

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Litchfield Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 628 S Illinois Ave Litchfield, IL 62056	

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)
<p>F 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42636</p> <p>Based on interview and record review, the facility failed to obtain a timely x-ray for 1 of 4 residents (R3) reviewed for diagnostic services in the sample of 4.</p> <p>Findings include:</p> <p>R3's Minimum Data Set, MDS, dated [DATE] documents R3 has a BIMS (Brief Interview for Mental Status) of 10, which is moderate cognitive impairment.</p> <p>R3's Progress Note, dated 4/8/24 at 7:30 AM, documents the following: Writer called to resident room, noted right knee deformity and resident complained of inability to move leg. No redness or swelling noted. Resident denies bumping or twisting leg at any time. CNA (Certified Nursing Assistant) reports resident ambulated to bathroom approximately 5 AM with gait belt and 1 assist with walker. No difficulty noted by caregiver or complaints of pain voiced by resident. Spoke with son who stated resident has had both knees replaced in the past. Further stated, 'she doesn't even move around that much.' Informed son we would be requesting X-ray and would update when results received.</p> <p>R3's Progress Note, dated 4/8/24 at 8:30 AM, documents MD (medical doctor) notified of resident c/o (complaining of) right knee pain with deformity noted. New order received for x-ray of right knee stat. POA (Power of Attorney) aware.</p> <p>R3's Progress Note, dated 4/8/24 at 8:44 AM, documents Upon current assessment, resident resting in bed with eyes closed. Noted discoloration evolving to right lower thigh above knee. Awaiting x-ray at this time. Resident in no apparent distress.</p> <p>R3's Progress Note, dated 4/8/24 at 7:45 PM, documents the following: x-Ray company in facility at this time to complete x-ray to right knee.</p> <p>R3's Progress Note, dated 4/8/24 at 8:08 PM, documents the following: On call physician returned call to facility at this time. He was updated on resident increased pain. New order received to send resident to emergency room for evaluation.</p> <p>R3's Progress Note, dated 4/9/224 01:08 AM, documents the following: Resident admitted to hospital.</p> <p>(continued on next page)</p>

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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<p>F 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3's x-ray Report with a date of service 4/8/24, no time, documents the following: right knee x-ray, impression - knee arthroplasty, proximal to which is an acute fracture.</p> <p>R3's Hospital Records, SNF (Skilled Nursing Report) dated, 4/9/24 documents R3 was admitted with a right femur fracture.</p> <p>R3's POS (Physician Order Sheet, documents an order dated 4/8/24 at 8:30 AM, for a portable x-ray of the right knee due to pain and deformity. Portable due to resident limited mobility.</p> <p>On 4/11/24 at 9:08 AM, V3, LPN (Licensed Practical Nurse), stated when she came into work on 4/8/24, R3 was waiting for an x-ray. V3 stated she received the results, which showed a fracture, she notified the on-call physician and V14, R3's Son and then sent R3 to the local hospital for further evaluation.</p> <p>On 4/11/24 at 12:51 PM, V14, R3's Son, stated he was notified by the facility sometime early in the day that R3 was complaining of pain in her knee, and they were ordering an x-ray. V14 stated he came to the facility around 5:00 PM and stayed until around 7:30 PM and no one came to do the x-ray. V14 stated he asked the staff what was going on and he was told they (x-ray company) would be at the facility in about an hour. V14 stated he stayed until 7:30 PM and they hadn't shown up. V14 stated around 45 minutes after he left the facility, he received a call stating that R3 had a fracture, and they were sending her to the local emergency.</p> <p>On 4/11/24 at 1:35 PM, V15, Registered Nurse (RN)/ Assistant Director of Nurses (ADON), stated she had requested an x-ray for R3, and it was ordered just as a regular x-ray, the doctor didn't say stat or routine. V15 stated it was quite a while, close to 12 hours before the x-ray was completed.</p> <p>On 4/11/24 at 1:35 PM, V2, Director of Nurses, DON, stated V15 had come and gotten her, and they went and assessed R3's leg. V2 stated there was a deformity and the physician was notified for an x-ray. V2 stated the order was placed at 8:30 AM and wasn't obtained until around 7:30 PM that night, around 11 hours later.</p> <p>The Mobile Imaging Services Agreement, dated 11/8/19, documents the following: provider shall provide the following services to facility's patients: Provider, an independent contractor using their equipment and qualified staff, will provide portable diagnostic x-ray and doppler, ultrasound and EKG (electrocardiogram) services where available that have been ordered by a qualified MD (Medical Doctor), DO (Doctor of Osteopathy) or NPP Non-Physician Provider). Provider will respond within a reasonable time frame to requests for services, usually within a few hours. A duly licensed radiologist radiologic exams and cardiologist will interpret cardiology exams. Provider will notify facility by phone of positive exam findings as soon as possible and will provide a full written report to facility within twenty-four hours of the exam. Images and reports are also available on-line for review 24/7.</p>		