

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2026
NAME OF PROVIDER OR SUPPLIER  Medina Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  402 South Center Street Durand, IL 61024	
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 - 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure personal alarms were working for a resident at risk for falls for 1 of 3 residents (R2) reviewed for falls and safety in the sample of five. The findings include: The Fall Initial Documentation dated 1/10/26 at 7:10 PM for R2 showed he had an unwitnessed fall. R2 was observed on the bathroom floor in a supine position. R2 was unable to state what had happened and his alarm was noted not to be working. R2 was assumed to have been attempting to use the toilet, but there was not any evidence of toilet use. R2's Care Plan dated 12/8/25 showed R2 is at risk for falls related to dementia, congestive heart failure, asthma, type 2 diabetes mellitus, and dysthymic disorder. Other diagnoses include chronic kidney disease, arthropathy, benign prostatic hyperplasia, hypercholesterolemia, gastroesophageal reflux disease, obstructive sleep apnea, hyperparathyroidism, peripheral vascular disease, and hypertension. R2 has a sensor pad alarm that is to be in place when he is left unattended in his bed, chair or wheelchair. R2's care plan was not reviewed and/or revised after his fall on 1/10/26. On 2/4/26 at 11:59 AM, V8 Certified Nursing Assistant - CNA stated R2 has the alarm when he is in his chair and when he is in bed. The alarm is the same one and it gets moved back and forth. R2 always has an alarm to alert staff when he tries to get up. V8 stated R2 likes to try and get up on his own and falls. V8 stated R2 has a sensor pad that alarms when he tries to get up. R2 has it for his safety. On 2/4/26 at 12:47 PM, V6 Registered Nurse - RN stated on 1/10/26 R2's alarm was not working when he fell. V6 stated she asked the CNAs when he was last toileted and was last seen. V6 said that her and the CNA replaced the batteries and messed with the wire on R2's alarm and it started working. V6 stated the wire was kind of worn out on the alarm. The Fall Initial Documentation dated 1/23/26 at 11:35 PM for R2 showed he was found on the floor with his back up against the room door. R2 was leaning on his right elbow with his legs stretched out in front of him. R2's alarm did not sound. R2 stated he was going to the bathroom. On 2/4/26 at 2:29 PM, V11 CNA stated she was working on 1/23/26 when R2 fell and his alarm was not working. V11 stated the nurse called her for help because the nurse (V5 Licensed Practical Nurse - LPN) found R2 on the floor in the doorway of his room. V5 stated R2's alarm was not working; it wasn't going off. It worked after the batteries were replaced. V11 stated that staff can tell when the battery is going low because some of them will start beeping real fast and some make a humming noise. V11 stated when this happens the batteries need to be replaced. V11 stated if staff keep resetting the alarm when this happens then the batteries will be dead and staff will not be aware of it. On 2/4/26 at 12:25 PM, V3 Assistant Director of Nursing - ADON stated she was not aware that R2 had two falls in which it was documented that his alarm was not working. V3 stated his alarm should be working; he has it as an intervention for falls. V2 stated the alarm is in place to help alert staff that he is up so a fall can be prevented. R2's Care Plan, dated 12/8/25 showed R2 is at risk for falls. R2's care plan was not reviewed and/or revised to show that he had two actual falls in January 2026 or any</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  145495	Facility ID:  If continuation sheet Page 1 of 2

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>changes made for the prevention of falls. The facility's Fall Policy (no date) showed the facility seeks to promote an active and healthy lifestyle with respect, dignity and security for each resident as a whole. Falls are the leading cause of injury-related death for those [AGE] years of age and older. Falls can also lead to severe complications including hip fractures, traumatic brain injury and premature death. As all falls cannot be prevented, the facility strives to minimize potential injury by identifying common fall risk factors and developing individualized care plan interventions that focus on maintaining a person's independence and mobility function to the best of their ability. The facility assesses all residents and evaluates fall situations as well as potential fall/injury situations in order to achieve this goal.</p>		