AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6008502	8. WING		C 12/06/2023
					1 IZIUGIZUZU
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
PRAIRIE	CROSSING LVG & RI	EHAB	COMANCH VA, IL 6055		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE
S 000	Initial Comments		S 000		
:	Facility Reported In	cident of 12/2/23/IL167380			
S99 9 9	Final Observations		S9999		
	Statement of Licens	sure Violations:			
	300.610a) 300.1210b)				
	300.1210c)				
	300.1210d)6)				
	300.1220ь)3)				
	Section 300.610 Re	esident Care Policies			
	procedures governing facility. The written be formulated by a Committee consisting administrator, the admedical advisory coof nursing and other policies shall complete.	shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the mmittee, and representatives r services in the facility. The y with the Act and this Part. shall be followed in operating			
	Section 300,1210 G Nursing and Person	eneral Requirements for al Care			
		shall provide the necessary o attain or maintain the highest			
	practicable physical	, mental, and psychological			
		sident, in accordance with			
		prehensive resident care		Attachment A	
	plan. Adequate and	properly supervised nursing		Statement of Licensure Violations	
		are shall be provided to each		Gigitaliton Livelines	
	resident to meet the	total nursing and personal			
llinois Depar	tment of Public Health				

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FEMALOR GONALCTION IDENTITY OF TOTAL CONTINUES.		A. BUILDING:		COMPLETED		
	IL6008502		B. WING		C 12/06/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PRAIRIE	CROSSING LVG & R	EHAB	r Comanch Na, Il 6055			
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S9999	Continued From pa	ge 1	S9999			
	care needs of the re					
	c) Each direct	care-giving staff shall review lble about his or her residents'				:
	nursing care shall it	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
	to assure that the re as free of accident nursing personnels	ry precautions shall be taken esidents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision revent accidents.				
	300.1220 Supervisi	on of Nursing Services				
		upervise and oversee the the facility, including:				
	each resident base comprehensive ass and goals to be account and personal care a representing other activities, dietary, at are ordered by the the preparation of the plan shall be in writt modified in keeping indicated by the resident assets.	sessment, individual needs complished, physician's orders, and nursing needs. Personnel, services such as nursing, and such other modalities as physician, shall be involved in the resident care plan. The ing and shall be reviewed and with the care needed as ident's condition.				
	by:	s were not met as evidenced				

Illinois Department of Public Health

STATE FORM

IL6008502 B. WING			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	725 - 193	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
MAKE OF PROVIDER OR SUPPLIER PRAIRIE CROSSING LVG & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH COPTION MUST TO PROVIDE A REHAB) PREFIX (RACH COPTION MUST TREPRECEDED BY FULL TAG) PREFIX (RACH COPTION MUST TREPRECEDED BY FULL TAG) S9999 Continued From page 2 Based on observation, interview, and record review the facility falled to ensure a resident was transferred and ambutated in a safe manner for 1 of 3 residents (R1) reviewed for safety in the sample of 3. These failures resulted in R1 sustaining a fractured nasal bone, sutures to the forehead, and bruising. The findings include: R1's face sheet printed on 12/6/23 showed diagnoses including but not limited to Alzheimer's disease, dementia with agitation, anxiety disorder, wandering, impulsiveness, difficulty walking, muscle weakness, and abnormalities of gait and mobility. R1's facility assessment dated 11/20/23 showed severe cognitive impairment. The assessment showed substantial/maximal staff assistance needed for transferring from stiting to standing. The assessment showed partial/moderate staff assistance required for walking once standing. R1's fall risk assessment dated 11/26/23 showed a high risk for falls. R1's progress note dated 12/2/23 at 6:02 AM stated: "Called to resident room for witnessed fall. Resident found on floor with Isceration to forehead above right eyebrow. Assessed resident and call 911 for ER transport. Resident made comfortable with C spine supported until EMS arrived. Pressure applied to laceration with woven sponge" The note documented R1 was found on the floor at 4:39 AM and was sent to the local emergency room at 5:00 AM. The note was						С			
PRAIRIE CROSSING LVG & REHAB 409 WEST COMANCHE ROAD SHABBONA, IL 60550 PREFIX TAG PREFIX TAG CACH ID PREFIX TAG CROH ERCIDENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG CROSS-REFERENCE TO THE APPROPRIATE DATE CROSS-REFERENCE TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE DATE CROSS-REFERENCE TO THE APPROPRIAT			IL6008502	B. WING		12/0	6/2023		
PRANTE CROSSING LVG & REHAB SHABBONA, IL 60550	NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PRÉFIX TAG REGULATORY OR LSC IDENTETYER INFORMATION) S9999 Continued From page 2 Based on observation, interview, and record review the facility failed to ensure a resident was transferred and ambulated in a safe manner for 1 of 3 residents (R1) reviewed for safety in the sample of 3. These failures resulted in R1 sustaining a fractured nasal bone, sutures to the forehead, and bruising. The findings include: R1's face sheet printed on 12/6/23 showed diagnoses including but not limited to Alzheimer's disease, dementia with agitation, anxiety disorder, wandering, impulsiveness, affliculty walking, muscle weakness, and abnormalities of gait and mobility. R1's facility assessment dated 11/20/23 showed severe cognitive impairment. The assessment showed partial/moderate staff assistance required for walking once standing. R1's fall risk assessment dated 11/26/23 showed a high risk for falls. R1's progress note dated 12/2/23 at 6:02 AM stated: "Called to resident room for witnessed fall. Resident found on floor with laceration to forehead above right eyebrow. Assessed resident and call 911 for ERT transport, Resident made comfortable with C spine supported until EMS arrived. Pressure applied to laceration with woven sponge" The note documented R1 was found on the floor at 4:39 AM and was sent to the local emergency room at 5:00 AM. The note was	PRAIRIE	CROSSING LVG & R	EHAB						
Based on observation, interview, and record review the facility failed to ensure a resident was transferred and ambulated in a safe manner for 1 of 3 residents (R1) reviewed for safety in the sample of 3. These failures resulted in R1 sustaining a fractured nasal bone, sutures to the forehead, and bruising. The findings include: R1's face sheet printed on 12/8/23 showed diagnoses including but not limited to Alzheimer's disease, dementia with agitation, anxiety disorder, wandering, impulsiveness, difficulty walking, muscle weakness, and abnormalities of gait and mobility. R1's facility assessment dated 11/20/23 showed severe cognitive impairment. The assessment showed substantial/maximal staff assistance needed for transferring from sitting to standing. The assessment showed partial/moderate staff assistance required for walking once standing. R1's fall risk assessment dated 11/26/23 showed a high risk for falls. R1's progress note dated 12/2/23 at 6:02 AM stated: "Called to resident room for witnessed fall. Resident found on floor with laceration to forehead above right eyebrow. Assessed resident and call 911 for ER transport. Resident made comfortable with C spine supported until EMS arrived. Pressure applied to laceration with woven sponge" The note documented R1 was found on the floor at 4:39 AM and was sent to the local emergency room at 5:00 AM. The note was	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE		
review the facility failed to ensure a resident was transferred and ambulated in a safe manner for 1 of 3 residents (R1) reviewed for safety in the sample of 3. These failures resulted in R1 sustaining a fractured nasal bone, sutures to the forehead, and bruising. The findings include: R1's face sheet printed on 12/6/23 showed diagnoses including but not limited to Alzheimer's disease, dementia with agitation, anxiety disorder, wandering, impulsiveness, difficulty walking, muscle weakness, and abnormalities of gait and mobility. R1's facility assessment dated 11/20/23 showed severe cognitive impairment. The assessment showed substantial/maximal staff assistance needed for transferring from sitting to standing. The assessment showed partial/moderate staff assistance required for walking once standing. R1's fall risk assessment dated 11/26/23 showed a high risk for falls. R1's progress note dated 12/2/23 at 6:02 AM stated: 'Called to resident room for witnessed fall. Resident found on floor with laceration to forehead above right eyebrow. Assessed resident and call 911 for ER transport. Resident made comfortable with C spine supported until EMS arrived. Pressure applied to laceration with woven sponge' The note documented R1 was found on the floor at 4:39 AM and was sent to the local emergency room at 5:00 AM. The note was	S9999	Continued From pa	ge 2	59999					
		Based on observatireview the facility fatransferred and ami of 3 residents (R1) sample of 3. These sustaining a fractum forehead, and bruis. The findings include R1's face sheet prirediagnoses including disease, dementially wandering, impulsive muscle weakness, mobility. R1's facility showed severe cog assessment showed assistance needed standing. The assespartial/moderate stawalking once standing. R1's fall risk assess a high risk for falls. R1's progress note stated: "Called to re Resident found on 1 forehead above right and call 911 for ER comfortable with Carrived. Pressure as sponge" The note on the floor at 4:39 emergency room at	on, interview, and record illed to ensure a resident was bulated in a safe manner for 1 reviewed for safety in the failures resulted in R1 ed nasal bone, sutures to the ing. e: Inted on 12/6/23 showed but not limited to Alzheimer's with agitation, anxiety disorder, weness, difficulty walking, and abnormalities of gait and y assessment dated 11/20/23 initive impairment. The disubstantial/maximal staff for transferring from sitting to sament showed aff assistance required for ing. Siment dated 11/26/23 showed dated 12/2/23 at 6:02 AM esident room for witnessed fall. Bloor with laceration to the eyebrow. Assessed resident transport. Resident made spine supported until EMS pplied to laceration with woven e documented R1 was found AM and was sent to the local es:00 AM. The note was						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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10010		SHABBOI	NA, IL 60550)		
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	stated: "ED (emergineport, resident has stitches to laceration report and will be report and pending return." On 12/6/23 at 9:00 dressed and covered dark, purple cresce eyes and a 2x2 inchover the right eyebruncovered, and a quas on top of her rismaller bruises on I did not respond or resident has stitched to the resident of the right eyebruncovered.	dated 12/2/23 at 6:20 AM ency department) called with a fractured nasal bone, 3 in over right eyebrow-per eturning to facility. MD notified, ator informed of fall, ED visit to the facility." AM, R1 was lying in bedied with a light blanket. R1 had not shaped bruises under both in dressing on her forehead low. R1's right arm was warter size dark purple bruise ght hand with scattered her arm. R1 was awake but react to any questions. R1's in the dementia unit of the				8
	Aide) assisted R1 of to the bathroom. R1 a shuffling, unstead to steady R1 and a while walking. At 2: following: R1 needs and walking. R1 wa follow directions. R1 away during care. R are still at her ankle plop herself down in walker and gait belt something to hold of safely without both. On 12/6/23 at 10:40 was working the night	AM, V8 (CNA-Certified Nurse out of bed and across the room I was nonverbal and walked in ly manner. V8 used a gait belt walker during the transfer and 10 PM, V8 stated the help while getting out of bed lks unsteady and cannot I is confused and will walk the tries to walk while her pants is. R1 will just "give up" and not the bed. R1 needs a for safety. It provides R1 ento and she doesn't walk I AM, V3 (CNA) stated she ght shift on 12/2/23 and took round 4:30 AM. V3 said she				
		f the bed and directed R1 to				
linois Depar	tment of Public Health		1			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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grasp her around the said she stood R1 uplaced the wheeled she walked R1 to the into day clothes which had to close the bar prevent R1 from washe directed R1 bar bed side. V3 said she and pulled on it to grasp and out of grasp. R pushed the walker the said R1 did not read face first to the floor impact. V3 said R1 immediately yelled the was questioned if R if V3 holding onto it never crossed V3's gait belt with her at gait belt and walker she has cared for R with her mental con On 12/6/23 at 1:26 stated she was wor and heard V3 (CNA 4:40 AM. V4 said she immediate orders were received emergency room. Valothes and her wal wearing anti-skid so said R1 is confused.	ne waist, like a bear hug. V3 up by holding her hands and walker in front of R1. V3 said ne bathroom and changed her ille toileting R1. V3 said she throom door during care to alking away from her. V3 said ck across the room and to the he stood in front of the walker juide R1 toward the bed. V3 way from R1 to adjust the bed ed away from her, toward the d R1 was walking by herself 1 suddenly fell forward and to the side during the fall. V3 ch out with her hands and fell r. V3 said she hit the floor "full began bleeding and she for V4 (Registered Nurse). V3 t1 was wearing a gait belt and t2 was wearing a gait belt and t3 said, no. The thought mind and V3 didn't have a the time. V3 said R1 needs a to be moved safely. V3 said t1 in the past and was familiar fusion and unsteady walking. PM, V4 (Registered Nurse) king the night shift on 12/2/23 b) yelling out for help around he went to R1's room and or bleeding from the nose. V4 dly called the physician and ed to send R1 to the v4 said R1 was dressed in day ker was near her. R1 was bocks but not a gait belt. V4 I and has a weak gait. R1	23333			er Co		
	PROVIDER OR SUPPLIER CROSSING LVG & RI SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa grasp her around the said she stood R1 to placed the wheeled she walked R1 to the into day clothes which had to close the bar prevent R1 from was she directed R1 bar bed side. V3 said si and pulled on it to get stated she turned a linens and R1 walked closet door. V3 said and out of grasp. R pushed the walker is said R1 did not read face first to the floor impact". V3 said R1 immediately yelled it was questioned if R1 if V3 holding onto it never crossed V3's gait belt with her at gait belt and walker she has cared for R with her mental control on 12/6/23 at 1:26 stated she was wor and heard V3 (CNA 4:40 AM. V4 said sl found R1 on the floor said she immediate orders were received emergency room. Valothes and her wal wearing anti-skid sc said R1 is confused needs staff help to see the control of the said she immediate orders were received emergency room. Valothes and her wall wearing anti-skid sc said R1 is confused needs staff help to see the control of the said staff help to see the control of the said R1 is confused needs staff help to see the control of the said R1 is confused needs staff help to see the control of the said R1 is confused needs staff help to see the control of the said R1 is confused needs staff help to see the control of the said R1 is confused needs staff help to see the control of t	IL6008502 PROVIDER OR SUPPLIER CROSSING LVG & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S GROSSING LVG & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 grasp her around the waist, like a bear hug. V3 said she stood R1 up by holding her hands and placed the wheeled walker in front of R1. V3 said she walked R1 to the bathroom and changed her into day clothes while toileting R1. V3 said she had to close the bathroom door during care to prevent R1 from walking away from her. V3 said she directed R1 back across the room and to the bed side. V3 said she stood in front of the walker and pulled on it to guide R1 toward the bed. V3 stated she turned away from R1 to adjust the bed linens and R1 walked away from her, toward the closet door. V3 said R1 was walking by herself and out of grasp. R1 suddenly fell forward and pushed the walker to the side during the fall. V3 said R1 do not reach out with her hands and fell face first to the floor. V3 said she hit the floor "full impact". V3 said R1 began bleeding and she immediately yelled for V4 (Registered Nurse). V3 was questioned if R1 was wearing a gait belt and if V3 holding onto it. V3 said, no. The thought never crossed V3's mind and V3 didn't have a gait belt and walker to be moved safely. V3 said she has cared for R1 in the past and was familiar with her at the time. V3 said R1 needs a gait belt and walker to be moved safely. V3 said she has cared for R1 in the past and was familiar with her mental confusion and unsteady walking. On 12/6/23 at 1:26 PM, V4 (Registered Nurse) stated she was working the night shift on 12/2/23 and heard V3 (CNA) yelling out for help around 4:40 AM. V4 said she went to R1's room and found R1 on the floor bleeding from the nose. V4 said she immediately called the physician and orders were received to send R1 to the emergency room. V4 said R1 was dressed in day clothes and her walker was near her. R1 was wearing anti-skid socks but not a gait belt. V4 said staff help to stabilize h	IDENTIFICATION NUMBER IL6008502 STREET ADDRESS, CITY, STATE, ZIP CODE 409 WEST COMANCHE ROAD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 grasp her around the waist, like a bear hug. V3 said she stood R1 up by holding her hands and placed the wheeled walker in front of R1. V3 said she walked R1 to the bathroom and changed her into day clothes while tolleting R1. V3 said she had to close the bathroom door during care to prevent R1 from walking away from her. V3 said she directed R1 back across the room and to the bed side. V3 said She stood in front of the walker and pulsed on it to guide R1 toward the bed. V3 stated she turned away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R1 to adjust the bed linens and R1 walked away from R2 toward the closet door. V3 said R1 was walking by herself and out of grasp, R1 suddenly fell forward and pushed the walker to be moved safety N1 as a questioned if R1 was wearing a gait belt and if V3 holding onto it. V3 said, no. The thought never crossed V3's mind and V3 didn't have a gait belt and valker to be moved safety. V3 said she has cared for R1 in the past and was familiar with her mental confusion and unsteady walking. On 12/6/23 at 1:26 PM, V4 (Re	DENTIFICATION NUMBER IL6008502 B. WING		

Illinois Department of Public Health

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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)		
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	was diagnosed with required stitches to to her right arm and On 12/6/23 at 12:50 stated R1's ambula decreasing due to honfused and will will will be walk safely. V5 sand more unsteady her extremely weak always have a gait I	D PM, V5 (Registered Nurse) tion skills have been her disease progression. R1 is valk by herself if staff do not R1 needs more and more help aid R1 is becoming weaker and needs a wheelchair on a days. V5 said R1 should bett and walker with her to						
	hold and stabilize R	95						
	stated he has worke familiar with her ned help transferring an be using a gait belt guide her. Pulling the resident is not appre	PM, V9 (Physical Therapist) ed with R1 in the past and was eds. V9 said R1 needs a lot of d walking safely. Staff should and standing at her side to be front of a walker to direct a opriate. V9 said gait belts are ident who is a high fall risk.						
	Nurses/Fall Coordin 12/2/23 fall she was interventions. V2 sa use cared planned I resident who is unst used to have somet can gently lower and At 12:11 PM, V2 wa related to gait belt ut asked for the facility transfers and reside	i AM, V2 (Director of nator) stated prior to R1's sunder standard fall aid R1 did not have gait belt but they are required for any teady. V2 said, gait belts are thing to hold onto and staff resident to the floor if need be. It is asked for the facility policy use. At 2:43 PM, V2 was by policies related to resident tent ambulation. V2 stated the any policies regarding the						

STATE FORM

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:** COMPLETED A. BUILDING: _ B. WING IL6008502 12/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **409 WEST COMANCHE ROAD** PRAIRIE CROSSING LVG & REHAB SHABBONA, IL 60550 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (XS) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 6 R1's emergency room after visit summary dated 12/2/23 showed the reason for the visit was fall related. R1's resulting diagnoses showed a cut on forehead and a nose fracture. The facility's Fall Prevention and Management policy last review dated 9/29/23 states under the fall prevention section: "7. All staff must observe residents for safety. If residents with a high-risk code are observed up or getting up, help must be summoned or assistance must be provided to the resident. Staff will be educated on the fall reduction and prevention program." (B)

Illinois Department of Public Health