STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145584	A. Building B. Wing	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palm Garden of Mattoon	1000 Palm 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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview, and record review the facility failed to update a care plan to accurately include transfer/walking status and assistive devices for one of four residents (R2) reviewed for falls in the sample list of four. Findings include:On 10/14/25 at 12:33 PM R2 was lying in bed with her wheeled walker at the bedside. R2 stated R2 fell in the bathroom a few weeks ago by herself with no initial injuries, but the next day R2 was hurting really bad and found to have broken her tailbone. R2 stated now R2 has to use a wheeled walker and has been receiving therapy. R2 stated R2 transfers and walks independently without any staff assistance. R2's 9/22/25 Minimum Data Set (MDS) documents R2 as cognitively intact and R2 transfers/walks with staff supervision or touch assistance. R2's active care plan includes a problem dated as revised 7/26/24, which documents R2 needs staff supervision and/or assistance with activities of daily living and R2 does not use any assistive devices for walking. This care plan includes interventions dated 6/26/25 which document R2 walks independently without a device and needs set-up assist x1 for transfers. On 10/15/25 at 11:39 AM V8 (Licensed Practical Nurse/LPN) stated R2 transfers/walks independently without staff assistance. V8 confirmed R2 uses a wheeled walker for transfers/walking which was not updated as part of R2's current care plan. V8 stated V8 was unsure when R2 started using the walker and the therapy staff would be able to provide that information. On 10/15/25 at 12:20 PM V3 (LPN/MDS Coordinator) stated R2 does not need setup assistance for transfers/walking, R2 is independent and only needs supervision from staff in passing. V3 confirmed R2's care plan does not accurately reflect R2's current transfer/ambulation status. V3 stated R2's care plan should document R2's transfer/walking status as independent with supervision, and not setup assist of one. On 10/15/25 at 12:23 PM V10 (Certified Occupational Therapy Assistant) stated R2 started using the wheeled walker on 7/31/25.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145584	A. Building B. Wing	10/15/2025

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(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 - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145584	A. Building B. Wing	10/15/2025

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(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 - Actual harm Residents Affected - Few	Based on observation, interview, and record review the facility failed to develop and implement interventions to address behaviors to prevent a reoccurring injury following a fall that resulted in a partial finger amputation (R1). The facility also failed to supervise, implement fall interventions, and thoroughly investigate a fall (R3) for two of four residents (R1, R3) reviewed for falls in the sample list of four. This failure resulted in R3 experiencing an unwitnessed fall and coccyx fracture. Findings include:1.) R3's 6/13/25 Minimum Data Set (MDS) documents R3 has moderate cognitive impairment and requires staff supervision/touch assistance for chair/bed transfers and walking at least 10 feet. R3's 9/9/25 MDS documents R3 has moderate cognitive impairment, had one fall with injury and one fall with major injury since the last review, and R3 requires supervision/touch assistance for transfers and partial/moderate assistance for walking.R3's active Care Plan documents the following: R3 has impaired cognition, short term memory loss, intellectual disability, dementia, disorganized schizophrenia, and psychotic disorder with delusions resulting in repetitive verbalizations/questions and memory loss related issues. R3 requires supervision or touching assistance for transfers. R3 has risk factors including impaired mobility/balance, impaired gait, mental illness, impulsive behaviors, extrapyramidal and movement disorder, a history of falls, and R3 requires monitoring and intervention to reduce the potential for self-injury. Interventions for 15-minute checks for safety and positioning was initiated on 9/10/24, a sign to call before getting up was placed in R3's bathroom initiated on 5/22/24, and a note was placed in resident's room that states to call for help before getting up initiated on 3/7/24. R3's unwitnessed fall report dated 7/18/25 at 11:00 AM, recorded by V4 (Licensed Practical Nurse/LPN), documents V4 was in the dining room passing medications during lunch, as V4 walked to the nurse's station R4 (R3's roommate) told V4 that R3 was saying help. V4 immediately went into R3's room and found R3 sitting on her bottom on the floor with her knees pulled up towards her. R3's shirt was inside out over R3's head, covering R3's face. This report documents injuries post incident as a coccyx fracture. The facility's investigative file for R3's fall, did not include documentation of when R3 was last checked on by staff, who last observed R3 or what R3 was doing when last observed prior to the fall. There is no documentation in this file that R3's 15-minute checks were implemented or if there were reminder signs posted in R3's room when R3 fell. The facility's initial report to the state surveying agency dated 7/18/25 documents R3 sustained a fall on 7/18/25 at 11:00AM that resulted in a hairline fracture of the pelvis and an investigation was initiated. The facility's final report of R3's injury, dated 7/22/25, documents R3's fall as noted above and R3 was sent to the hospital where a computed tomography (CT) found R3 had a subtle nondisplaced fracture involving the right upper coccyx segment. The root cause of the fall was R3 standing up in her room putting her shirt on when R3 lost balance and fell. The post fall intervention was to provide R3 with clothes that are easier to put on such as button up or with zippers. This report documents R3 will remain on 15-minute visuals and staff are to provide assistance when R3 is observed changing clothes. R3's CT of pelvis dated 7/18/25 documents reason for exam as fall with pelvic pain, findings indicate probably mild osteopenia and concern for hairline nondisplaced fracture involving the right aspect of the upper coccyx level. R3's Progress Note dated 9/22/25, recorded by V14 (Physician) documents Coccyx fracture secondary to fall 7/18/25.On 10/14/25 at 12:46 PM R3 was sitting in a wheelchair in the hallway outside of R3's room. R3 was unable to give any details regarding her falls and stated, I don't remember. R3 stated R3 does not need staff assistance for activities of daily living and R3 walks by herself. On 10/15/25 at 9:33 AM there were no signs posted in R3's room or bathroom to remind R3 to call for assistance before getting up. On 10/15/25 at 9:42 AM V4 (LPN) confirmed R3's unwitnessed fall on 7/18/25 and V4 found R3 sitting on the floor on her bottom in front of her closet. V4 stated R3 requires standby assistance from staff for transfers/walking. V4 entered R3's room/bathroom and confirmed there were no signs posted to remind R3 to call for assistance and there should be signs posted. V4 stated the signs must not have moved with R3 when R3 changed rooms. V4 stated R3 is noncompliant with calling for assistance and R3 will get up and walk around and needs reminders to sit down and to ask for assistance. V4 stated R3 uses the call light often. At 12:00 PM V4 stated R3 had not had a room change in a very long time. V4 stated V4 was unsure when R3 was last checked on by staff or who had last seen R3 prior to her fall on 7/18/25. V4 confirmed R3 has an intervention for 15-minute checks which was an intervention prior to this fall. V4 stated 15-minute checks are documented on a paper form and that is not something the nurses document as part of the fall investigations. V4 stated V4 did not recall seeing the call reminder signs posted in R3's room the day R3 fell, and this is not something