

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145783	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2025
NAME OF PROVIDER OR SUPPLIER  Sunrise Skilled Nur & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  333 South Wrightsman Street Virden, IL 62690	

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> 33112</p> <p>Based on interview and record review, the facility failed to insure a preventative fall alarm was working to prevent a fall for 1 of 3 residents (R5) reviewed for falls.</p> <p>Findings include:</p> <p>R5's Face Sheet, print date of 5/5/25, documents R5 was admitted on [DATE] with diagnoses of Dementia and Alzheimer's Disease.</p> <p>R5's Minimum Date Set, dated 1/16/25, documents R5 is severely cognitively impaired and requires partial to moderate assistance for transfers.</p> <p>R5's General Note, dated 2/4/2025 3:00 PM, documents, Patient found laying on floor in room on back at (2:10 PM) by staff. Patient moaning. Staff called RN (Registered Nurse) to assess patient. RN assessed body, no injury or redness noted. Patient vitals taken and transferred to bed with bed alarm in place. Patient did have alarm on her in recliner, but was not attached to box. Hospice was in earlier to give patient bath but did not connect up alarm correctly. Updated staff to frequently check alarm boxes.</p> <p>R5's Quality Assurance Report, print date of 5/5/25, documents Incident date of 2/4/25 root cause: resident attempted to stand, alarm box malfunction. New intervention: alarm box to be checked every shift.</p> <p>The policy Accidents and Incidents, dated 9/7/23, documents, To provide staff with guidelines for investigating, reporting, and recording Accidents and Incidents.</p> <p>POLICY: All accidents/incidents involving a resident shall require an incident report. The interdisciplinary team (IDT) will complete an investigation to determine root cause and implement appropriate interventions.</p> <p>DEFINITION: An accident/incident is any occurrence which is not consistent with the routine operation of the facility or the routine care of a particular resident. It may involve injury or damage to property. It may involve residents, visitors, or volunteers.</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
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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>On 5/5/25 at 11:30 PM, V9, Regional Director, stated the alarm should have been plugged back in. We owned up to that and educated staff.</p>		