STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145016	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Goldwater Care Bloomington	700 East Walnut Bloomington, IL 61701

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49492 Based on observation, interview, and record review, the facility failed to respond to a resident requesting to be put to bed in a timely manner. This failure affected one (R1) out of three residents reviewed for falls in a sample list of six residents, resulting in R1 falling and sustaining a left rib fracture. Findings include: 1. R1's Minimum Data Set (MDS), dated [DATE], documents R1 as mildly cognitively impaired. This same MDS documents R1 as requiring substantial/maximum assistance for toileting, upper and lower body dressing and chair/bed to chair transfer. R1's undated Face Sheet documents Medical diagnoses of Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Muscle Weakness (Generalized), Abnormalities Of Gait And Mobility, Symptoms And Signs Involving The Musculoskeletal System among others. R1's Careplan, dated 10/26/24, documents R1 is at risk for falls due to hemiplegia and weakness and lists an intervention to make sure call light is always within reach. R1's Fall Risk Assessment, dated 3/4/2024, documents R1 is at risk for falls. R1's Fall Investigation, dated 7/8/24, documents R1 had an unwitnessed fall at R1's bedside at 11:15 PM on 7/8/24. This same fall investigation documents R1 was oriented to person and place and called for help prior to the fall. This fall investigation documents R1 complained of left sided extremity pain. R1's fall investigation documents, (R1) stated 'I was leaning over in my chair and slipped out of my chair and hit the floor.' This same fall investigation documents first aid initiated to Left forearm by elbow; site cleansed with wound cleanser and 3 steri-strips applied and wrapped with gauze dressing. This fall investigation documents per (R1) request, narcotic pain medication administered. R1's X-Ray of the chest report, dated 07/09/2024 at 3:22 PM, documents, Clinical indication: Pain. Impression: Stable radiograph with no evidence of acute cardiopulmonary disease. R1's Computerized Tomography Scan of Chest, dated 7/10/24, documents, Impression: Left sixth rib fracture. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145016	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Goldwater Care Bloomington		STREET ADDRESS, CITY, STATE, ZIP CODE 700 East Walnut Bloomington, IL 61701	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	R1's Nurse Progress Note, dated 07/08/2024 at 11:15 PM, documents, Resident had an un-witnessed fall 07/08/2024 11:15 PM Location of Fall: Resident's room. This nurse was summoned to the resident's room due to complaint of resident lying on his bedroom floor. Upon entering resident found on floor in a left side lying position. Resident complained of left sided extremity pain. Resident able to move upper and lower extremity equally on Right side of body. Resident strengths equal to baseline weakness prior to fall. Four centimeter curved skin tear noted to Left outer forearm proximal to elbow. Resident denies headache, dizziness, nausea at this time. On 7/16/24 at 10:50 AM R1 stated R1 fell from his wheelchair later in the night after R1 had requested to go to bed earlier in the evening. R1 stated he is in the hospital at this time due to pain from a fractured rib. On 7/16/24 at 10:50 AM V3 R1's Family Member stated V3 was notified that R1 fell from the wheelchair in his room and received skin tears to the arm. V3 stated the nurse told V3 that R1 was watching television and fell from his wheelchair. V3 stated that their son was visiting R1 on 7/8/24 and left the facility around 6:30 PM due to R1 requesting to go to bed. Hospital Records dated 7/10/24 at 11:25 AM state that R1 presented to the ER today after falling out of his wheelchair yesterday landing on his chest and sustaining what was found after evaluation to be a left sixth rib fracture. The Hospital Records document R1 had had a chest X-ray at the nursing home where he resides which did not reveal a fracture but the Computed Tomography in the Emergency Department did. The Hospital Records document R1 was admitted for pain control. On 7/18/24 at 1:41 PM V1 and V2 state that care plans are updated after a fall. V1 and V2 acknowledged at R1's care plan was updated on 7/8/24. R1 care plan now states On 7/8/24, I had a fall from my wheelchair. CNA staff will be educated on my bedtime preferences. On 7/18/24 at 1:57 PM V15 stated R1 was up in the wheelchair upon V15 arrival to shift at 7:30 PM. V15 stated R1 wanted to go to bed. V15 stated 30 min later, V15 checked on R1 and R1 was napping in the chair. V15 stated V15 next saw R1 laying on the floor, on his left side facing the door. V15 stated the nurse assessed R1. V15 stated R1's hemi-walker was in a different position, as if R1 attempted to transfer self to bed and fell .