FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED B. WING IL6000293 06/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5600 GLEN ELM DRIVE ACCOLADE HEALTHCARE OF PEORIA PEORIA, IL 61614** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY)** S 000 **Initial Comments** S 000 Complaint Investigation: 2324833/IL160838 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b)5) 300.1210c) 300.1210d)6) 300.1220b)3) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological

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

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

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

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and goals to be accomplished, physician's orders,

Personnel, representing other services such as nursing, activities, dietary, and such other

and personal care and nursing needs.

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6000293 06/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5600 GLEN ELM DRIVE **ACCOLADE HEALTHCARE OF PEORIA PEORIA, IL 61614** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. These Regulations are not met as evidenced by: Based on observation, interview, and record review the facility failed to implement appropriate fall interventions for one of three residents (R1) reviewed for falls in a sample of three. This failure resulted in R1 obtaining bilateral black eyes, fracturing her right nasal bone, and knocking out two natural teeth. Findings include: The facility's Fall Prevention Program, revised 1/21, documents to provide ongoing risk reducing interventions. This form also documents to provide ongoing evaluation of resident response to intervention. On 6/14/23 at 10:30am, R1 was in her wheelchair in activities. R1 had black yellowish bruising on her bilateral cheek bones. R1 also had a healing laceration under her chin. At 1:40pm, R1 stated that she does not remember what happened the night of the fall but knew that it hurt. R1's Fall Risk Assessment, dated 6/10/23, documents a score of 12, indicating R1 is at risk for falls. R1's current care plan documents that R1 requires the assist of one for toileting needs and transfers or ambulating.

R1's Progress Notes, dated 6/10/23 at 8:15pm,

PRINTED: 08/22/2023 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6000293 06/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5600 GLEN ELM DRIVE **ACCOLADE HEALTHCARE OF PEORIA PEORIA, IL 61614** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 R1 was observed laying on the floor in the prone position. R1's hands were curled to her side, legs together with her pants around her ankles, there was a small amount of blood on the floor at R1's head. V3, Registered Nurse, called out R1's name, with no response. V3 cradled R1's head and rolled her onto her right side. R1 had a facial injury with R1's lower mouth actively bleeding. R1's partial denture found on floor. Resident's eyes were open, pupils equal in size. R1 then responded when her name was called out. With concern for her safety, R1 was not moved again. R1 stated she thought her right hip was broken. Upon ambulance arrival, R1 stated she had pain in her back, neck, hip, and face. R1 was placed on a sheet and slid on the floor to make room for gurney. R1 was lifted off the floor and placed on the gurney. R1's emergency room notes, dated 6/10/23, documents that R1 presented with pain, laceration to face and puncture through her chin. R1 broke her dentures and possibly other teeth. R1's assessment documents that R1's upper dentures were broken and removed in three pieces. R1's upper lip has a skin abrasion, and her lower lip is diffusely swollen. R1 has a 1.5cm (Centimeter) laceration on the lower aspect of the external lower lip, near her chin. R1's Computed Tomography scan showed a chronic right nasal bone fracture.

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On 6/14/23 at 3:10pm, V6 CNA, (Certified

Nursing Assistant), stated that R1 was standing in the bathroom holding on to the grab bar. V6 stated that she removed R1's brief, when R1 grabbed the brief away from V6. V6 stated that R1 threw the soiled brief at V6. V6 stated that R1 was agitated, started to yell, and curse at V6. V6 stated that she left R1 standing at the grab bar,

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