

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Mattoon Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 South Ninth Mattoon, IL 61938	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to revise resident's care plans to accurately reflect resident's current status. This failure affects two residents (R1 and R3) out of the sample of three reviewed for falls.</p> <p>Findings include:</p> <p>1. R1's Care Plan for Fall Prevention documents an intervention to Ensure personal items are in reach, initiated 3/10/23, and a second intervention to Make sure (R1) has mirror in reach, initiated 9/2/23.</p> <p>On 5/6/25 at 10:35 am, 11:00 AM, 12:55 PM, R1 did not have any personal items, including a mirror, in view in her room.</p> <p>On 5/6/25 at 1:45 PM, V4, Licensed Practical Nurse, stated R1 doesn't really have any personal items, and she hasn't seen R1 with a mirror in a long time.</p> <p>On 5/6/25 at 1:55 PM, V7, Registered Nurse, stated that R1 used to keep her purse, hairbrush, make up, and mirror with her in bed and would sit and do her make up and brush her hair. V7 further stated R1 hasn't been able to do that for a long time.</p> <p>2. R3's Care Plan for Fall Prevention documents an intervention to Educate staff to assist with dentures, initiated 12/26/24.</p> <p>On 5/7/25 at 9:50 AM, R1 did not have any dentures. R1 did have natural teeth. At this date and time, R1 stated staff do not help her with dentures because she doesn't have any dentures, she has her own teeth.</p> <p>On 5/7/25 at 10:38 AM, V4, Licensed Practical Nurse, checked R1's Nursing assessment dated [DATE] and stated the assessment documents R1 has natural teeth.</p> <p>R1's Nutritional assessment dated [DATE], and Nursing assessment dated [DATE], both document R1 has natural teeth and no dentures.</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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(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 - Minimal harm or potential for 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>Based on observation, interview, and record review, the facility failed to conduct safe transfers in accordance with a resident's care plan (R1), and failed to implement fall prevention interventions according to a resident's care plan (R2). These failures affect two residents (R1 and R2) out of the sample list of three reviewed for falls.</p> <p>Findings include:</p> <p>1. R1's Fall Risk assessments dated 4/15/25 and 4/19/25 document R1 is at high risk for falls.</p> <p>R1's Nurses Progress Notes dated 4/15/25 document R1 experienced a fall in the facility.</p> <p>R1's current Care Plan for Fall Prevention documents an intervention for Staff re-educated to ensure they are using an appropriate number of staff during all transfers, initiated 11/3/22. This same Care Plan for Activities of Daily Living documents R1 requires two staff participation for transfers, initiated 9/30/20.</p> <p>On 5/6/25 at 3:46 PM, V8, Certified Nursing Assistant, stated R1 is not steady at all standing up. V8 stated when she transfers R1, she has R1 wrap R1's arms around V8's neck, and since R1 can not stand steadily, V8 has to do all the work of standing R1 and conducting the transfer from the bed to the wheelchair. V8 confirmed she conducts these transfers by herself alone.</p> <p>On 5/7/25 at 1:45 PM, V1, Administrator, confirmed there was an expectation for the nurses and certified nursing assistants to be familiar with resident's care plans, especially the residents' transfer status. V1 stated when she heard about the transfers conducted by V8 with R1, she immediately conducted a staff education meeting about the topic of appropriate transfers.</p> <p>2. R2's Fall Risk Assessments dated 4/23/25, 4/20/25, 4/1/25, 3/25/25, and 3/22/25 document R2 was at high risk for falls.</p> <p>R2's Nurses Progress Notes dated 4/23/25, 4/20/25, 3/22/25, and 2/6/25 all document R2 has a history of multiple falls while residing in the facility.</p> <p>R2's current Care Plan for fall prevention documents an intervention as Call don't fall sign to be placed in R2's room, initiated 8/17/24.</p> <p>On 5/6/25 at 12:56 PM, there was not a call don't fall sign located in R2's room. On 5/6/25 at 1:10 PM, V5, Licensed Practical Nurse, confirmed there was not a call don't fall sign in R2's room.</p>		