

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145692	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER Axiom Healthcare of Flora		STREET ADDRESS, CITY, STATE, ZIP CODE 232 Given Street 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)
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)

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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(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	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to prevent a fall from a wheelchair for 1 (R1) of 3 residents reviewed for accidents in the sample of 3. This failure resulted in R1 falling forward out of the wheelchair onto the floor resulting in an acute comminuted fracture of the distal left clavicle. The findings include: R1's admission Record documents an admission date of 6/20/2025 and included diagnoses of cardiac arrhythmia, essential hypertension, personal history of transient ischemic attack, hyperlipidemia, unspecified atrial fibrillation, gastro-esophageal reflux disease, gastritis, and age-related osteoporosis. R1's admission Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 12, indicating R1 has moderate cognitive impairment. This same MDS under Functional Abilities and Goals documented R1 has no physical impairments on upper or lower body extremities and uses a wheelchair for mobility. This section also documents R1 needs supervision / touch assistance to wheel 50 feet with two turns once seated in wheelchair and R1 needs partial / moderate assistance to wheel 150 feet once seated in wheelchair. R1's Care Plan dated 07/28/2025 documented a Focus Area of I have had an actual fall with serious injury fractured left clavicle. Interventions listed include therapy evaluation for wheelchair positioning, and foot pedals related to the fall, continue interventions on the at-risk plan and physical therapy consult for strength and mobility. The facility's Report to Illinois Department of Public Health Regional Office with a date of 07/28/2025 documented Description of Occurrence: fall from wheelchair. Under Follow Up/Final Report Summary it is documented that R1 fell out of the wheelchair after toe caught on the floor while being pushed by staff. R1 had been holding her feet up and dropped her feet when the toe caught on the floor. R1 received a fracture to the left clavicle and orthopedics are following. There was no surgery required; R1 has to wear an immobilizer to the left shoulder as tolerated. R1 is working with therapy, and therapy will address wheelchair positioning. R1's Progress Note authored by V3 (Licensed Practical Nurse/LPN) dated 07/28/2025 with at time of 9:52 AM documented R1 had a fall this morning. V4 (Certified Nurse Assistant/CNA) was pushing R1 to the bathroom to get R1 changed and ready for the day. R1 dropped her feet she had lifted while V4 was pushing her and caught them under the wheelchair a little bit causing her to fall onto her knees out of the wheelchair and then fell onto her left side. R1 did not hit head as witnessed by this nurse. ROM (Range of Motion) is WNL (Within Normal Limits), denied pain, VS (Vital Signs) WNL, small, reddened area L (left) knee. R1's Progress Note authored by V3 dated 07/28/2025 with a time of 2:15 PM documented R1 complained of pain to this nurse of left shoulder. Tylenol administered and portable STAT 2 view L shoulder et (and) L arm x-ray called and ordered per physician. R1's Progress Note authored by V6 (LPN) dated 07/29/2025 with a time of 3:18 AM documented X-Ray company called to report possible fracture of left clavicle. V2 (Director of Nursing/DON) and nurse practitioner notified. New order received to send resident to local emergency department for evaluation and treatment. R1's Progress Note authored by V3 dated 07/29/2025 with a time of 10:20 AM documented in part, R1 arrived back from local hospital emergency department with fracture of left clavicle. New order for left arm sling to be worn at all times besides showering until follow up appointment with orthopedics. R1's Progress Note authored by V2 (DON) dated 07/29/2025 with a time of 11:19 AM documented, this note is a summary of the IDT (Interdisciplinary Team) Fall Committee Meeting Note. Please see assessment for full details. Summary of incident: CNA was pushing resident down the hallway to take her to the restroom. Resident dropped her feet and got them caught and she fell forward onto her knees out of the wheelchair and then fell on her left side. Did not hit her head. Root cause of fall determined by IDT: (this section is left blank). New interventions and/or changes suggested by the IDT at this time: refer to OT (Occupational Therapy) for wheelchair positioning and foot pedals for w/c (wheelchair). R1's Patient Report with a date of 07/28/2025 and a time of 8:35 PM documented under impression, (R1) has a deformity of the distal left clavicle, consistent with nondisplaced fracture. R1's Witnessed Fall report dated 07/28/2025 documented under Incident Description - CNA was pushing resident down the hallway to take her to the restroom. Resident dropped her feet and got them caught and she fell forward onto her knees out of the wheelchair and then fell to her left side. Did not hit her head. On 08/07/2025 at 11:44 AM, R1 was sitting in the dining room with a sling in place to her left arm. There were no wheelchair pedals noted to R1's wheelchair. R1 stated that she fell out of her wheelchair about two weeks ago. R1 stated her pain is ok and not a problem. R1 stated the girl was pushing her too fast in the wheelchair. R1 stated I told her to slow down, my knees don't work, and I couldn't hold up my legs any</p>		