

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2026
NAME OF PROVIDER OR SUPPLIER Freeburg Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 746 Urbanna Drive Freeburg, IL 62243	

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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** Based on interview and record review the facility failed to prevent falls by failing to maintain working status of chair pad alarms for 1 (R2) of three residents reviewed for accidents. Findings include: R2's admission record documents an admission date of 03/10/25 with diagnoses including: chronic kidney disease, shortness of breath, anxiety disorder, torsades de pointes, sepsis, atrial fibrillation, heart failure, acute respiratory failure with hypoxia, restlessness and agitation, muscle weakness, unsteadiness on feet, cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery, and osteoarthritis. R2's MDS dated [DATE] documents a BIMS score of 04 indicating severely impaired. R2's care plan documents a focus area of: R2 is at risk for falls relating to history of falls upon admit, weakness with an intervention of: chair pad alarm, bed pad alarm dated 04/07/25 and re-education to staff to check alarm and that functioning properly before exit room dated 08/08/25. R2's incident note dated 11/16/25 documents: incident: Resident, R2 found ambulating to the bathroom unassisted. Bed pad alarm in place but not sounding. R2 became unsteady, turned and hit the back of her head on the closed bathroom door. R2 then slid down on the floor landing on her back. V6 (Licensed Practical Nurse-LPN) assessed R2 immediately. ROM WNL (range of motion) (within normal limit). R2 is alert with usual confusion. Neuro checks were initiated. Raised area beginning to develop posterior head and ice was applied. On 01/10/26 at 3:45 PM R2 was sitting in her wheelchair in the dining room with a pad alarm present and active. On 01/10/26 at 3:45 PM R2 stated, she does not remember falling. On 01/10/26 at 2:20 PM V1 (Administrator) stated, when R2 fell her pad alarm was not sounding and it should have been. R2 stood up from her wheelchair and was attempting to walk. On 01/12/26 at 8:24 PM V3 (LPN) stated, the bed and chair alarms are to be checked for working status every shift. The undated facility policy titled, Fall Prevention & Management Policy documents: purpose: to prevent resident falls, reduce injuries, and ensure timely assessment, response, and documentation. Prevention strategies with confirm bed/chair alarms are functioning when ordered.</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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