

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/21/2025
NAME OF PROVIDER OR SUPPLIER  Country Health		STREET ADDRESS, CITY, STATE, ZIP CODE 2304 C R 3000 N Gifford, IL 61847	

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** 41002</b></p> <p>Based on interview and record review the facility failed to provide one staff assistance to prevent a fall for one (R1) of three residents reviewed for accidents in the sample list of five.</p> <p>Findings include:</p> <p>R1's Facility Census documents R1 was admitted to the facility on [DATE] and has the following medical diagnosis, Malignant Neoplasm of Endometrium, Chronic Pain Syndrome, Weakness, Overactive Bladder, Age-Related Osteoporosis, GERD, Encounter for Palliative Care and Anemia.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents R1's Brief Interview for Mental Status (BIMS) score 8, moderate cognitive impairment, needs substantial/maximum assistance with Activities of Daily Living.</p> <p>R1's Care Plan dated 8/17/23 documents R1 is at risk for falls due to limited physical mobility related to chronic pain syndrome and Osteoarthritis. Interventions. Transfers: R1 transfers with one staff assist/gait belt and rolling walker.</p> <p>R1's Health Status Note dated 4/1/25 at 7:33pm documents V4 Certified Nursing Assistant notified V3 Registered Nurse (RN) that R1 was on the floor. Found R1 lying on right side with head toward toilet and facing shower. Right arm was behind R1. Knees bent and toward the shower and feet toward bathroom door. [NAME] in front of toilet. R1 assessed by V3 and V5 Nurse Manager. R1 able to move all extremities with some pain to the right leg. R1 was turned onto R1's back and three assisted to wheelchair without difficulty. Vital Signs - Temperature-98.2, Pulse-94, Respirations-18, Blood Pressure-177/125. Neuros started and within normal limits (WNL). V4 reported that R1 was assisted off toilet and then R1 was walking toward the door when R1 fell. R1 did not remember how it happened. V6 Physician notified at 11:30pm and recommended that resident go to Emergency Department (ED). V7 R1's Power of Attorney/Daughter POA (refused) did not want to send resident to ED. R1 had multiple injuries. 1-Right side of head 6.0-centimeter x 4-centimeter hematoma, 2- Right shoulder 8.0-centimeter x 4.0-centimeter bruise, 3-Right elbow 1.5-centimeter x 0.1-centimeter skin tear, 4-Right hand 0.5-centimeter x 0.1 centimeter skin tear and 1.0-centimeter x 1.0-centimeter bruise, 5- Right lower leg 3.0-centimeter x 2.0-centimeter skin tear.</p> <p>(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145708
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NAME OF PROVIDER OR SUPPLIER  Country Health		STREET ADDRESS, CITY, STATE, ZIP CODE  2304 C R 3000 N Gifford, IL 61847	
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(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>V4 Certified Nursing Assistant (CNA) witness statement dated 4/1/25 at 11:00am documents at 10:45am V4 took R1 to the restroom, used walker for transfer, when R1 was done, used the rail to get off seat and wiped R1, pulled R1's brief up and pants up. V4 was standing in front of R1's walker waiting for R1. R1 grabbed R1's walker. V4 walked to the bathroom door, stood and waited for R1. R1 was walking towards V4, then suddenly fell backwards. V4 thinking R1 lost R1's footing. V4 went and got the nurse.</p> <p>On 4/19/25 at 11:30am V1 stated that on 4/1/25 R1 had a witnessed fall after being assisted off the toilet. V1 stated V1 interviewed V4 Agency Certified Nursing Assistant who informed V1 that V4 assisted R1 onto the toilet and when R1 was finished, V4 assisted R1 to a standing position using the grab bar on the wall. V1 stated that V4 further informed V1 that V4 cleaned R1, pulled up R1's brief and pants and gave R1, R1's walker. V1 stated that V4 then stood in front of R1's door waiting for R1 to ambulate out of the bathroom, at which time R1 fell backwards onto the floor. V1 stated R1 should not have been positioned in front of R1, due to R1 being a one staff gait belt assist. V1 stated that V4 should have been behind R1 holding R1's gait belt in case R1 needed assistance. V1 stated V4 was in no position to assist in lowering R1 to the floor.</p> <p>On 4/19/25 at 1:22pm V11 Certified Nursing Assistant stated the proper way to ambulate a resident who requires a one staff assist with gait belt/walker is to position yourself either on the resident's left or right side. V11 stated, V11 positions V11's self this way so that V11 can have one hand on the back of the resident's gait belt and the other on the walker. V11 stated at no time would V11 be in front of the resident, because there would be no way to assist the resident if they were to fall or needed assistance.</p> <p>On 4/21/25 at 11:07am V3 Registered Nurse stated on 4/1/25 at 10:45am V3 was notified by V4 Agency Certified Nursing Assistant that R1 had fallen in the bathroom. V3 stated V3 responded and observed R1 lying on R1's right side with R1's head toward the toilet and facing the shower. V3 stated R1's right arm was behind R1, R1's knees were bent and toward the shower, R1's feet were toward the bathroom door, and R1's walker was in front of the toilet. V3 stated V4 told V3 that V4 assisted R1 the off toilet, cleaned R1 and gave R1, R1's walker. V3 stated that V4 then walked out of the bathroom and let R1 walk without V4 assisting R1 and R1 fell backwards onto the floor</p>		