

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2026
NAME OF PROVIDER OR SUPPLIER  Axiom Gardens of Flora		STREET ADDRESS, CITY, STATE, ZIP CODE  701 Shadwell Avenue Flora, IL 62839	
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 observation, interview, and record review the facility failed to implement fall prevention interventions for 2 of 3 residents (R1 and R2) reviewed for accidents/incidents in the sample of 12. The findings include: 1. R1's admission Record documents an admission date of 1/21/22 with diagnoses including displaced fracture of right femur and dementia. R1's Minimum Data Set (MDS) dated [DATE] documents R1 has a Brief Interview for Mental Status (BIMS) score of 00 indicating R1 is not cognitively intact and not aware of safety needs. The same MDS documents R1's mobility was supervision/touching assistance prior to her most recent fall on 4/12/26. R1's IDT (Interdisciplinary Team) Fall Committee Meeting Note dated 4/12/26 documents R1 had experienced an unwitnessed fall in the dining room on the same date. R1's X-ray report dated 4/12/26 documents an Impression of Acute hip fracture of right. R1's records from the local hospital document that R1 was admitted to the hospital on [DATE] and had surgical repair for a comminuted and displaced right hip intertrochanteric fracture on 4/14/26. R1's most recent Care Plan documents R1 has a focus area for an actual fall with serious injury with a revision date of 11/21/23. Interventions for this focus area include resident experienced fall from sustaining a major injury, intervention for this event includes utilizing pillows and/or positioning device to aide and assist in positioning and bed parameter awareness only with an initiation date of 2/6/26 and experienced fall in DR (Dining Room) sustaining a major injury, intervention for this includes providing with hip protector clothing when out of bed and refer to therapy for evaluation and treatment if indicated with an initiation date of 4/12/26. On 4/27/26 at 1:07 PM, V3 (Certified Nursing Assistant/CNA) when asked about R1's fall precautions, stated they are aware R1 has only 1 pair of hip protector underwear that they know of, but that pair of underwear have been in the laundry since 2 days ago. On 4/27/26 at 1:16 PM, V4 (CNA) who was working on the hall R1 was residing on, stated they are not aware of R1 having any special underwear with built in hip padding. On 4/27/26 at 1:20 PM, this surveyor observed R1 in the large common area near her room sitting in her wheelchair with her legs off their prop and dangling and attempting to stand up from her wheelchair. This surveyor notified V15 (Social Services) who was passing by, and she assisted R1 to get her repositioned in her wheelchair and her legs elevated. On 4/27/26 at 1:41 PM, observed R1 lying in bed and R1 did not have hip protecting underwear on at that time. V3 was also present at that time. This surveyor asked V3 if R1 had her hip protector underwear on prior to lying down, V3 stated R1 had not had her hip protector underwear on since they had gotten there that morning and assisted R1 to get dressed for the day. On 4/28/26 at 10:14 AM, observed R1 lying in bed and R1 had no hip protector underwear on at this time. V14 (CNA) was also present at that time and witnessed R3 without her protective underwear. V14 stated they knew R3 was supposed to have hip protector underwear but did not know where they were at. V14 stated the last time they saw the hip protector underwear was last week on Tuesday or Thursday. V14 stated they observed them in a box at the nurse's station. V14 stated they had never placed the protective underwear on R1 or seen the underwear on R1 since R1 had returned from the hospital. On 4/28/26 at 10:16 AM, while still in R1's room, V6 (CNA) opened one of the drawers on R1's dresser and brought out a pair of the padded (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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>underwear. V6 stated R1 has 2 pairs of padded underwear. V6 stated they only put the padded underwear on R1 when she is up in her wheelchair because she has frequent urinary incontinence. V6 stated R1 did get up in her wheelchair to eat breakfast this morning. When this surveyor asked V6 if R1 had her padded underwear on when she was in her wheelchair for breakfast, V6 stated no, because one pair of padded underwear was in the washer at that time and the other pair weren't clean.2. R2's admission Record documents an admission date of 3/13/26 with diagnoses including atrial fibrillation, Parkinson's disease, dementia and unsteadiness on feet.R2's MDS dated [DATE] documents R2 has a BIMS score of 3 indicating R2 has impaired cognition and unaware of safety needs. The same MDS documents R2 is a substantial/maximum assistance for mobility.R2's most recent Care Plan documents R2 has a focus area for R2 being at high risk for falls related to poor cognition, impaired balance and safety awareness dated 3/19/26. Interventions for this focus area include ensuring resident is wearing appropriate footwear when up and following facility fall protocol both dated 3/19/26.R2's IDT Fall Committee [NAME] Note dated 4/13/26 documents R2 was found in the floor of his room by his bed attempting to ambulate with no assistance. New intervention documented in the fall investigation was for staff to always leave R2's door open for increased observation.On 4/27/26 at 2:41PM, observed R2's door to his room completely shut. When this surveyor knocked and opened R2's door, observed R2 lying on his bed. On 4/28/26 at 9:38 AM, observed R2's door again shut to his room. When this surveyor knocked and opened the door to the room observed R2 sitting on the side of his bed with his feet resting on the floor with his walker within reaching distance. On 4/27/26 at 1:23 PM, V5 (CNA) stated they could not remember any fall interventions for R2 specifically. V5 stated they did remember R2 is to be escorted when he is up ambulating. V5 stated they did know where to find fall interventions for the residents at a binder located at the front hall nurse's desk.On 4/28/26 at 1:51 PM, V2 (Director of Nurses) stated all CNAs can look in the communication book located at the nurse's station of the front hallway for any residents' specific fall precautions. V2 stated fall precautions for all residents can be looked up in CNA's electronic health records they have access to. V2 stated all nursing staff should be aware of resident's fall precautions or at least know where to find them. V2 stated nursing staff are always free to come and talk to them or V1 (Administrator) if they have any questions. V2 stated she does not remember all of R1's fall precautions but does remember R1 has padded underwear to protect her hips if she falls. V2 stated if R1 is out of bed she should have her padded underwear on, but when she is lying down, she doesn't have to wear them. V2 stated R2's fall precautions most recently implemented were for R2's door to remain open so he can be observed frequently. When asked if there was any reason why R2's door should have been shut those two times this surveyor observed it, V2 stated not unless care was being performed or R2 or his roommate had requested to have the door shut. V2 stated it would be shut upon request of R2 only after re-education had been given as well.The facility Fall Prevention Program policy dated 11/21/17 documents, Safety interventions will be implemented for each resident identified at risk. All assigned nursing personnel are responsible for ensuring ongoing precautions are put in place and consistently maintained.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</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 only staff with appropriate competencies provided resident care. This failure has the potential to affect all 62 residents living in the facility. The findings include: On 4/28/26 at 9:26 AM, V5 (Certified Nursing Assistant/CNA) stated Unit Aides (UA) can perform vital signs, answer call lights, make beds, and pass snacks and ice water, but they are not allowed to do any hands-on care. On 4/28/26 at 10:21 AM, R5, who was alert to person, place, and time, stated V8 (UA) helps them with their bed bath sometimes. R5 stated V8 helps them wash the areas of their body they cannot reach. On 4/28/26 at 10:29 AM, R12, who was alert to person, place, and time, stated (V8) works as another CNA when you all (public health surveyors) aren't here. R12 stated V8 has assisted CNAs provide incontinence care because R12 is a two person assist. R12 also stated that prior to this survey, V8 was working on the hall as another CNA, but once this surveyor entered the building they moved V8 to a different location. On 4/28/26 at 10:37 AM, R4, who was alert to person, place, and time, stated V8 has helped them transfer to their wheelchair. R4 also stated V8 has provided support for them during transfers, assisted them with incontinence care and rolling from side to side while in bed to get cleaned after an episode of incontinence. On 4/28/26 at 10:45 AM, R11, who was alert to person, place, and time, stated V8 has helped them with showering in the past. On 4/28/26 at 11:21 AM, R8, who was alert to person, place, and time, stated V8 has never helped them with showering, but has helped them get dressed including putting their underwear, socks, pants and shoes on in the morning. On 4/28/26 at 12:00 PM, V3 (CNA) stated prior to this survey, they were working with V8 as another CNA on the 100 hall. V3 stated the facility had 2 call-ins from CNAs leaving them short and only leaving V8 to assist them to perform CNA duties. V3 stated when this surveyor entered the building, administration moved V8 to another hall that did not have any residents who were 2-person assist. V3 stated V8 works as a CNA only when the facility is very short staffed on CNAs. V3 stated V8 has helped them do CNA work in the past. V3 stated V8 has helped them with transferring a resident using a mechanical lift, other types of transfers of residents, and dress residents while V3 has supported the resident. V3 stated they have also worked with the other Unit Aide, V16 on night shift who has performed CNA duties. V3 stated they have witnessed V16 escorting residents to the restroom who are known to be a 1-person assist with toileting. On 4/27/26 at 2:46 PM, V8 states that she is not involved in patient care. On 4/28/26 at 1:10 PM, this surveyor attempted to reach V16 by phone for an interview and was unsuccessful. On 4/28/26 at 1:51 PM, V2 (Director of Nurses) stated CNA job duties include assisting residents with their needs, including activities of daily living assistance like hygiene, bathing, transfers, and incontinence care. V2 stated working as a CNA requires certification by completion of a 6- or 8-week program or the person must be enrolled in the licensed practical nurse program at a college. V2 stated to work as a UA does not require any formal training or education. V2 stated UAs performing CNA duties is not acceptable because the UAs have not been properly trained and certified to provide that level of care. V2 stated UAs should not be used in place of CNAs but they may assist CNAs by making beds, stocking linens, other supplies, and passing ice water and snacks. V2 stated UAs can also brush hair and paint nails. V2 stated the reason UAs should not be providing resident care is because they are not properly trained or certified and they could cause injury or other adverse effects to residents. V2 stated she had not been made aware of or witnessed any UAs working in the place of CNA staff or performing CNA duties. The facility's job description for Unit Aide dated 11/1/24 documents, The Unit Aide work involves performing a variety of helper tasks assisting the nursing staff. The same document states essential duties for a UA include cleaning, assisting with cutting a resident's food up and opening cartons at mealtimes, and transportation of residents within the facility. Qualifications for this position listed on the document are the person must be at least [AGE] years of age, have long term (continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>care experience preferred and ability to understand, speak and read and write the English language. The facility's job description for CNA's dated 5/2/17 documents a CNA is responsible for providing resident care and support in all activities of daily living and ensures the health, welfare and safety of all residents. Essential duties listed for a CNA include assisting residents with eating, performing personal hygiene and bathing, and rolling, turning and repositioning in bed and transfers of residents. Qualifications for CNA's listed on this document are current certification as a Certified Nursing Assistant in accordance with the laws of the state of practice, must be at least [AGE] years of age, be certified in basic life support, and be able to understand, speak, read and write the English language. The facility's Daily Census 4/26/26 (with a print date of 4/27/26) documents there are a total of 62 residents residing in the facility.</p>		