

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 03/12/2026
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.			
(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 - Minimal harm or potential for actual harm Residents Affected - Few	<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** Based on interview and record review, the Facility failed to ensure a resident's wheelchair was properly secured in the transport van for 1 (R2) of 4 residents reviewed for accidents in the sample of 4. The surveyor confirmed by observation, interview, and record review that the deficiency practice occurred on 8/12/2025 and the deficient practice was corrected on 9/2/2025 prior to the start of the survey. Therefore the survey is Past Noncompliance. Findings Include: During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included: 1. Transportation vehicle was checked to ensure all safety mechanisms were properly functioning. Completed 8/12/2025. 2. All transportation staff were trained on proper procedure for install of wheelchair and proper wheelchair to be used for transports, motor vehicle policy and first aid policy. Completed 2/20/2026. 3. Transportation staff will log safety mechanisms in good working order and used properly for every transport, and complete vehicle inspection log daily. Started 8/13/2025 and ongoing. 4. Maintenance Director or Designee will monitor vehicle safety mechanism weekly x 4 weeks. Completed on 9/2/2025. 5. All new transportation staff in serviced on proper procedure for install of wheelchair upon hire prior to use of the vehicle. Completed 2/20/2026. 6. Facility Administrator responsible for ensuring ongoing compliance. 7. Facility Administrator responsible for reporting to QA Committee. The facility was able to demonstrate monitoring of the corrective action and sustained compliance. R2's Undated Face Sheet documents R2 was admitted to the facility on [DATE] and has a medical diagnosis of Type 2 Diabetes Mellitus, End Stage Renal Disease, Peripheral Vascular Disease, Intervertebral Disc Degeneration Lumbar Region, Fracture of First Lumbar Vertebra, Low Back Pain, Essential Tremor, and Acquired Absence of Left Leg Below Knee. R2's Minimum Data Set, dated [DATE] documents R2 is cognitively intact, uses a wheelchair, and needs partial/moderate assistance with chair/bed to chair transfers. R2's Care Plan Date Revised 8/19/2025 documents R2 is at risk for falls related to the diagnosis of acquired absence of left leg below the knee, essential tremor, diabetic retinopathy, Cerebral Vascular Accident, as well as medications taken. R2's Fall Risk assessment dated [DATE] documents R2 is a high fall risk. R2's Care Plan Date Revised 9/2/2025 documents R2 has an Activities of Daily Living (ADL) self-care performance deficit related to the diagnosis of unspecified sequelae of cerebral infarction. Interventions Date Initiated 3/5/2026 documents ambulation: does not ambulate and manual wheelchair for locomotion. R2's General Note dated 8/12/2025 at 12:35 PM documents resident went to appointment in small van with transportation, Upon returning her wheelchair tipped over backwards in van. Resident hit her head, small hematoma to back of head. Refused emergency room (ER) refused x-ray. States she has some back pain 4/10. The Facility's Fall Report dated 8/12/2025 documents Nursing Description: Hematoma to back of head, small. Some lower back pain. No injury seen to back. Resident Description: Chair tipped over and I was strapped in, brakes on too. Immediate Action Taken Description: resident returned to facility, vital signs (VS) taken, neuros started. Resident refused to go to ER to get check out. Complains of some back pain but x-ray refused. Notes 8/13/2025: During investigation, resident stated she was strapped in properly to the small van and wheelchair brakes (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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>were engaged during transport. Driver did not accelerate or engage brakes. Resident wheelchair tipped backwards and the resident did hit her back and head on the floor of the van. Root cause: improper positioning in wheelchair.R2's Lumbar Spine Computed Tomography (CT) Scan Without Contrast dated 9/30/2025 documents AcuteL1 compression fracture without retropulsion. Degenerative disc disease with ligamentous thickening and facet arthrosis. No high-grade degenerative stenosis is evident by CT.On 3/11/2026 at 8:52 AM R2 stated her wheelchair brakes were locked, and her wheelchair was securely strapped in and connected to the transport van by V5. R2 stated when V5 started to slowly accelerate, her wheelchair tipped backwards, and she hit her head and the top of her back on the van. R2 stated she refused to go to the hospital or have x rays done when this happened. R2 stated she continued to have back pain and the facility ordered an x-ray of her back and later ordered a CT scan. R2 stated she was told she had a fracture to her back.On 3/11/2026 at 1:00 PM V1, Administrator, stated R2 was securely buckled into the transport van and when the van driver started to accelerate, R2's wheelchair tipped backwards. V1 stated R2 was assessed in house and R2 refused to go to the local hospital for evaluation. V1 stated R2 complained of back pain after the incident and an X-ray was ordered, which had no acute findings. V1 stated the facility ordered a CT scan when R2 continued to have back pain. V1 stated R2's CT scan showed R2 had an L1 fracture.On 3/11/2026 at 1:07 PM V6, Maintenance Director, stated the transport van has a red lever on the straps that connects the wheelchair to the van. V6 stated the lever is pressed to loosen the straps to be able to remove them from the resident's wheelchair. V6 stated the facility is unsure if R2's foot may have hit the lever and loosen the straps that were securing R2's wheelchair to the van.On 3/11/2026 at 1:37pm V5, Transport CNA, stated R2 was securely strapped into the van and R2's wheelchair brakes were locked before she started to drive the van. V5 stated she is unsure how R2's wheelchair tipped backwards and R2 was still buckled and strapped to the van when R2's wheelchair tipped. V5 stated if a resident's foot would put pressure on the lever that is connected to the straps used to secure a wheelchair, it could loosen the straps.On 3/11/2026 at 2:11 PM V7, Medical Director, stated he was informed of R2's wheelchair tipping back while in the transport van and R2 refused medical treatment and to be sent to the hospital. On 3/12/2026 at 11:58 AM V20, Licensed Practical Nurse (LPN), stated she was the nurse working when R2's wheelchair tipped backwards in the transport van. V20 stated she was informed that R2's wheelchair tipped back, and she went to assess R2. V20 stated R2 was secured in the van with her wheelchair brakes locked. V20 stated she was informed that R2 had hit her head. V20 stated she assessed R2 and found a small hematoma to R2's head and R2 was complaining of a slight headache and back pain. V20 stated R2 refused to be sent to the local hospital for evaluation and refused an x-ray at that time.The Facility's Transportation Policy Date Revised 8/13/2025 documents It is the facility's responsibility that any resident being transported by the facility vehicle will have a safe and secure transport to and from the designated destination.</p>		