STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 Complaint Investigation 2363063/IL158680	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2): 300.610a) 300.1010h) 300.1210b) 300.1210d)2)3)4)5) 300.1220b)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a resident did not develop a pressure ulcer, failed to complete an initial or weekly wound assessments and failed to refer resident to the dietician for an evaluation of nutritional interventions to promote healing for one of three residents (R3) reviewed	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 for pressure ulcers on the sample list of six. This failure resulted in R3 acquiring an unstageable pressure ulcer to the right heel on 1/11/23 and not receiving nutritional interventions to promote healing until 3/21/23. Findings Include: The facility's Skin Integrity-Pressure Ulcers/Pressure Injury Policy dated 12/4/2017 documents any resident who is admitted without a pressure ulcer/pressure injury will not develop a pressure ulcer/pressure injury unless clinically unavoidable and a resident who has a pressure ulcer/pressure injury will receive care, services to promote healing, prevent infection (to the extent possible), and prevention of additional pressure ulcers/pressure injury. A pressure ulcer/Injury refers to the localized damage to the skin and/or the underlying soft tissue usually over a bony prominence or related to a medical device or other device. Avoidable means the resident developed a pressure ulcer/injury and that the facility did not do one of more of the following: evaluate the resident's clinical condition and pressure ulcer/pressure injury risk factors; define and implement interventions that are consistent with the resident needs, resident goals, and professional standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate. Unstageable encompasses three different scenarios: having a non-removable dressing in place that cannot be removed, slough and/or eschar, known but not stageable due to coverage of the wound bed by slough and/or eschar, or suspected deep tissue injury in evolution. Eschar is dead or devitalized tissue that is hard or soft in texture; usually black, brown, or tan in color, and may appear scab-like. To prevent a pressure ulcer/pressure injury, the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 facility will identify whether the resident is at risk for developing or has a pressure ulcer/pressure injury upon admission and thereafter; evaluate resident specific risk factors for changes in the resident's condition that may impact the development and/or healing of a pressure ulcer/pressure injury, implement/monitor/modify interventions to attempt to stabilize, reduce or remove the underlying risk factors. Using the Skin Risk Breakdown Assessment Tool which includes categories for sensory perception, moisture, activity, mobility, nutrition and friction, make consideration of those individual scores that place a resident at risk and refer to the prevention guidelines for interventions. R3's MDS (Minimum Data Set) dated 1/2/23 documents R3 requires extensive assist of two staff for bed mobility and transfers and is at risk for pressure ulcers. R3's Skin Breakdown Risk Assessment dated 12/29/22 documents R3 is at high risk for skin breakdown. R3's Care Plan dated 12/29/22 documents R3 is at risk for potential pressure ulcer development related to urinary incontinence and immobility with interventions to educate the resident/family/caregivers as to causes of skin breakdown; including transfer/positioning requirements, importance of taking care during ambulating/mobility, good nutrition and frequent repositioning, monitor/document/report PRN (as needed) any changes in skin status; appearance, color, wound healing, sign/symptoms of infection, wound size (length, width, and depth) and stage of wound, and thoroughly cleanse and dry peri area with each incontinent episode.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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	S9999		

R3's Nursing Progress Notes document the following:
12/29/22 - R3 was admitted to the facility status post hospitalization for a fractured right hip. There is no documentation of any pressure ulcers upon admission, only of a surgical wound to the right hip.
1/11/23 - R3 noted to have a wound to the right heel, which was measured and logged in the wound documentation. Dry dressing applied. R3 tolerated well. Complaints of pain to area when touched.

There is no documentation in R3's medical record that the RD (Registered Dietician) was notified of R3 having a wound until 3/28/23.

R3's 3/28/23 Nutritional Assessment by V13 RD documents R3 is receiving a magic cup daily, has a fractured hip and blister to the right heel and is experiencing right foot pain.

R3's Laboratory Results dated 4/7/23 document an albumin level of 2.7, normal is 3.5 - 5.0 and a total protein level of 4.9, normal is 6.3-8.3.

R3's Only Wound Evaluations/Assessments in R3's Medical Record are as follows:
1/11/23 - R3 has a wound measuring 0.56 cm (centimeters) by 0.97 cm but does not document the size, stage or characteristics of the wound.
1/15/23 - R3 has a blister to the right heel, in house acquired, of unknown age measuring 5 cm by 4.43 cm but does not document the stage or characteristics of the wound.
1/28/23 - R3 has a blister to the right heel, in house acquired, of unknown age, measuring 3.21 cm by 3.79 cm.
3/26/23 - R3 has a blister to the right heel, in house acquired, of unknown age, measuring 2.1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 cm by 3.57 cm. 4/1/23 - R3 has a blister to the right heel, in house acquired, measuring 3.95 cm by 2.37 cm. R3's Wound Care Telemedicine Initial Evaluation Notes dated 2/10/23 by V14 Wound Physician documents R3 has an unstageable, full thickness, pressure ulcer to the right heel measuring 5 cm by 4 cm covered in 50% thick adherent devitalized necrotic tissue and 50% dermis with moderate serous drainage. R3's Wound Care Telemedicine Follow Up Evaluations document the following: 3/3/23 - unstageable, full thickness, pressure ulcer to the right heel measuring 5 cm by 4 cm, covered 100% by a thick adherent devitalized necrotic tissue with light serous drainage. No change to the wound. 4/14/23 - unstageable, full thickness, pressure ulcer to the right heel measuring 5 cm by 3 cm, covered 100% with thick adherent devitalized necrotic tissue with no exudate. No change to the wound. R3's April 2023 Physician Orders documents an order to Cleanse the right heel wound with normal saline and pat dry. Then apply betadine and wrap with gauze three times per week. These orders also document an order dated 3/21/23 for a Magic Cup {Nutritional Supplement} QD (daily), which was then increased to BID (twice a day) on 4/12/23. R3's March 2023 MAR (Medication Administration Record) documents R3 did not receive the ordered magic cup on the 21st, 24th, 25th and 26th. R3's April 2023 MAR does not document R3	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 received the magic cup BID {with breakfast and supper} as ordered from the 12th - 16th. On 4/17/23 at 9:05 am, R3 was brought breakfast and did not receive the ordered magic cup. On 4/17/23 at 10:30 am, V4 RN (Registered Nurse) confirmed R3 was supposed to get a magic cup as a nutritional supplement but did not get it at times due to the supplier being out of them. V4 stated the magic cups are served with meals and come out of the kitchen. On 4/17/23 at 10:38 am, V12 Dietary Aide confirmed the facility was out of magic cups for a while but currently has them. V12 stated V12 is not sure why R3 did not receive it today with breakfast. On 4/13/23 at 1:45 pm, R3 was lying in bed, on a regular mattress. V4 RN (Registered Nurse) removed the dressing to R3's right heel to reveal an approximate. 4 cm x 3 cm hard black eschar area to the right heel. V4 completed the dressing change as ordered. On 4/17/23 at 1:13 pm, V13 RD stated normally V13 is notified of wounds by V2 DON (Director of Nursing) or the nursing staff and if a resident has a wound, "I (V13) normally throw the kitchen sink at them; reviewing their intakes, weight history, any current supplements, if they are taking them or not, and if the wound isn't healing, what else needs changed. Just try to find the breakdown." V13 stated V13 will write a progress note and/or complete a nutritional assessment for the resident when V13 is notified of skin breakdown, and with no assessment completed until 3/28/23, V13 guesses V13 wasn't notified until 3/28/23 but will have to check V13's records. V13 stated V13	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 isn't sure what V13 would have recommended at the time for R3 when R3 developed the pressure ulcer to the right heel., V13 stated, "I (V13) would have done something, probably liquid protein." V13 also stated V13 hates to say R3 not receiving the supplement when the wound first developed, or as ordered since it was started, is contributing to the wound not healing because nutrition is just one corner stone of the healing process but with R3's albumin level and total protein level being low and the fact R3 has an unstageable pressure ulcer and significant weight loss, R3 "needs something more than what (R3) is getting." On 4/17/23 at 1:46 pm, V2 DON stated, when a resident develops a new pressure ulcer, the nurses should measure the wound, call family, and the physician to get order for treatment or a wound consult visit. The floor nurses should also call the RD or email the RD for possible interventions. V2 also stated the facility at times will put residents into a specialty mattress if the wound is a recurring problem or if it isn't getting better with the current treatments but hasn't investigated doing that for R3. On 4/17/23 at 2:22 pm, V2 DON stated the Wound Evaluations of R3's pressure ulcer that were provided are the only ones the facility has completed. V2 explained V2 would like the evaluations to be done weekly but that is a work in progress. On 4/18/23 at 10:01 am, V14 Wound Physician stated V14 has seen R3 via Telemedicine visits only and the facility staff are providing the measurements and condition of the wound to V14. V14 stated V14 is being told the pressure ulcer isn't draining anymore and that is what V14 was managing is the drainage aspect, so in that	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 case, the pressure ulcer is now stable. Nutritional interventions such as Vitamin C, multivitamins, and/or extra protein would help to heal the wound. On 4/18/23 at 11:29 am, V13 RD stated after looking back on V13's notes, V13 had not been informed of the pressure ulcer when it first developed, it wasn't until R3 also had a weight loss that V13 was notified. I have already spoken with V2 and V3 ADON (Assistant Director of Nursing) and we are coming up with a new way for V13 to be notified so that this doesn't happen again in the future. V13 explained, "supplements absolutely aid in healing of the wound and had I (V13) been notified of the wound upon development, I (V13) would have at least put (R3) on a multivitamin and possibly liquid protein also but you have to look at the whole picture. At that point, I (V13) believe (R3) was eating well because (R3's) weight was stable. (R3) had just broken (R3's) hip prior to the development so that is part of looking at the whole picture of what is going on with someone. Hopefully we {facility} will start to see some improvement in the wound now with these additional supplements." On 4/18/23 at 1:50 pm, V2 DON in the presence of V1 Executive Director and V3 ADON stated looking back on R3's situation and with R3 just having a fractured hip and not being mobile, R3 would have been a candidate for a special pressure relieving mattress and that R3 should have had one. V2 confirmed there were no pressure relieving interventions in place upon admission to prevent R3 from developing a pressure ulcer. (B)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 Statement of Licensure Violations (2 of 2): 300.610a) 300.690a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to complete thorough post fall investigations for two residents (R1, R4). The facility also failed ensure a resident was supervised and using the appropriate transfer devices to prevent a fall for one of three residents (R1) reviewed for falls on the sample of six. This failure resulted in R1 falling while standing unassisted in the bathroom, sustaining a head laceration requiring four staples. Findings include: The facility's Fall Reduction Policy dated last revised on 1/5/2021 with next review dated 1/5/2022 documents that this policy is intended to ensure the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. This includes identifying, evaluating and analyzing hazards and risks, implementing interventions to reduce hazards and risks and monitoring effectiveness and modifying interventions when necessary. The policy states that all residents will be assessed on admission, following a fall, quarterly per guidelines or if the Interdisciplinary Team (IDT) recognizes a change in condition and that all residents are assessed on admission using the Admission Nursing Evaluation and following Minimum Data Set (MDS) protocol thereafter. The policy states residents identified as being at	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 risk for falls will have individualized care plan intervention. IDT Falls Committee will meet on an ongoing basis to review fall analysis. This policy documents procedure following a fall is outlined in the "Incident Reports" policy which includes completion of Incident Report, documentation in IDT notes, 72-hour monitoring, Fall Risk Evaluation Tool, and review and update of Plan of Care. The facility's Incident Reports - Clinical Department policy dated 9/3/2009 documents an incident is any happening which is not consistent with the routine operation of the facility or the care of a particular resident. It may be an accident or a situation which might result in an accident. The nurse should complete an incident report after each incident for example falls. The policy states this facility shall notify the Department of Public health of any accident or incident, which has, or likely to have a significant effect on the health, safety, or welfare of our resident and in implementing this policy the following shall apply to ensure appropriate follow-up care in the event of an accident/incident. The residents power of attorney for health care, physician, and supervisor should be notified. After the residents cared for, the incident report and incident management investigation tool should be completed in its entirety by the nurse. Any recommended intervention should be carried out to prevent event from reoccurring. A complete report will be filed on the approved incident form. No incident report or copies are to be placed in the medical record. Incident reports are to be reviewed by the director of health care services or designee and the administrator as appropriate. Incidents resulting in injury should be forwarded to corporate director of risk management for example falls resulting in serious injury/illness or	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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		

death. The policy states a descriptive summary of each incident or accident shall be recorded in the progress notes or nurses notes for each resident involved and the facility shall maintain a file of all written reports of incidents or accidents involving residents.

The facilities Incident Reports - Clinical Department policy does not include the facility is to complete 72-hour monitoring, Fall Risk Evaluation Tool, and review and update of Plan of Care as the facility's Fall Reduction Protocol documents the Incident Reports - Clinical Department policy will outline.

1. R1's Minimum Data Set (MDS) dated 11/17/23 documents R1's balance during transitions and walking as, "not steady, only able to stabilize with staff assistance."

R1's Incident Report dated 1/1/23 at 2:36pm documents R1 had a "witnessed fall" on 1/1/23 at 9:35am. This report documents V21, Certified Nursing Assistant (CNA) called V4, Registered Nurse (RN) to R1's room. R1 was laying on R1's back on the floor in R1's bathroom with bright red blood on the back of R1's head, which was actively bleeding. V21 stated V21 was "providing care," turned for a "brief moment" and R1 lost R1's balance and fell "straight back." There is no documentation into an investigation of details of what care was being provided, where R1 was and what R1 was doing just before R1 fell, or why/where V21, CNA turned away from R1. R1 told V21 immediately after the fall, "I (R1) can't see". Within a few seconds R1 was able to see the CNA. This report documents R1 was unable to provide further details. This report documents V4, RN and V21 attempted to sit R1 up after assessing R1. " R1 cried out in pain to the lower

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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	S9999		

back." This report documents predisposing physiological factor of gait imbalance and that R1 was ambulating without assist. There is no documentation that a gait belt was in place while R1 was standing in R1's bathroom. This report documents R1's Care Plan was reviewed and implemented a "new intervention" post fall to have Physical Therapy evaluate and treat. There is no documentation of the root cause of this fall.

R1's medical records do not document 72-hour post fall monitoring as per the facility's policy. R1's Neurological check documentation is incomplete.

R1's Hospital Records dated 1/1/23 document R1's Computed Tomography of the Head or Brain without Contrast results dated 1/1/23 document no acute Intracranial abnormality and a right posterior parietal scalp hematoma. These records document R1's X-ray of the left hip with pelvis results dated 1/1/23 at 2:43pm documenting there is no fracture or acute abnormality. This report documents degenerative changes of the lower lumbar spine. There is no documentation of additional lumbar spine radiology tests on 1/1/23.

R1's Hospital Records dated 1/9/23 document R1 arrived at the local emergency room with complaints of increased confusion ongoing since 1/1/23 after sustaining a fall and that R1 had been seen at another local emergency room on 1/1/23 where R1 was diagnosed with a Urinary Tract Infection (UTI) and staples were placed in R1's head. R1 has "chronic pain" but R1's lower back pain has increased. These records document R1's initial Computed Tomography (CT) scan was abnormal in which R1 was evaluated by neurosurgery at the bedside. These records document R1 was "also found to have L1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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		

(Lumbar Vertebrae) compression fracture." These records document CT of Abdomen and Pelvis with Contrast Results dated 1/9/23 at 3:13pm documenting, "there is a slight concave compression of the L1 inferior endplate with slight increased density of this segment." Consider MRI (Magnetic Resonance Imaging) if indicated for a questionable subtle acute compression fracture of the L1 vertebral body. These records also document CT of the Brain without Contrast results including Low-density/chronic left subdural fluid collection/hemorrhage and that this "report flagged for provider attention." These records document Assessment/Plan including L1 Compression Fracture and a Left Convexity Subdural Hygroma VS Subdural Hematoma. R1's Neurosurgery Consultation dated 1/9/23 documents R1 has a Mild Compression Fracture of unknown Chronicity and a small left convexity Subdural Hygroma verses Chronic Subdural Hematoma. This consultation documents R1 is not a candidate for kyphoplasty at this given time and no neurosurgical intervention indicated at this time.

The handwritten report notes dated 1/10/23 from the local hospital document the facility received information that R1 had a L1 compression fracture in addition to a Urinary Tract Infection.

On 4/17/23 at 11:15am, V4, Registered Nurse (RN) stated V4 was notified that R1 was on the floor. R1 was on R1's back with a wound to right side of R1's head that was bleeding. V4 stated V21, CNA said V21 was within arm's reach of R1 and saw R1 falling and was not able to reach R1. V21 stated V21 was by R1's recliner and R1 was at the sink in the bathroom. V4 stated R1 requires a stand by assist while standing and ambulating and that V21 was aware as V4 notified V21 on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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		

1/1/23 before the fall. V4 stated V21 was also aware that V21 was to stay with/right beside R1 when R1 was standing. V4 stated R1 hit R1's "head pretty hard." V4 stated R1 "complained of (R1's) back hurting, tried to sit (R1) up a little but (R1) was in excruciating pain to R1's back." V4 stated R1 was "crying out in pain" to R1's back so they did not move R1 and called 911 to transport R1 to the hospital. V4 stated R1 has a history of chronic back pain, but never the level of severity R1 had after falling on 1/1/23.

On 4/20/23 at 1:40pm, V2, Director of Nursing (DON) stated the fall investigations are completed by the floor nurses. V2 stated the Interdisciplinary team (IDT) meetings discuss and decide appropriate interventions related to each fall. V2 stated, if needed V3, Assistant Director of Nursing (ADON) and V2 look in to the fall more and get additional information if needed and update care plan. V2 stated the IDT works on the root cause of the fall together and there is a page in the electronic charting for incidents where that is documented. I do not recall what the root cause of R1's fall was on 1/1/23. The box that is empty on the fall report is where that information should be regarding the root cause. I think V3 talked to V21, CNA. V2 thinks V21 told V2 that V21 turned around to grab some type of linen and that V21 was right next to R1. V2 stated R1 was standing at R1's sink with R1's walker but did not have a gait belt on and should have. V2 was unsure if R1 was wearing R1's shoes. V2 stated V21, CNA was terminated, due to the fall as well as issues with other staff.

2. R4's Fall Risk Assessment dated 2/7/23 documents R4 is a high risk for falling.

R4's Progress Notes dated as follows document:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 2/6/23 at 4:57pm - Diagnosis: Right elbow fracture, post fall 2-1-23. Alert to self only, confused. Right arm in splint with ace wrap. 2/14/23 at 4:28pm - Description of event: R4 noted to be sitting on the floor in front of recliner with back leaning against recliner. "Staff states" R4 had been transferred to the recliner 5 minutes prior to watch television. Current Evaluation: R4 denies pain at this time. Assessment for Injury: No acute injury. New interventions put in place: (blank) R4's Incident report documents on 2/14/23 at 4:10pm, R4 was found sitting on the floor in front of recliner with R4's back leaning against the recliner. "Staff" stated R4 had been transferred to R4's recliner 5 minutes prior to watch television. This report documents R4 was unable to give a statement, R4 was assessed for injury and assisted in to the wheelchair. This report documents there were "no witnesses found." This report documents "added to care plan" to provide (R4) with activities that serve as distractions to help prevent R4 from falling. There is no documentation of witness statements from staff as to when R4 had been toileted, if R4 was incontinent at the time of the fall or if R4's call light was in reach. There is no documentation as to if R4 was wearing proper footwear. There is no documentation as to the root cause of R4's fall on 2/14/23. R4's medical records do not document a fall risk assessment post R4's fall on 2/14/23. On 4/20/23 at 1:40pm, V2, DON stated V2 did not believe the facility documented which staff were responsible for R4 at the time of R4's fall on	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016943	A. BUILDING: _____ B. WING _____	C 04/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER OAKS	601 LUTZ ROAD BLOOMINGTON, IL 61704

(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 2/14/23. V2 stated V2 does not believe any witness statements were received from staff. V2 stated R4 kept stating R4 had to urinate, even with the urinary catheter being in place, even though it was draining okay, of which none of that information is documented in the investigation. V2 stated the facility policies are needing reviewed and that there have been a lot of "corporate changes" and that is who reviews/updates policies. (B)	S9999		