STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005490	A. BUILDING: _____ B. WING _____	C 03/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN VILLAGE HEALTHCARE	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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 of 2/22/24/IL170983	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005490	A. BUILDING: _____ B. WING _____	C 03/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN VILLAGE HEALTHCARE	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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 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 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. 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.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005490	A. BUILDING: _____ B. WING _____	C 03/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN VILLAGE HEALTHCARE	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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 These Requirements were not met evidenced by: Based on observation, interview and record review, the facility failed to ensure a resident with a history of falling was supervised while toileting for one of three residents (R2) reviewed for falls in the sample of three. This failure resulted in R2 getting out of the bathroom on her own and suffering a fall that resulted in head injury and required transfer to the local emergency room for treatment of a headache and a six centimeter hematoma to the right frontal scalp. Findings include: The facility's Fall Reduction Program policy, dated 4/2019, documents "It is the policy of this facility to have a fall reduction program that promotes the safety of the residents in the facility. The program's intent is to assist clinical staff in determining the needs of each resident through the use of standard assessments, the identification of each resident's individual risks, and the implementation of appropriate interventions, supervision, and/or assistive devices deemed appropriate." This policy also documents "Standards: A fall risk assessment will be performed by a licensed nurse at the time of admission; staff will obtain additional information from resident, family, or legal representative when possible. The assessment tool will incorporate current clinical practice guidelines. Safety interventions will be determined and implemented based on the assessed, individualized risks and in accordance with standards of care; interventions to be documented within the resident's care plan. Assigned nursing personnel are responsible for ensuring that the ongoing precaution(s) are put in	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005490	A. BUILDING: _____ B. WING _____	C 03/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN VILLAGE HEALTHCARE	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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		

place and consistently maintained per the individual's plan of care. Supervision of residents who require staff assistance with bathing, showering, or toileting. If resident is not able to maintain proper sitting balance, staff shall remain with resident allowing as much privacy as is safe for the resident."

R2's current care plan, dated 11/29/23, documents R2 has diagnoses of Dementia, Osteoarthritis, Difficulty walking, Weakness and Pain in unspecified joint. This plan of care documents R2 has care plans of "Restorative: (R2) requires supervision with ambulation due to weakness related to dementia. Falls: (R2) has a history of falling related to unsteady gait and transfers self without staff."

R2's Fall Risk Observation, dated 11/29/23, documents R2 is at High Risk for falling.

R2's Nursing progress notes, dated 2/19/2024 at 11:56 PM, documents R2 was found at 11:15 PM sitting on the floor on buttocks next to the bed in R2's previous room. This note documents "(R2) stated she came out of the bathroom and got confused about where to go and tried to get into the bed and lost her balance and fell onto her buttocks."

R2's Fall Risk Observation, dated 2/20/24, documents R2 has "Intermittent confusion, balance problems while standing and walking, requires use of assistive devices, requires assistance to/from and on/off the toilet for elimination, has suffered three or more falls in the last three months and (is labeled as) High Risk for falling."

R2's Nursing progress notes, dated 2/22/24 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005490	A. BUILDING: _____ B. WING _____	C 03/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN VILLAGE HEALTHCARE	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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 8:50 AM and signed by V4 (Licensed Practical Nurse), documents "Observed (R2) sitting on buttocks on floor by bed in another room that use to be her room. Resident stated she was using the bathroom and came out and fell down. Noted with a large hematoma to right side of forehead, measures seven cm (centimeter) by six cm. No bleeding noted. Complaining of pain to head. Does have chronic pain to bilateral knees, but denies pain during range of motion." This same note also documents "(R2) is alert with confusion per usual. Ambulance was called for transport to (local hospital)." R2's hospital Radiology Report, dated 2/22/24 at 11:35 AM, documents "(R2) fell today hitting the right side of her head. Patient complains of headache. Hematoma to the right frontal aspect of head. No known loss of consciousness." This report result documents "Impression: A six cm right frontal scalp hematoma". On 3/22/24 at 1:55 PM, R2 was laying in bed in her room. R2 had yellow/light green bruising above her right eye and on her upper right forehead, as well as a quarter sized raised area at the top of her forehead near her hair line. At this time R2 stated she did have a fall and hit her head on the floor. R2 stated she cannot recall what made her fall or what she had been doing before the fall. R2 stated it gave her a headache and she got "a big bruise." R2 stated she isn't sure if she is supposed to push her call light to get up but she can do most things on her own without staff helping her. On 3/22/24 at 1:10 PM, V4 (Licensed Practical Nurse) confirmed sending R2 out to the hospital on 2/22/24 after she fell. V4 stated "When I found (R2), she had a big hematoma on her	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005490	A. BUILDING: _____ B. WING _____	C 03/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN VILLAGE HEALTHCARE	2202 NORTH KICKAPOO STREET LINCOLN, IL 62656

(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		

head. She wasn't able to say what she hit it on. (R2) is forgetful. She was on another hall and she had been recently moved. As soon as (R2) got (her room) moved, that really threw her off. Staff might have put her in the bathroom but I am not sure if that's the case. I don't remember that part because why would they put her on the toilet and then leave? They should be staying in there with her for assistance. Like she needs help with hygiene, dressing and such."

On 3/22/24 at 1:33 PM, V6 (Certified Nursing Assistant) confirmed she was the one who assisted R2 up to the bathroom on 2/22/24. V6 sated "I went in her room, she has Dementia, (R2) got on the toilet and I stepped away to get a clean brief due to her being soiled. I was out of the bathroom to get this. When I came back in the bathroom she was no longer in there and had went through the opposite door and was on the floor in the other room. (R2) hit her head and developed a hematoma. Prior to this she was someone who got up on her own but would forget her limitations. (R2) always just needed help to pull pants up and do perineal care. She just has to be heavily watched because she is impulsive, she has been impulsive like that since admission to the facility."

On 3/22/24 at 2:00 PM, V2 (Director of Nursing) stated "(R2) moved rooms and was on antibiotics for a respiratory infection. Her family thinks the fall may be more related to the room change and confusion. She has intermittent confusion. (R2) has days when she's good and so independent but days when she has more confusion."

(B)