STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005599	A. BUILDING: _____ B. WING _____	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN CARE CENTER	702 WEST CUMBERLAND ALTAMONT, IL 62411

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S 000	Initial Comments Annual Certification	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.12106) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the	S9999		

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resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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 are not met as eveidence by:

Based on interview, observation, and record review, the facility failed to supervise a confused resident during toileting for 1 of 2 residents (R32) reviewed for falls in the sample of 25. This failure resulted in R32 falling and sustaining skin tears to the right hand and a laceration to the forehead which required 13 sutures to close.

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S9999	Continued From page 2 The findings include: R32's Face Sheet documented an Admission Date of 2/9/24 and listed diagnoses including History of Right Femur Fracture with Surgical Repair, Diabetes Type 2, Alzheimer's Disease, Chronic Obstructive Pulmonary Disease (COPD), and Congestive Heart Failure (CHF). R32's Minimum Data Set (MDS) dated 7/20/24 documented a Brief Interview for Mental Status Score of 8, indicating R32 has moderate deficits in cognition. The same MDS documented that R32 requires partial to moderate assistance for toileting, which is defined as, "Helper (staff) does more than half the effort: Helper lifts or holds trunk or limbs and provides more than half the effort." R32's Fall Risk Assessment documents an assessment completed on 2/14/24 with a score of 18, and assessments completed on 4/19/24 and 7/1/24, each documenting a score of 16, indicating R32 is at high risk for falls. The Fall Risk Assessment document notes a "total score of 10 or above represents high risk." R32's Care Plan with a review date of 7/8/24 documented a problem area, "Potential for falls related to unsteady gait, weakness and fatigue. (R32) (was) a new admit to the facility with surgical aftercare from a right femur fracture. (R32) had a fall at home resulting in the fracture. (R32) is alert with forgetfulness, (and) has a diagnosis of Alzheimer's. Transfers with 2 (staff) assist, toe touch weight bearing to right lower extremity, staff propelled wheelchair for long distances. Diagnosis of COPD. Hard of hearing, does not wear hearing aids. Occasionally incontinent of urine and continent of bowel. Does	S9999		

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have pain to right lower extremity. (As needed) pain medications. Poor safety awareness. Able to make needs known to staff." This problem area had a corresponding intervention of "Supervision when toileting if indicated," which was added to the Care Plan on 5/10/24.

On 07/24/24 at 11:04 AM, R32 was observed in her room. R32 was alert only to herself. R32 was noted to have a scar of about 1.5 inches in length to her forehead. V5, Licensed Practical Nurse, who was present, stated the scar was from a fall which occurred a few months ago resulting in R32 requiring stitches.

R32's "Post Fall Investigation" dated 3/3/24 at 8:15am documented, " Resd. (resident) (attempted) self-transf. (transfer) from commode to bed. Resd. was noted laying on her back between the BRM (bathroom) et (and) bed. Lac. (laceration) to forehead. Sent to ER (Emergency Room)." Under "Mental Status of Resident", Confused/disoriented is marked for prior to and following the fall.
R32's Emergency Department Note dated 3/3/24 documented, "Patient is an 84 years (sic) female with a history of Diabetes, Hypertension, A-Fib (Atrial Fibrillation), COPD, Dementia, and CHF. Presents today with complaints of (this) morning she tripped over bedside commode and somehow hit her head and caused some skin tears to her right hand." Under "Medical Decision Making" it documents "Due to the patients age, did do a CT (Computed Tomography) of the head which was negative. The laceration/skin tear to her forehead was a bit wide so did my best to repair as much as we could." Under "Lac (laceration) Repair" it documents the under laceration details the location is forehead, is 4.5 cm (centimeters) in length, and number of

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sutures is 13.

On 07/25/24 at 11:35am, V6, Certified Nursing Assistant (CNA), stated she was working with R32 the morning of the fall. V6 stated she and V7, CNA, who is now retired, put R32 onto the bedside commode with her call light in reach and told her to push the call light when she was done. V6 stated R32 was wearing non-skid socks. V6 stated 8:00am is the busiest time of the day with most residents needing toileting assistance, so she and V7 both left the room to attend to other residents. V6 stated when she and V7 re-entered the room, R32 was on the floor lying on her back and was bleeding from her forehead. V6 stated R32 stated she was trying to get back into bed and fell. V6 stated she cannot remember if R32's call light was on. V6 stated R32's ability to use the call light is, "Hit or miss." V6 stated after the fall, CNA staff were educated not to leave R32 alone while on the toilet or bedside commode.

On 7/25/24 at 11:52am, V2, Director of Nurses, stated she was not very familiar with the details of the fall and did not really recall the circumstances. V2 stated she was of the understanding that maybe R32 self-transferred onto the bedside commode and then fell while trying to self-transfer to bed. V2 stated she did recall educating staff to respond to R32's call light in a timely manner.

A Fall Prevention Policy and Procedure dated 6/16/23 documented, "The purpose of the Fall Prevention and Management Program is to 1. Identify residents at risk for falls. 2. Initiate preventative approaches if needed. 3. provide appropriate strategies and interventions directed to resident, environmental factors, and staff."

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