

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Shelbyville Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1111 West North 12th Street Shelbyville, IL 62565	
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 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** 35347</p> <p>Based on interview and record review, the facility failed to safely transport R1 after a shower to prevent a traumatic fall. This failure resulted in R1 falling from a shower chair to the floor causing multiple back and neck fractures requiring emergency medical evaluation and treatment at two hospitals. R1 is one of three residents reviewed for accidents in the sample of three.</p> <p>Findings include:</p> <p>R1's medical diagnosis list (9/25/2024) documents R1's diagnoses include Spastic Paraplegia (inherited neurological disorder causing muscle weakness and difficulty or inability to walk), Abnormal Posture, Difficulty in Walking, and Muscle Wasting and Atrophy.</p> <p>R1's quarterly assessment (7/24/2024) documents R1 has upper and lower extremity impairment limiting range of motion, is completely dependent on staff for all activities of daily living and utilizes a wheelchair for locomotion. The same record documents R1 is dependent on staff assistance for mobility while using a wheelchair.</p> <p>The facility incident report (9/13/2024) documents on 9/13/2024 at 8:50AM, facility staff were moving R1 on a shower chair from a shower stall when a wheel on the chair became caught on the shower curb and R1 fell from the chair to the ground and expressed pain.</p> <p>The facility incident investigation (9/13/2024) documents R1 complained of neck, chest, abdomen, and knee pain after falling to the ground on 9/13/2024.</p> <p>R1's progress notes (9/13/2024) documents R1 stayed in bed during lunch and only ate about six bites due to experiencing chest and abdomen pain. The same record documents R1 was sent to the local hospital emergency department for evaluation.</p> <p>The hospital emergency department report (9/13/2024) documents R1 presented to the department due to a fall and head, neck, chest, and lower back pain. The same report documents R1 reported experiencing pain everywhere and was diagnosed with neck and back fractures requiring transfer to a regional trauma center for further evaluation.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The trauma center report (9/13/2024) documents R1 was diagnosed with six back and neck fractures (thoracic vertebrae #11/#12, lumbar vertebrae #1/#2/#3, and cervical vertebrae #3) and received intravenous morphine (narcotic pain medication used to treat severe pain) while at the regional trauma center. The same reports documents R1 remained an inpatient at the trauma center from 9/13/2024-9/18/2024 when R1 transferred back to the nursing home facility with an order for analgesic pain medication and a rigid cervical immobilizer (a type of rigid neck brace used to limit movement after surgery or serious injury) to be worn at all times.</p> <p>On 9/27/2024 at 10:40AM, V4 (Certified Nurse Aide) reported giving a shower to R1 on 9/13/2024 and when V4 began pulling R1's shower chair forward out of the shower stall, a wheel on the chair got caught on the shower curb and R1 began falling forward. V4 reported then pushing back on R1 and the shower chair and both R1 and V4 fell to the ground followed by R1 stating ow that R1 was hurting. V4 reported R1 continued to express pain when staff transferred R1 from the floor to a chair. V4 reported R1 does not lean forward in the shower chair and does not have any behaviors during cares including bathing.</p> <p>R1's medication administration record (September 1-26, 2024) documents R1 had been prescribed acetaminophen (pain analgesic medication), 325 milligram tablets, two tablets by mouth as needed every six hours for pain starting on 12/11/2023. The same record documents R1 had received only a single dose of acetaminophen on 9/8/2024 during the month of September prior to the fall but had taken acetaminophen nearly every day (9/19/2024-one dose, 9/20/2024-three doses, 9/21/2024-two doses, 9/22/2024-one dose, 9/24/2024-two doses, 9/25/2024-two doses, 9/26/2024-two doses) for pain since readmitting to the facility on [DATE] from the hospital.</p>		