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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145273 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/25/2024 |
| NAME OF PROVIDER OR SUPPLIER Jacksonville Skld Nur & Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 1517 West Walnut Street Jacksonville, IL 62650 | |

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

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50628</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper inflation of the air mattress in 3 (R2, R4, and R5) of 3 residents in the sample of 8 reviewed for safety. This failure resulted in R2 being found on the floor from an unwitnessed fall and suffering a laceration on the right side of the head and several skin tears.</p> <p>Findings include:</p> <p>1. R2's undated face sheet documented that R2 was admitted to the facility on [DATE] with diagnoses of Parkinson's, dementia, neurocognitive disorder with Lewy Bodies, cachexia, and hypotension.</p> <p>R2's Minimum Data Sheet (MDS), dated [DATE], documented that R2 has severe cognitive impairment. R2 requires use of a wheelchair and is always incontinent of bowel and bladder.</p> <p>R2's Care Plan, dated [DATE], documented that R2's problems include self-care deficit, impaired cognitive function due to dementia with Lewy bodies, is at a risk for falls and injuries related to balance problems, dementia, tremor, scoliosis, and medications. The interventions for the fall risk include encourage use of call light, keep call light within reach, keep environment clutter free, keep personal belongings within reach, and provide adequate lighting. On [DATE] low bed was added. On [DATE], the care plan was updated adding bolsters to the air mattress and bed reset by maintenance and reviewed for proper functioning.</p> <p>R2's progress notes, dated [DATE] at 9:30 PM, documents that R2 was noted to be on the floor bedside her bed on her right side tangled up in her blankets. R2 was curled up laying on right side. There was a laceration to right side of head approximately 1 cm, a skin tear to right elbow approximately 1 centimeter, a skin tear to right hand approximately 1 centimeter, a skin tear to right knee approximately 1 centimeter. All wounds cleansed and dressed. Resident denies pain and cannot state what happened. Range of motion intact. Fall was unwitnessed. Neurology checks initiated.</p> <p>R2's physician orders, dated [DATE], at 10:06 PM documents monitor, steri-strips to right knee and reinforce as needed. To clean right elbow with normal saline, dry, apply xeroform & dry dressing. To also monitor steri-strips to the back of right hand two times per day and reinforce as needed. To right side of head monitor steri-strips, cleanse two times per day and reinforce as necessary.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>R2's incident report, dated [DATE], documents on [DATE] that the root cause was air mattress deflation. Bed was reset and properly functioning. Request entered for maintenance to check properly. Bolsters added to bed.</p> <p>On [DATE] at 9:55 AM, R2 was sitting in a high back wheelchair in their room. A half dollar size light blue discoloration was visible to R2's right cheek. R2 also had multiple scabbed abrasions in varies sizes to her forehead. When asked what happened R2 replied that she didn't know.</p> <p>On [DATE] at 9:10 AM, V11 (CNA) was asked why R2 had bruising on her face and abrasions on her forehead, and V11 stated that she heard R2 fell out of bed a couple of weeks ago.</p> <p>On [DATE] at 9:20 AM, V12 (CNA) was asked about the bolster, and she stated that is a mattress to help her not roll out of bed. V12 stated that hospice had brought this and before that she had a plain air mattress. She stated that she heard the previous mattress deflated on one side.</p> <p>On [DATE] at 10:30 AM, phone interview performed with V9 (RN), V9 stated V9 was called to the room and R2 was lying on the floor. V9 stated that the mattress was deflating on one side. R2 was curled up on the blankets on one side of the floor. V9 stated that R2 liked to curl up on one side of the bed. R2 had not had issues with her mattress prior to this. V9 stated that at the top of the mattress there is a plug that can be unplugged for a need for cardiopulmonary resuscitation, (CPR). V9 stated that these plugs often become unplugged easily and this happens quite often. V9 added that a few times she has been called into rooms because the mattress is deflating.</p> <p>On [DATE] at 12:15 PM, interview with V14, Health Information Coordinator. She stated that she worked the floor last week and was aware of R2's fall. V14 stated that R2 doesn't try to transfer herself. Sometimes in bed she gets a little wiggly at times. Air mattresses are usually an inflation problem. They are pinching off the tubing if the bed is raised to high. Maintenance comes and checks it out.</p> <p>On [DATE] at 12:33 PM V13 (Maintenance Director) was asked about the air mattresses. He stated he has problems with them all the time. He stated that when they go bad, they order a new one. Many times, it is due to the resident's positioning with the head or the feet of the bed too high. V13 added that nine times out of ten, it is a pin hole in the mattress. The facility buys their own air mattresses, and they usually have a spare one lying around. They leak and deflate air. He is unaware of any specific care instructions. The process of V13 includes that he has a work order program in place called Tells.com. In Tells.com the staff put a work order in, and I address. I check the Tells system a minimum of three times per day. Most of the time the problem is fixed that day. Many times, the air mattress issue is from the positioning of the bed with the mattress. I had one time that a motor went bad. When asked if air mattresses have a maintenance or preventative program, he stated they do not.</p> <p>2. R4's MDS dated [DATE], documents that R4 has some moderate cognitive impairment.</p> <p>On [DATE] at 11:15 AM, R4 was asked if she has problems with her mattress deflating, she replied that yes that this happens a lot. They don't do nothing.</p> <p>3. R5's MDS dated [DATE] documented that he is cognitively intact.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>On [DATE] at 11:20 AM, R5 stated that the mattress deflates often. He stated it feels like you're lying on a bar.</p> <p>On [DATE] V1, Administrator, provided a daily census and indicated that R5 was interview able.</p> <p>On [DATE] at 2:45 pm V1, Administrator, stated they do not have a policy regarding air mattresses and do not perform assessments for residents utilizing air loss mattresses. V1 also stated that she is aware of the deflating of the mattresses and had started purchasing a different brand, but still has problems with these mattresses deflating.</p> <p>The air mattress manual provided by facility documents that it is indicted for the prevention and treatment of all stage pressure ulcers when used in conjunction with a comprehensive pressure ulcer management program. Included in the manual are entrapment guidelines stating that the use of bed rails is dependent on the setting as well as the facilities protocols. Proper patient assessment, monitoring, equipment uses, and maintenance are required to reduce entrapment risk. Make sure the air hoses are not kinked or tucked under the mattress. Also check to ensure the cardiopulmonary resuscitation, (CPR) valves are properly attached. It stated that after using for some time (approximately 3 months), clean the air filter cotton inside the enclosure base, steps as below: 1. Take out air filter cover and air filter cotton. 2. Wash air filter cotton with clean water, if the dirt sticks to the filter, soak the air filter cotton in the water. 3. Dry the air filter cotton then put it back to the air filter cover.</p> | | |