

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/21/2025
NAME OF PROVIDER OR SUPPLIER Accolade Healthcare of Savoy		STREET ADDRESS, CITY, STATE, ZIP CODE 302 West Burwash Savoy, IL 61874	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40385</p> <p>Based on interview and record review the facility failed to timely report post fall pain and implement radiology orders timely, resulting in a delay in treatment of a left hip fracture for one (R4) of three residents reviewed for falls in the sample list of eight.</p> <p>Findings include:</p> <p>The facility's Acute Condition Changes - Clinical Protocol dated June 2023 documents the nurse should assess, document and report changes in pain level. Nursing staff will contact the physician based on the urgency of the situation and the physician will be paged/called requesting prompt response, approximately one half hour or less, for emergencies. This policy documents the nursing staff and the physician will discuss possible causes including resident history and symptoms, and the physician will order diagnostic testing or directly evaluate the resident if necessary. This policy documents the physician will review the status of the condition change and document the evaluation, including the significance of the acute change, at the next visit.</p> <p>R4's Admission Minimum Data Set, dated dated dated [DATE] documents R4 is cognitively intact and R4 had no pain during the review period.</p> <p>R4's Nursing Note dated 4/1/2025 at 6:05 AM documents at 2:35 AM R4 was heard yelling out and R4 was found on the floor near the doorway of his room. R4 reported R4 was trying to go to the bathroom, got weak and fell to the floor. R4 had a bruise and abrasion to the left knee, bruise to left arm, and denied pain. R4 had upper and lower extremity range of motion. The on-call physician, V27, was notified.</p> <p>R4's Physical Therapy (PT) Encounter Note dated 4/2/25 at 12:06 PM, recorded by V28 PT Assistant, documents R4 was only able to tolerate sitting on the edge of the bed for two minutes due to increased left lower extremity pain from recent fall. R4 refused to stand or transfer into the wheelchair and tolerated the session poorly secondary to increased left lower extremity pain.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/21/2025
NAME OF PROVIDER OR SUPPLIER Accolade Healthcare of Savoy		STREET ADDRESS, CITY, STATE, ZIP CODE 302 West Burwash Savoy, IL 61874	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's Occupational Therapy (OT) Encounter Note dated 4/1/25 at 2:46 PM, recorded by V13 Certified OT Assistant (COTA), documents R4 complained of hip pain related to a fall this morning and was waiting on an x-ray. V13 spoke with the nurse who reported R4 fell at 2:30 AM and there were no x-ray orders since R4 had not complained of pain. R4 was encouraged to try and sit on the edge of the bed, but refused. R4's therapy participation was limited due to lack of motivation and recent fall. R4's OT Encounter Note dated 4/2/25 at 2:44 PM, recorded by V13, documents R4 continues to complain of hip pain from fall. R4 reported not taking pain medications since no one had asked. V13 spoke with the nurse about pain medications and getting an x-ray since R4 refused to get out of bed until x-ray obtained.</p> <p>R4's Progress Note dated 4/1/25 at 6:21 PM, recorded by V17 Physician, documents R4 was evaluated for hospital follow up. This note does not document follow up evaluation for R4's fall that morning. There is no documentation that R4's hip pain was reported to a physician prior to 4/2/25. R4's Nursing Note dated 4/2/2025 at 1:15 PM documents R4 complained of left hip pain following recent fall, R4 is requesting an x-ray, and an x-ray was ordered. R4's Nursing Note dated 4/3/2025 at 11:00 AM documents technician performed left hip x-ray.</p> <p>R4's Progress Note dated 4/3/25, recorded by V16 Nurse Practitioner, documents R4 fell on [DATE] and initially was without pain. R4 reported left hip pain rated 8 on a 1-10 scale and R4 had not been participating in therapy due to pain. R4 had limited left lower extremity range of motion. V16 ordered a STAT (immediate/urgent) portable x-ray of left hip and nonweight bearing status of left lower extremity until cleared by x-ray.</p> <p>R4's left hip x-ray dated 4/3/25 at 11:31 AM documents acute nondisplaced left femoral intertrochanteric fracture. R4's Hospital Procedure Note dated 4/4/25 documents R4 required surgical repair of left hip fracture.</p> <p>On 4/17/25 at 12:12 PM R4 stated R4 fell while walking to the bathroom by himself, R4 broke his left femur and had to have surgery.</p> <p>On 4/21/25 at 10:12 AM V19 Licensed Practical Nurse stated R4 fell on night shift around 2:00 AM and the next day R4 complained of left hip pain to V13 COTA during therapy. V19 stated V19 obtained an order for an x-ray and entered it as STAT, but the x-ray company did not come until the next day around 11:00 AM. V19 stated V19 received R4's x-ray results around 12:30 PM, which indicated a fracture, V19 notified V16, and R4 was transferred to the hospital. R4's x-ray order dated 4/2/25 was reviewed with V19 and confirmed entered as STAT.</p> <p>On 4/21/25 at 10:57 AM V13 COTA stated R4 was in bed during R4's therapy session on 4/1/25 and only limited therapy was provided since R4 complained of hip pain because of his fall. V13 stated V13 reported R4's pain to the nurse, V19, that day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/21/2025
NAME OF PROVIDER OR SUPPLIER Accolade Healthcare of Savoy		STREET ADDRESS, CITY, STATE, ZIP CODE 302 West Burwash Savoy, IL 61874	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/21/25 at 12:53 PM V16 Nurse Practitioner stated 4/3/25 was the first day V16 was notified of R4's left hip pain. V16 stated R4 had a fall a few days prior. V16 stated R4 had a lot of pain during V16's assessment so V16 ordered a STAT x-ray. V16 stated STAT should be done within four hours and V16 told the staff that R4 would need to go to the hospital if the x-ray was not obtained within four hours. V16 stated the staff should report post fall pain to the provider so that an x-ray can be ordered. V16 stated V16 would have ordered a STAT x-ray sooner if she was notified. V16 stated a delay in treatment of a hip fracture could cause nerve issues or if delayed a week or more there would be concerns with healing. V16 stated R4 missed therapy sessions due to pain.</p> <p>On 4/21/25 at 1:46 PM V20 Registered Nurse stated R4 was found on the floor of his room and initially did not have any complaints of pain. V20 stated R4's fall on 4/1/25 was reported to the on-call physician, V27. V20 stated V20 worked a double shift, evenings/nights on 4/2/25 and R4 did not have any complaints of pain. V20 stated it was passed on in shift report that R4 had complained of pain during therapy and an x-ray was ordered. V20 stated V20 did not contact the x-ray company to inquire about an estimated time of arrival.</p> <p>On 4/21/25 at 2:28 PM V17 Physician stated V17 was not aware of R4's fall when V17 evaluated R4 on 4/1/25. V17 stated V17 would have asked R4 about his pain, which would have been really important. V17 stated protocol should be followed, the provider should be notified of a fall and then notified of pain post fall. V17 stated the therapist should report pain to the nurse and the nurse should notify the physician or Nurse Practitioner. V17 stated when V17 evaluated R4 on 4/1/25, R4 was comfortable, did not appear to be in any pain, and did not voice any complaints. V17 stated V17 cannot say whether V17 would have ordered an x-ray on 4/1/25 if she had been notified of R4's fall and post fall pain, but V17 would have asked R4 to move his legs during R4's exam.</p>