STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008973	A. BUILDING: _____ B. WING _____	C 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION SAINT JOSEPH VILLAGE	659 EAST JEFFERSON STREET FREEPORT, IL 61032

(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 Facility Reported Incident IL161637 of 6/15/23	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)6) 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 requirments are not met as evidenced by: Based on observation, interview and record review the facility failed to provide necessary	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
	IL6008973	A. BUILDING: _____ B. WING _____	C 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION SAINT JOSEPH VILLAGE	659 EAST JEFFERSON STREET FREEPORT, IL 61032

(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 supervision to 1 of 3 residents (R1) reviewed for safety and supervision. This failure resulted in R1 falling off the stairs sustaining a laceration requiring sutures and an emergency visit. The findings include: R1's Physician Order Sheet dated 7/2023 shows R1 has diagnoses that include generalized muscle weakness, diabetes and acute pyelonephritis. R1's facility assessment dated 5/29/23 shows R1 has moderately impaired cognition, decisions are poor, and cues/supervision are required. The same assessment shows R1 needs 1 staff assist for locomotion off unit with his wheelchair. The Facility Reported Incident Final dated 6/21/23 with date of incident of 6/15/23 shows at, "approximately 10:20 am (R1) was witnessed in his wheelchair on the front porch of the facility. The door alarm began ringing. Staff were assisting residents outside which triggered the alarm to sound. Staff were addressing the alarm when R1 was noted to be going to the steps and fell out of his wheelchair, face forward down the steps. 911 was called and R1 was sent to the hospital. R1 returned the same day with diagnosis of head injury due to trauma and facial lacerations with seven sutures... In conclusion, education was completed with staff on the safety and supervision of residents. 1:1 coaching was provided to the activity assistant involved." The Facility Resident Incident Report dated 6/15/23 shows R1 was being assisted outside for an activity. He (R1) got through the door rolled down towards steps and fell out of wheelchair when he hit the steps.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008973	A. BUILDING: _____ B. WING _____	C 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION SAINT JOSEPH VILLAGE	659 EAST JEFFERSON STREET FREEPORT, IL 61032

(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		

A progress note dated 6/15/23 timed at 10:33 AM shows, "a staff member came to the unit yelling out for a nurse for an emergency outside. Nurse immediately ran outside and observed resident (R1) laying supine on the ground with his wheelchair on top of him. Nurse alerted staff to call 911 and removed wheelchair off of resident. Resident was alert and awake. Resident had a large gash above the resident left eyebrow. Nurse applied gauze to control bleeding. Nurse called POA and spoke with (POA) EMS arrived within minutes and transported resident to the hospital."

R1's Hospital Discharged Records dated 6/15/23 timed at 14:33 (2:33 PM) shows, Head injury due to trauma, facial laceration, (and) arm abrasion.

A document titled Interdisciplinary Resident Screen dated 6/21/23 shows "resident demonstrates limited cognitive and safety awareness. Pt (patient) requires cues prompting for proper wheelchair use including wheelchair placement or break use."

On 7/6/23 at 8:40 AM, R1 was alert sitting in his wheelchair in the dining room finishing breakfast. A scabbed over area was noted above his left eyebrow. When asked what happened, R1 said he fell outside but cannot remember how it happened.

On 7/6/23 at 8:50 AM, V4 (Certified Nursing Assistant-CNA) said he was working on 6/15/23 when the incident happened. V4 (CNA) said R1 was being escorted outside the front porch. R1 was left unattended and R1 fell down the stairs.

On 7/6/23 at 9:00 AM (V5 Receptionist) said she was working on 6/15/23 when the incident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008973	A. BUILDING _____ B. WING _____	C 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION SAINT JOSEPH VILLAGE	659 EAST JEFFERSON STREET FREEPORT, IL 61032

(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	S9999		

happened. V5 said the front door alarm was going off while residents were being brought outside for an activity at the front porch. V5 said she helped V7 (Activity Aide) wheel residents out. V5 said the concrete at the front area was not even, it's a downhill slope so she made sure residents in wheelchairs had their brakes on to prevent them from rolling down. V5 said she went back inside the facility and put the code in the alarm panels. V5 said a Laundry Staff (V6) also came to look at the alarm. V5 said then she saw V7 (Activity Aide) screaming and running after R1. V5 said she ran too and followed V7 and found R1 at the bottom of the stairs bleeding. V5 said nursing staff called 911 and R1 was sent to the hospital.

On 7/6/23 at 9:20 AM, V7 (Activity Aide) said on 6/15/23 residents were being brought outside the front porch for a group activity. The alarm at the front door was going off. V5 (Receptionist) and another staff (V6) were taking care of the alarm. V7 (Activity Aide) said she was wheeling R1 and was in between the two doors (sliding door and front door) when she decided to stop, went back inside the facility to check what was going on with the alarm. V7 said she left R1 unsupervised in between the sliding door and the main front door. V7 said when she went back, R1 was already "cruising down the front concrete that has the slope down going towards the stairs!" V7 said she ran to catch R1, but R1 had already fallen at the bottom of the stairs hitting the pavement face first with his wheelchair on top of him. V7 said she yelled for help. V7 said she should not have left R1 unsupervised while transporting him outside.

On 7/6/23 at 9:40 AM, V6 (Laundry Staff) said on 6/15/23, she was coming in to work and was at the front lobby hearing the alarm going off. V6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008973	A. BUILDING: _____ B. WING _____	C 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION SAINT JOSEPH VILLAGE	659 EAST JEFFERSON STREET FREEPORT, IL 61032

(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 said she noticed V5 (Receptionist) and V7 (Activity Aide) were bringing residents out for an Activity. V6 said she saw V7 wheeling R1 in his wheelchair. V7 and R1 were in between the 2 doors, (the sliding door and the main front door). V7 left R1 there, stepped back inside to check the alarm. Later on, V6 said she heard V7 yelled "Oh crap!" V6 looked out and saw R1 in midair falling forward with his wheelchair down the steps. V6 said she ran to get the Nurse. R1 was sent to the hospital via 911. On 7/6/23 at 10:00 AM, V10 (Activity Director) said she had given strict instructions to all her staff including V7 that when residents on wheelchairs were being brought out to the front porch to ensure that the wheelchair was locked or else the wheelchair will roll downhill. The front concrete entry way is not even, it's a slope that leads to stairs and a large concrete statue. V10 said when R1 was left unsupervised, R1's wheelchair rolled down that downhill entryway that had caused the fall. On 7/6/23 at 12:00 PM, V9 (R1's physician) said R1's fall with injury was not related to a medical issue but a transportation issue. R1 was not supervised for his safety while being transported outside that had caused his fall. On 7/6/23 at 2:00 PM, V8 (Registered Nurse) said V6 (Laundry Staff) told her to go to the front porch quick, R1 fell. V8 (RN) said she saw R1 at the bottom of the stairs lying on the floor with his wheelchair on top of him. R1 was bleeding. 911 was called and R1 was sent to the hospital. V8 said R1 received sutures and was sent back to the facility. V8 said R1 was being transported via his wheelchair outside. The Activity Staff who was transporting R1 left R1 unattended.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008973	A. BUILDING: _____ B. WING _____	C 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION SAINT JOSEPH VILLAGE	659 EAST JEFFERSON STREET FREEPORT, IL 61032

(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 7/6/23 at 2:14 PM, V3 (Assistant Director of Nursing) said there was a lot of errors of judgement committed on 6/15/23. V3 said when a resident is being transported to the front porch, the staff should supervise the residents for safety. V3 said V7 (Activity Aide) should have not left R1 in between the 2 sets of doors. When a staff starts a task finish the task to ensure resident's safety. The front entryway has a slope going down that residents cannot left unsupervised. V3 said a resident on a wheelchair can roll down that uneven ramp. On 7/6/23 at 2:30 PM, V1 (Administrator) said staff should not leave any resident unattended/unsupervised. Staff should pay attention to the resident being transported. Since this incident happened, residents should have a staff or a family member with them when they go to the front porch. V1 also said, no Activity is allowed at the front porch at this time. V1 pointed out to this surveyor a signage by the front door that states, "All residents MUST (in bold letters) have a family member or staff with them to be out on the front porch! THANK YOU!" R1's care plan dated 1/25/23 shows R1 is at risk for falls with goal for R1 to not have fall with major injury. With intervention to include resident to be assisted outside with one on one. (B)	S9999		