

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145985	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2024
NAME OF PROVIDER OR SUPPLIER  University Nsg & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1095 University Drive Edwardsville, IL 62025	

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** 44556</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure fall interventions and precautions were in place for 1 of 3 residents (R7) reviewed for falls in a sample of 7.</p> <p>Findings include:</p> <p>R7's Face Sheet, with an admitted [DATE], documented that R7 had diagnoses of dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, chronic obstructive pulmonary disease (COPD), hypertension (HTN), Peripheral vascular disease, and Rhabdomyolysis.</p> <p>R7's Minimum Data Set (MDS), dated [DATE], documented that R7 was cognitively intact, and she required supervision or touching assistance with part of dressing, transfer, and walking.</p> <p>R7's Care Plan, with an admitted [DATE], documented, Problem: R7 is at risk for falls due to rhabdomyolysis and history of falls. Goal: Resident will be free of falls. Approaches are but not limited to Bed alarm to bed when in it, educate and encourage resident to use call light for assistance.</p> <p>R7's Fall Risk, dated 02/21/24, documented R7's fall risk score was a 15 and she was a high fall risk.</p> <p>On 04/25/24 at 1:25 PM, R7 was resting in bed with her eyes closed. Bed was observed to be in the low position, a sign was observed on the wall above her bed that documented to call before you fall, and R7's call light was observed to be lying on the floor at the head of the bed and out of R7's reach.</p> <p>On 04/25/24 at 2:20 PM, R7 was still resting in bed with bed in the low position, call light remains on the floor behind the head of her bed, R7 stated that she knows she has had some falls but doesn't remember the falls themselves. She also stated she thought she got her feet tangled up and that is why she fell . R7 also stated she can use her call light when she needs something. R7 was observed to have on regular socks while lying in bed and she had a bed/position alarm on her bed with the cord running from the bed to the bedside table and when she set up and tried to put her shoes on her feet would become tangled up in the cord. She stated, I have to watch out and don't get my feet tangled up in the cord there.</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 04/25/24 at 2:24 PM, V15, Certified Nursing Assistant (CNA), stated that R7 can use her call light when she needs something. V15 then picked up R7's call light and gave it to her at this time.</p> <p>On 04/29/25 at 8:55 AM, V1, Administrator stated, I would expect the staff to make sure all interventions and precautions are in place before they leave the room after doing care.</p> <p>The facility's Fall Prevention and Management policy, revised date 2018, documented, Description: To promote resident autonomy by providing an environment that is free as possible of accident hazards. To provide assistance in attaining or maintaining the resident's highest practicable level of function through the provision of adequate supervision, assistive devices and functional programing as appropriate to prevent falls and manage care if a fall occurs. It continues, Prevention: It is the responsibility of the facility to assure that all residents are assessed to determine fall risk and history of falls. Individualized and preventative approaches should be provided to assist with fall prevention.</p>		