

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145673	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Apostolic Christian Home of Eureka		STREET ADDRESS, CITY, STATE, ZIP CODE 610 Cruger Eureka, IL 61530	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>50627</p> <p>Based on interview and record review, the facility failed to provide a copy of the bed hold policy for a resident who transferred to the hospital for one of three residents (R4) reviewed for bed holds in the sample of 31.</p> <p>Findings include:</p> <p>The Facility Transfer Procedures Policy dated (revised) 10/25/2024, documents The charge nurse will notify the appropriate persons of pending transfer to the hospital, reason for transfer, hospital being transferred to, and obtain consent for transfer from the resident's legal representative. Copies of the following will be sent to the resident: Notice of Transfer and Bed Hold Policy form for Resident; Resident Representative; or Healthcare POA (Power of Attorney).</p> <p>R4's Time of Transfer, dated 8/30/24 at 5:03 PM, documents R4 was transferred to the local hospital with paramedics for evaluation, decline in condition, and medical necessity.</p> <p>R4's medical record does not document a bed hold policy was provided to R4 upon being transferred to the hospital on 8/30/24.</p> <p>On 11/27/24 at 2:00 PM, V9 (Nurse Consultant) confirmed R4 was sent to the hospital on 8/30/24. V9 stated I searched for proof of my nurse that day giving Notice of Transfer and Bed Hold policy, but she did not do it. The nurse working that day should have done it, it is something we missed and will be working on.</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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