STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145243	A. Building B. Wing	05/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare Danville	801 North Logan Avenue Danville, IL 61832

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** 42702 Based on observation, interview and record review the facility failed to implement effective fall interventions in three (R1, R2, and R3) of three residents reviewed for falls. These failures resulted in R1 sustaining a head laceration with an arterial bleed, requiring nine sutures and R2 sustaining bilateral fractured wrists resulting in decreased independence, both as the result of falls. Findings include: The Facility Accidents and Incidents Policy dated 11/2023 documents, The Charge Nurse must conduct an immediate investigation of the accident/incident and implement immediate appropriate intervention to affected parties. 1.) R1's undated diagnosis sheet documents the following diagnoses including: dementia, encephalopathy, neutropenia, history of falls, chronic kidney disease, diabetes mellitus, type 2, congestive heart failure, chronic kidney disease, history of a kidney transplant, hypertension, hyponatremia, and a history of a coronary artery bypass graft. R1's progress note documents admission to the facility on [DATE] and that R1 is forgetful, uses a walker, has an unsteady gait and needs therapy services for strength and stability training. R1's fall assessment dated [DATE] documents R1 as a high fall risk. R1's Minimum Data Set, dated dated dated [DATE] documents R1 as moderately cognitively impaired. R1's fall investigation dated 4/18/24 documents that R1 fell at 6:45AM while sitting at the nurse's station while repeatedly attempting to stand up. The intervention used was to redirect R1. R1 stood up after being reminded that it was unsafe, fell and hit her head. R1 was then sent to the hospital. R1's emergency room notes dated 4/18/24 document that R1 sustained a forehead contusion from the fall and has a history of hyponatremia. R1 was returned to the facility on the same day. R1's care plan dated 4/18/24 documents the intervention to prevent further falls is to check R1's basic metabolic panel weekly. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145243	A. Building B. Wing	05/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare Danville	801 North Logan Avenue Danville, IL 61832

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 progress notes dated 4/26/24 document R1 as restless and attempting to stand unassisted. R1 was again placed in a chair next to the nurse's station, R1 stood up and fell . A laceration was sustained to R1's forehead that bled substantially. R1 was again sent to the emergency room . R1's emergency room notes dated 4/26/24 document that emergency medical services applied pressure dressings to R1's head due an arterial bleed and that hemostasis was achieved by tying off the vessels in the emergency department. Nine sutures were required to close the wound. R1 was then returned to the facility with orders for Apixaban (blood thinner) 5 milligrams to be administered twice daily. R1's care plan dated 4/26/24 documents the intervention was to obtain a new wheelchair for R1. R1's progress notes dated 4/29/24 document that a staff member walked by R1's room to find her on the floor next to her bed with a new skin tear and a bruise to the right hip. R1's progress notes dated 4/28/24 document that R1's family chose to take R1 home on 5/2/24. On 5/6/24 at 12:00PM, V16 R1's family member said that R1 was always impulsive and determined regardless of reminders both at home and at the facility and that the facility was aware. On 5/6/24 at 2:30PM, V7 Licensed Practical Nurse stated, We had to keep a close eye on her and kept her at the nurse's station a lot but that doesn't mean that we had our eyes on her at all times. On 5/6/24 at 11:00AM, V2 Director of Nursing (DON) said that she understood that if other interventions had been implemented after R1's first fall, the second fall with injury might have been prevented. V2 DON then stated, She was so fast, you can't redirect someone like her, that doesn't work. In an ideal world we would have had her on 1:1s at all times. Even her family was going to get alarms and cameras for when she went home. On 5/6/24 at 3:18PM, V11 Nurse Practitioner said that the second fall that resulted in nine sutures was preventable had more effective interventions been put into place. 2.) On 5/6/24 at 2:20PM, R2 was sitting in front of the nurse's station with bilateral splints applied to her wrists. R2's undated diagnosis sheet documents the following diagnoses including: osteoarthritis, diabetes mellitus type two, anxiety, peripheral vascular disease, bilateral wrist fractures, major depressive disorder and dementia with other behavioral disturbances. R2's undated census sheet documents admission to the facility on [DATE]. R2's fall assessment dated [DATE] documents R2 as a high fall risk. R2's Minimum Data Set, dated dated dated [DATE] documents R2 as moderately cognitively impaired. R2's fall investigation dated 3/16/24 documents that R2 was observed by staff trying to move her walker to the corner of her room, lost her balance and fell . R2 sustained a laceration on the head. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145243	A. Building B. Wing	05/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare Danville	801 North Logan Avenue Danville, IL 61832

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	R2's care plan dated 3/16/24 documents that the intervention put into place was to move R2's bed farther into the corner of her room. R2's progress notes dated 4/20/24 document R2 was observed by staff falling onto the floor in her room when get to her bed at 8:30AM. R2 used her hands to block her fall. At 3:30PM the same day, R2 complained of bilateral wrist pain. A stat X-ray of R2's wrists was ordered. At 6:09PM of the same day, R2's left wrist was noted to be swollen. R2's progress notes dated 4/21/24 document at 1:06PM, R2's bilateral wrists were swollen. At 1:40PM, the facility provided X-ray service had not yet taken the stat X-rays. R2's progress notes dated 4/22/24 document at 11:22AM, the facility provided X-ray service had not yet taken the stat X-rays. At 2:45PM on the same day, R2 was sent to the hospital for X-rays. R2's radiology results were documented on 4/22/24 with bilateral wrist fractures reported and follow up with orthopedics and bilateral splints ordered. R2's January 2024 minimum data set assessment of activities of daily living document R2 as supervision only for toileting and dressing. R2's April 2024 minimum data set documents that R2 requires partial to moderate assistance with toileting and dressing. On 5/6/24 at 1:23PM, V11 Nurse Practitioner said that R2's X-rays were not performed in a timely manner and should have been obtained sooner. On 5/7/24 at 9:30AM, V15 Certified Nursing Assistant said that since R2 broke her wrists she must have assistance toileting and dressing. 3.) On 5/6/24 at 2:25PM, R3 was laying on his bed. R3 had a large bandage covering his right bicep. On 5/7/24 at 9:45AM, R3 was standing in his room beside his bed. When V13 Licensed Practical Nurse entered the room, she reminded R3 that he wasn't supposed to get up without assistance. Observed a quarter sized skin tear on biceps area and a dime size on R3's elbow. R3's undated diagnoses sheet documents the following diagnoses including: dementia, major depressive disorder, malnutrition, chronic obstructive pulmonary disease, peripheral vascular disease, metabolic encephalopathy, atherosclerosis, cognitive communication deficit, and hypertension. R3's 4/22/24 fall risk assessment documents R3 has a high fall risk. R3's Minimum Data Set, dated dated dated [DATE] documents R3 as severely cognitively impaired. R3's fall investigation dated 4/22/24 documents that at 6:35PM, R3 fell when standing up from the toilet because the toilet grab bar broke resulting in a skin tear on R3's left elbow. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145243	A. Building B. Wing	05/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare Danville	801 North Logan Avenue Danville, IL 61832

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	R3's fall investigation dated 4/28/24 documents that at 2:44PM, R3 was found on the floor near the foot of his bed resulting in a large skin tear on his left forearm, requiring Steri-strips. R3's care plan dated 4/28/24 documents the fall intervention after the 4/28/24 fall was to obtain a urine culture. R3's urine culture, resulted on 4/30/24, documents no urinary tract infection. On 5/6/24 at 2:30PM, V5 Certified Nursing Assistant said that R3 requires close supervision and lots of reminders to sit down. On 5/6/24 at 2:33PM, V6 Certified Nursing Assistant said R3 requires close supervision because he is always getting up on his own. On 5/7/24 at 10:15AM, V2 Director of Nursing said that other interventions should have been put into place when the urine culture was negative.