

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  McLean County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  901 North Main Normal, IL 61761	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>49492</p> <p>Based on observation, interview, and record review the facility failed to timely report a resident change of condition to the resident's representative and physician for one (R1) of four residents reviewed for change in condition and injury of unknown origin in the sample list of four.</p> <p>Findings include:</p> <p>The Progress Note dated 05/31/2024 at 09:16 PM by V3, Nurse, states R1 noted to be complaining of pain during cares. The progress note states that R1 was saying ow over and over and when R1 was asked if she hurts R1 said yes. The Note documents R1's right knee was observed to be swollen and painful. The Note documents no redness or bruising was noted and alert charting to monitor for the next three days was started. The Note documents Management was made aware, and a pillow was placed under R1's knee for support and Tylenol was administered for pain.</p> <p>R1's Minimum Data Set completed on 5/16/2024 documents a Brief Interview for Mental Status (BIMS) score of 99. A score of 99 indicates R1 is severely cognitively impaired and unable to complete the interview.</p> <p>R1's Care Plan with revised date of 04/02/2024 states that for transfers: R1 requires a total body mechanical lift with the assist of two staff. The same care plan edited on 05/17/2024 states R1 is at risk for falling due to impaired mobility, impaired cognition, pain, easily fatigued and impaired safety awareness related to diagnosis of metabolic encephalopathy, dementia, chronic pain, and anemia.</p> <p>R1's Nursing Note dated 05/31/2024 at 9:16 PM documents nursing management was notified of the change of condition and new onset pain. The same medical record documents that the physician was not notified of the change of condition and new onset pain until 06/03/2024 at 2:13 PM.</p> <p>The Progress note dated 06/03/2024 at 2:13 PM states an x-ray was ordered for R1's right knee.</p> <p>R1's medical record progress note dated 06/04/2024 at 06:57 AM documents R1's x-ray results as right knee arthroplasty with acute periprosthetic fracture of the distal femur with posterior displacement of the major distal fracture fragment.</p> <p>On 6/7/24 at 11:00 AM R1 was laying in R1's bed covered, with a right knee immobilizer in place.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/7/24 at 1:41 PM V10, Primary Care Physician, stated the on-call practitioner should be notified any change of condition or new pain onset.</p> <p>On 6/7/24 at 2:45 PM V2 Director of Nursing confirmed the practitioner and power of attorney were not notified of the change of condition and new onset pain for R1 from 5/31/24 at 9:16 PM until 6/3/24 at 2:13 PM.</p> <p>The facility's Change in a Resident's Condition or Status Policy with review date of February 2024 documents The Unit Nurse will chart in PN (Progress Notes) and notify the resident's Attending Physician, POA (Power of Attorney), or On-Call Physician when there has been A significant change in the resident's physical/emotional/mental condition.</p>