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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145436 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>09/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Apostolic Christian Restmor |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1500 Parkside Avenue<br>Morton, IL 61550 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                             |
|---|---|
| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>(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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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few  | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure a previously implemented fall intervention was in place to reduce the risk of a fall for one of three residents (R1) reviewed for falls in a sample of three. This failure resulted in R1 being transferred to the local area emergency room with a left forehead laceration, a left frontal scalp soft tissue hematoma, multiple skin tears and experiencing severe pain. Findings include: The facility's Fall Prevention Policy, dated 2/2025, documents Purpose: To provide as safe an environment as possible by taking measures to prevent falls to the extent possible. Policies: C. Every resident shall have safety measures included in the Care Plan from the time of admission. D. The Care Plan safety measures shall be revised as appropriate after a fall occurs and when deemed necessary by nursing. E. After every fall, the cause of the fall shall be determined if possible and measures taken to prevent a similar occurrence in the future. The Accident/Incident Policy, dated 3/2025, documents I. Definition: An incident is any unusual happening involving a resident or visitor. This includes falls with or without injury; injury with or without a fall.; behavior which involves danger or injury to self, another resident, employee, or visitors; wandering behavior that puts the resident or other residents in danger; any other happening not considered usual that may create a risk to resident, staff, visitor, or facility. L. Every accident/incident shall be investigated to attempt to determine cause. The nurse and the CNA (Certified Nursing Assistant) will complete an investigation for all falls. M. Following the investigation and with a probable cause of the fall is determined, recommendations to prevent a similar fall in the future shall be added to the care plan of the resident. The facility's Silent Bed Alarm Policy, dated 12/2024, documents I. Purpose: In conjunction with the fall management program, mobility monitors serve to alert the care giver that resident may need assistance. II. Policies: A. A silent bed alarm shall be used at the discretion of the admission nurse, charge nurse, clinical coordinator, Assistant Director of Nursing, or Director of Nursing after assessment of the resident indicates the resident is at risk for falls. B. A silent bed alarm consists of a box that is connected to the resident's call light system and a pressure sensitive pad that is placed on the mattress. G. It is important for the staff on the lanes to be aware of those residents with silent bed alarms and to respond to the call lights promptly. Resident safety is paramount to other duties. H. All silent bed alarms when triggered shall be interpreted as the resident communicating a need. Staff will make attempts to determine the need and provide assistance. I. It shall be the responsibility of each shift to make sure all silent bed alarms are properly connected and functioning. J. It will be the responsibility of the staff member placing the resident in bed or chair that the silent bed alarm is functioning properly by ensuring the green light is flashing and indicating the alarm is in use. III. Procedures: A. Determine the need for a silent bed alarm through fall risk evaluation. D. Check the proper function of the bed alarm by setting it off and observing that the call light turns on and the CNA's phone rings when the alarm is activated. R1's Face Sheet documents R1 admitted to the facility on [DATE] with the following, but not limited to, diagnoses: Unspecified Dementia (moderate) with Anxiety, Chronic Kidney Disease (Stage 3), COPD (Chronic Obstructive Pulmonary Disease), Generalized Anxiety Disorder, Gastro-esophageal Reflux Disease, Hypertension, Personal History of Transient Ischemic Attack, and Age-Related Osteoporosis without current Pathological Fracture. R1's Fall Risk Assessment, dated 7/24/25, documents R1 is a high risk for falls. R1's current Care Plan documents Problem Start Date: 7/24/2023. Category: Falls. (R1) is at risk for falls related to impaired cognition and being impulsive and thinking that she is capable of doing more herself. Approach Start Date: 7/24/23: 1. Keep call light within reach. Instruct and encourage (R1) to use call light and wait for staff before getting out of bed or off toilet. 2. Keep most frequently used items and assistive devices within reach. 3. Ensure proper footwear is worn before transfers- non-skin shoes, slippers, socks. 4. Keep room free of clutter. 5. Night light at night. 6. (Staff alerting bed alarm). Monitor for self-transfers and appropriate use of call light. Flowsheet: Fall Prevention. R1's Occurrence Report, dated 10/18/23 and signed by V4/RN (Registered Nurse), documents Description: (R1) found on the floor. Date/Time of Occurrence: Known, enter date/time: 10/18/23 at 3:30 AM. What was the resident trying to do when the fall occurred? Self-Transfer. Personal Alarm Ordered: yes. Resulted in: Laceration. Skin Tear. Taken to Hospital: Yes. Injury Site: Size: Approximately two-inch laceration at hairline left side of head. Skin tear left shoulder. Color: Bloody. Amount of Bleeding: Large. Body Part: head. Equipment: Bed alarm did not respond to (R1) getting out of bed. Care Plans: Equipment issue referred to Maintenance. New/Additional Fall Prevention Strategies Implemented: Other: Bed alarm replaced. What interventions or changes in routine were implemented by</p> |   |  |