALL: Resident was noted to be in the dining room during activity time on 8/24 when resident started dancing with another resident and lost her footing and fell on the ground. Resident was assisted off of the floor with the assistance of 2 staff and a gait belt. Resident has poor balance at times when dancing with other residents. Resident stated she bumped her elbow on the ground although area was free from redness or discoloration at this time. Denies pain or discomfort. Vitals are stable. Resident did not hit her head. Fall was witnessed. Resident will wear non-skid socks at all times to prevent sliding or falling on the ground. Will cont. to mx resident. POA, MD, DON notified of fall. R59's Nurse's Notes dated 11/17/2022 11:15 AM document writer notified of resident witnessed event. witness stated that resident did not hit her head. upon arriving to the resident, resident discovered on the floor in front of the dining room with one shoe on and laying on her right side. resident assessed from head to toe and no injuries found. range of motion assessed and within normal limits resident assisted off the floor by 2 staff members and a gait belt. resident started walking as soon as she was assisted back to her feet with a unsteady gait. 98.1, 77,128/74, 98% on room air. R59's Nurse's Notes dated 11/21/2022 03:30 PM document IDT Fall Investigation: Resident was walking quickly when she lost her balance and fell to the floor. Resident did not hit her head and did not harm herself. IDT found that the resident would benefit from frequent reminders to slow	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 33 down while ambulating. MD and res POA were informed of final and had no concerns. R59's Nurse's Notes dated 11/30/2022 05:23 PM document resident noted to be walking fast in the hallway and attempted to run, resident lost her balance and fell to her knees hitting her left arm on the floor. 2cm (centimeter) skin tear noted to left wrist. area cleaned, tao (triple antibiotic ointment) and steri strips with dry dressing applied. fall witnessed and resident did not hit her head. resident assessed and no further injuries noted. resident assisted off floor with one assist ans assisted to a chair. (MD) in facility and notified of fall and skin tear. resident son notified. don and administrator notified. resident assisted to a chair but refuses to stay seated and continues to get up and walk fast. resident assisted to a chair to sit frequently. resident currently at dinner with no complaints of pain or distress noted. R59's Nurse's Notes dated 11/30/2022 06:45 PM document Resident had unwitnessed fall with a small cut to nose, in between eyes with hematoma to forehead and left cheek; with bruising to bilateral eyes and forehead. MD notified of fall and gave orders to send to ER. R59's Nurse's Notes dated 11/30/2022 10:30 PM @ approx (approximately) 1845(6:45 PM) document Resident had an unwitnessed fall in front of the nurse's station. Small cut on forehead with edema, bruising, in between nose has a small cut with swelling, bruising and left cheek with bruising and edema. Resident remains at baseline and has no c/o pain. Resident sent to (local hospital) ER. DX (diagnosis): Depressed nasal FX (fracture). N.O (new order) received for temazepam 30mg (milligrams) @ bedtime will put	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 34 in folder for MD to review. Will make frequent checks for patient safety. R59's Nurse's Notes dated 12/05/2022 01:53 PM document IDT Fall Investigation: 11/30/22; Resident had a fall coming from the dining room on her by the nurses' station and sustained a small cut to nose, in between eyes with hematoma to forehead and left cheek; with bruising to bilateral eyes and forehead. Resident was sent ER for eval and treat. Res returned to facility with a small nasal fracture. IDT met and determined that resident would benefit from the walk to dine program as well as the falling star program. Staff will be more attentive to resident when out of room. R59's Nurse's Notes dated 12/06/2022 10:40 AM document IDT Fall investigation 11/30/2022 5:00 PM Resident noted to be walking fast in the hallway and attempted to run, resident lost her balance and fell to her knees hitting her left arm on the floor. 2cm skin tear noted to left wrist. area cleaned, tao and steri strips with dry dressing applied. Fall witnessed and Resident did not hit her head. Resident assessed and no further injuries noted. IDT team met and determined staff would be educated to monitor resident to ensure non-skid shoes are being worn while ambulating every shift. R59's Nurse's Notes dated 12/06/2022 02:03 PM document Resident found on floor laying on side of bed. No injuries noted. Vital signs WNL. Resident does not voice C/O pain or discomfort. PERRLA (pupil, equal, round, reactive to light and accommodation). Neuro checks initiated at this time. Resident being monitored 1:1. R59's Nurse's Notes documents Fall	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 35 Investigation: 12/6/2022: Resident found next to bed laying on the floor. Res said she fell rolled out. No injuries noted. Neuro-check started; res had no c/o pain or discomfort voices. IDT met and determined that resident would benefit from her bed being placed at the lowest position and a floor mat down beside bed when resident is in bed. MD notified of final, and (family member) is aware and no concerns with determination. The facility initial injury report undated documents date of incident of 11/30/2022 at 7:29 PM documents initial- administrator notified by nurse on 11/30/2002 about resident lost her balance on the 100 hall. resident is independent with gait. Nurse immediately assessed resident. nurse contacted POA/MD. Resident sent to hospital ER for evaluation. Investigation initiated. Final report will be sent. Final- On 11/30/20222 nurse contacted administrator and informed that R59 lost her balance on the 100 hall and sustained a fall. Nurse assessed R59 and R59 sent to local hospital. Report documents the local hospital notified the facility that R59 had a nasal fracture, small cut on forehead, left cheek bruising and edema. The facility was able to substantiated the alleged fall with injury and determined that the fall was a result of R59 walking too fast. Final xray report noted that she has a nasal fracture. Report documents that R59 was not hospitalized at the local hospital and no surgery needed. Report documents the quality assurance team met, new interventions were discussed for future fall prevention which include walk to dine program, falling star program. R59 is also set up for and ENT (ear, nose, and throat) specialist follow up visit care plan has been updated to reflect current status	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 36 R59's CT (computed tomography) scan report dated 11/30/2022 documents soft tissue; large right frontal soft tissue contusion/hematoma. Minimally depressed nasal bone fracture bone fractures. On 3/15/2023 at 11:27 AM, V30, Medical Director, stated that she would not consider walking to the dining room as an appropriate and safe intervention for falls as R59 takes shuffling steps and ambulates bent over. V30 stated that R59 requires progressive interventions for falls due to her history. V30 stated that R59 should be provided appropriate footwear for ambulation. 3. On 3/6/2023 at 10:07AM, R39 was in wheelchair at nurse's station. R39 bent over and got on floor on all fours and then lays on the floor. V9, Activity Therapy (AT), observed R39 on the floor and walked down hall and reported to V4, Licensed Practical Nurse (LPN). V4 states it is in R39's care plan that R39 can get on the floor. V10, CNA, bent over and placed hands under R39's arm pits and picked R39 up and sat R39 in wheelchair. V10 did not utilize a gait belt during the transfer. R39's Care Plan dated 4/27/2020, documents that R39 is at risk for falling related to cognitive development. R39's care plan documents the following interventions; 2/7/2022 keep personal items and frequently used items within reach. R39's MDS dated 2/26/2023 documents that R39 is totally dependent on staff for transfers and 2 plus staff physical assistance. 4. On 3/6/2023 at 11:53AM, R74 was in bed. V28, home health aide, and V10, CNA, transferred R74 from bed to wheelchair. V28 nor V10 used a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 37 gait belt for transfer. Both V10 and V28 placed their arm under R74's armpit and transferred from bed to wheelchair. R74 was unable to bear weight or assist with the transfer. R74's MDS dated 2/13/2023 documents that transfers activity only occurred once or twice and R74 required two plus staff physical assistance for transfers. R74's Care Plan dated 2/3/2023, documents that R74 is at risk for falls due to: Left sided weakness D/T (due to) CVA (Cerebrovascular Accident/ Stroke). R74's intervention dated 02/07/23 documents increased staff supervision with intensity based on resident need. On 3/13/2023 at 11:45AM, V2, Director of Nursing (DON), stated she would expect staff to use gait belt for transfers. The Facility undated Incidents and Fall Policy documents #1. There will be an organized method to define and monitor falls/incidents that impact the residents' quality of care and quality of life. #2 Provide timely analysis of falls/incidents to determine possible contributing factors and or trends. Develop and implement reasonable and appropriate action plans and residents specific care plans in order to identify interventions reducing the potential of future falls/incidents. #3. Rule out the possibility of abuse and neglect and provide timely analysis of incidents to determine if the incident is reportable to a local agency per regulation. #4 Provide a method for further investigation of a reportable incident and a means to identify trends that will assist in the development of actin plans reducing the potential of future falls/incidents. #5 Identify high risk	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 38 residents to ensure complete assessment and care planning. #6 provide for analysis of underlying system issues and develop performance improvement plans. #7 Communicate plans to appropriate staff through orientation, in services, staff meetings, shift report, and care planning. The facility policy safe lifting and movement of residents, dated revised July 2017, documents #2 manual lifting of residents shall be eliminated when feasible. #4 staff responsible for direct resident care will be trained in the use of manual gait/transfer belts and mechanical lifting device. (B) 5.) 300.610a) 300.1210b) 300.1210c) 300.1210d)2 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 39 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 2) All treatments and procedures shall be administered as ordered by the physician. These Requirements were not met as evidenced by: Based on record review, and interview, the facility failed to assess, provide and implement interventions, provide assistance with meals, assure meal consumption to prevent weight loss for 1 of 3 residents (R32) reviewed for weight loss and nutrition in a sample of 41. This failure resulted in R32 having severe weight loss of 5.17% in 8 days and 15.14% in 6 months. Findings include: R32's Care Plan dated 2/7/2023, documents "Problem: I require assist for my ADLs (activities	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 40	S9999		

of daily living) r/t (related to) weakness it continues "Approach: I require 1 assist with eating." It also documents 3/9/23 Problem: I am at risk for alteration in nutrition r/t dementia, Hypo-osmolality, hyponatremia, and anemia. It continues Approach: Allow me time to perform the task of eating a meal-assist as needed. Approach: Observe and report to MD (medical doctor) s/sx (signs/symptoms) of malnutrition: Emaciation, muscle wasting, significant weight loss, which is 3 pounds in a week, over 5% in one month, over 10% in 3 months, over 10% in 6 months.

R32's undated Face Sheet lists diagnoses to include Muscle weakness and Unspecified lack of coordination.

R32's Electronic Health Record, lists the following weights 2/1/2023 148.5 lbs (pounds), 1/24/23 156.6 lbs, 1/3/2023 152 lbs, 12/12/2022 154.5 lbs, 12/08/2022 154.2 11/29/2022 155 lbs, 11/16/2022 155 lb, 11/08/2022 154 lbs, 11/04/2022 155 lbs, 10/07/2022 156 lbs, 09/05/2022 02:25 PM 160 lbs, 08/09/2022 175 lbs, 07/06/2022 170 lbs, 05/13/2022 172 lbs.

R3's weights reveal a 5.17% weight loss from 1/24/2023 to 2/1/23 and a 15.14% weight loss from 8/9/22 to 2/1/23.

On 3/14/2023 at 2:30 PM, requested R32's weights. As of 3/15/2023 at 2:30 PM, the facility had not provided a March 2023 weight.

R32 Physician Orders, dated current as of 3/14/2023, documents 6/14/22 Diet order: Regular Diet with regular fluids, Ice Cream with Lunch and Supper, house supplement TID (three times a day), extra egg or meat at breakfast, milk

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 41 with each meal. Received date 12/1/22 and start date 1/31/2023, Restorative Nursing Program: Assist with feeding 2 meals daily, ADLs, BUE/LE AAROM/PROM (bilateral upper extremity/lower extremity active assisted range of motion/passive range of motion). R32's Dietician Progress Note, dated 09/05/2022 05:03 PM, documents Dietitian Progress Note: September wt (weight) 160# (pounds), August 175#, July 170#, June 171#, March 172#. Resident on Regular, extra egg or meat at breakfast, ice cream lunch and supper, house supplement tid (three times a day), 2 cal med pass 60cc (cubic centimeters) daily. No new dietary problems noted in recent nursing notes, no SBD. Noted wt decrease 15# X 1 month, possibly R/T depression, decrease appetite and advanced age. Resident receiving supplements. Resident likes cold cereal. IBW (ideal body weight) range 121-149#. Recommend continued diet therapy, continue supplements, increase med pass to 60cc tid, encourage oral intake, no wt decrease desired. R32's Dietician Progress Note, dated 10/19/2022 09:14 PM Dietitian Progress Note: October wt 156#, September 160#, August 175#, July 170#, April 170#. Resident on Regular, extra egg or meat at breakfast, ice cream lunch and supper, milk each meal, health shakes tid; 2 cal med pass 60cc tid. Resident on isolation precautions R/T COVID+ exposure. Chart 10/17 nurse informed of OA (open area) on R (right) butt, appears resident scratching her skin and has an OS (open sore) 4 X 3, Ca Alginate with silver and covered with 4X4 silicone dressing. Resident receiving much supplements to aid in wound healing + MVI w/ Min (multivitamin with minerals). Noted wt loss, possibly R/T decrease appetite	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 42 and advanced age. Resident receiving much supplements. Resident likes cold cereal. IBW range 121-149#. Recommend continued diet therapy, continue supplements, increase med pass to 90cc tid, encourage oral intake, no wt decrease desired. R32's Dietician Progress Note, dated 11/23/2022 at 1:40 PM, documents "November wt 155#, 154#, October 156#, September 160#, August 175#, May 172#. Resident on Regular, extra egg or meat at breakfast, ice cream lunch and supper, health shakes tid. Dietary serving milk each meal per diet roster. Resident on MVI w/ Min. Chart 11/22 seen by (wound company), R buttock resolved, D/C (discontinue) tx (treatment). Chart 11/22 POC (plan of care) to reflect restorative nursing, assist with feeding, ADL's. Chart 11/16 R butt wound and L (left) foot wound; blister on R groin area 2 X 1.5, fluid filled. Noted wt loss, wt stable X 1 month. Wt loss possibly R/T decreased appetite, advanced age. Resident likes cold cereal. IBW range 121-149#. Recommend continued diet therapy, continue supplements, whole milk each meal, encourage oral intake, no wt decrease desired. R32's Dietitian Progress Note, dated 01/06/2023 8:22 PM, documents January wt 152#, December 155#, October 156#, July 170#. Resident on Regular, extra egg or meat at breakfast, ice cream lunch and supper, milk each meal, house supplement tid. Resident on MVI w/ Min. Chart 12/29 tx (treatment) continues to L lateral foot healing, scratch to lower L lateral leg .7 X .1, scabbed area to back of L lower leg 2 X .2, redness to coccyx. Chart 12/20 CNA noted that resident had lost a tooth. Chart 12/12 discontinued (wound company) services. Noted wt stable since October. Resident receiving	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 43	S9999		

supplements + MVI w/ Min. IBW range 121-149#. Recommend continued diet therapy, continue supplements, wt maintenance OK.

R32's Dietician Progress Note, dated 2/09/2023 11:01 AM, documents "February wt (weight) 149#, January 157#, 152#, December 154#, November 155#, October 156#, September 160#, August 175#. Resident on Regular, extra egg or meat at breakfast, ice cream lunch and supper, milk with each meal, health shakes tid. Resident likes rice krispies per diet roster. Resident on Lasix and MVI w/ Min. Activities wrote resident attends activities of choice, eats meals in the DR (dining room). Chart 2/3 area to L lateral foot almost gone, skin prep tx in place, Prevalon boots to offload pressure on feet and heels, coccyx slightly red, barrier cream applied. Noted wt loss, possibly R/T decrease appetite and advanced age. IBW rage 121-149#. Recommend continued diet therapy, continue supplements, med pass 90cc tid, encourage oral intake, no wt decrease desired.

On 3/6/2023, the noon meal was observed. At 12:10 PM, R32's noon meal was delivered to the table. The staff set up R32's tray, walked away leaving R32's silverware rolled in a napkin. Staff made no attempt to assist R32 with meal at this time, R32 made no attempt to eat the meal. At 12:15 PM, V7, Certified Nursing Assistant (CNA), walked over to R32's table, removed the fork from the napkin, stuck the fork in R32's meat balls and walked away. V7 did not assist R32 with her meal. At 12:17 PM, R32 spilled drinks on her plate and tray. Staff pushed tray away from R32 out of her reach. At 12:23 PM, R32 sitting in wheelchair at table with tray out of reach chewing on blanket. No attempts by staff to get R32 another meal. At 12:46 PM, V7 removed R32

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 44	S9999		

from the table and placed R32 in her room. Staff did not assist R32 with her meal. R32 did not have a supplement and ice cream on the tray.

On 3/6/2023 At 12:30 PM, V11, CAN, asked V7 if R32 ate anything and V7 stated that R32 ate a few bites but she ate more at breakfast.

On 3/14/2023 at 2:30 PM, V2, Director of Nursing (DON), stated R32 had an unplanned and undesired significant weight loss and that she was not aware of it. V2 stated that she would have reweighed the resident to make sure the weight was accurate, but she was not sure if that occurred. V2 stated that R3 requires assistance with eating from the staff. V2 stated that she would expect the staff to give R32 that assistance. V2 stated that she has only had 1 resident that she was focusing on with a weight loss and that was because she looked like she lost weight and had not focused on R32. V2 stated that previously the facility had a specific person doing weights, but that person no longer works for the facility. V2 stated that the facility doesn't have anyone at this time doing weights, but that the wound nurse would start taking them over. V2 stated that R3 was supposed to be getting a health shake with her meals. V2 stated that the health shakes is a weight loss intervention. V2 stated that she would expect the staff to get her one if it is not there. V2 stated that she would expect the staff to get R32 a new tray and assist her with her meal. V2 stated that the staff not feeding R32 and R32 not receiving her supplements caused the significant weight loss.

On 3/15/2023 at 11:25 AM, V27, Medical Director, stated that she is familiar with R32 and is her doctor. V27 stated that R32 requires assistance with eating her meal. V27 stated that she was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 45	S9999		

told about R32's weight loss. After viewing R32's weights, V27 stated that R32's weight loss was significant especially the 5% in less than 2 weeks. V27 stated that R32 not being fed and not receiving weight loss interventions caused R32's significant weight loss.

On 3/15/2023 at 1:50 PM, V31, Dietician, stated that she has been seeing R32 due to her weight loss. V31 stated that she was ready to come out to the facility but the facility was not ready for her and had not gotten the weights. V31 stated that R32's recent weight loss is significant and unplanned. V31 stated that she had recommended that R32 have an increase in her med pass supplements to 90ml and that she is supposed to have supplements with meals. V31 stated that the med pass is a supplement that is to be given in addition to the supplements at meals. V31 stated that as she documented in her notes R32's weight loss is not wanted or desired. V31 stated that with unplanned weight loss, this puts R32 at risk for a decrease quality of life, functional decline, pressure ulcers, and infections. V31 stated that the supplements are interventions put in place for R32's weight loss and to stabilize and prevent further weight loss. V31 stated that if the interventions are ordered and they are not put in place, then they don't work. V31 stated that R32 not being assisted and eating her food and not having her interventions in place caused the weight loss. V31 stated that the weight loss is significant.

The facility's, Weight Assessment and Intervention policy, dated September 2008, documents, The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents. It also documents Weight Assessment: 3. Any weight change of 5%

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005961	A. BUILDING: _____ B. WING _____	03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD NURSING & REHAB CENTER	152 WILMA DRIVE MARYVILLE, IL 62062

(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 46 or more since the last weight assessment will be retaken the next day for confirmation. If the weight is verified, nursing will immediately notify the Dietician in writing. Verbal notification must be confirmed in writing. 6. The threshold for significant unplanned and undesired weight loss will be based on the following criteria. a. 1 month- 5% weight loss is significant; greater than 5% is severe. b. 3 months- 7.5% weight loss is significant; greater than 7.5% is severe. c. 6 months 10% weight loss is significant; greater than 10% is severe. (B)	S9999		