

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146050	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2025
NAME OF PROVIDER OR SUPPLIER The Haven of Arcola		STREET ADDRESS, CITY, STATE, ZIP CODE 422 East Fourth Street Arcola, IL 61910	

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 safely provide a resident wheelchair assistance, while obtaining a resident's weight, in a manner to prevent a fall. This failure resulted in a vertebra fracture for one of three residents (R1) reviewed for falls on the sample list of three. This past noncompliance occurred from 8/12/25 through 8/12/25. Findings include: R1's Diagnoses Sheet includes the following: History of Falling, Nondisplaced Fracture of Base Neck of Right Femur, Subsequent Encounter for Closed Fracture With Routine Healing, Presence Of Right Artificial Hip Joint, Aftercare Following Joint Replacement Surgery, Unspecified Osteoarthritis, Spinal Stenosis, Cervical Region, Other Intervertebral Disc Degeneration, Lumbar Region. Pain in Right Hip, Unsteadiness on Feet, Muscle Wasting and Atrophy, Not elsewhere Classified. Multiple Sites, and Unspecified Fall, Subsequent Encounter. R1's Fall Risk assessment dated [DATE] documents R1 was at high risk (score of over 12) for falls with a score of 21. R1's Minimum Data Set (MDS) dated [DATE] documents R1's Brief Interview of Mental Status score as 10 out of a possible 15, indicating moderate cognitive impairment at the time of this assessment. The same MDS documents R1 used a manual wheelchair for mobility and required substantial to maximum assistance with transfers. R1's Health Status Note dated 8/12/2025 at 09:44 am documents the following: Note Text: Resident fell out of w/c (wheelchair) on way to get weighed this AM (morning). (The) Fall was witnessed and he did hit his head. Resident on blood thinners. C/O (complained of) pain on R (right) side where he landed. VS (vital signs) were stable at 138/64 blood pressure, P (pulse) 90, T 98.4 (temperature), R 20 (respirations), O2 (oxygen blood saturation) 91% (percent). POA (unidentified, Power of Attorney) notified at 09:35 (am). NP (unidentified Nurse Practitioner) notified at 0940 (am). Resident on (the) way to (specified hospital) ER (emergency room). On stretcher by ambulance. The facility Illinois Department of Public Health, Long-Term Care Facility and IID- Serious Injury Incident Report dated 8/13/25 document on 8/12/25, R1 had a Fall with physical harm or injury. The same report further identifies that R1 sustained a witnessed fall from the wheelchair that resulted in an acute, first lumbar - vertebral fracture. A follow-up facility Illinois Department of Public Health, Long-Term Care Facility and IID- Serious Injury Incident Report dated 8/19/25 included the summary/conclusion of R1's 8/12/25 fall, as follows: Investigation revealed: (V3, Certified Nursing Assistant/CNA) was assisting (R1) from the weight scale. As the CNA (V3) was guiding the wheelchair from the wheelchair platform (R1) fell forward from the wheelchair to the floor. The resident (R1) was unable to give a description of the incident. (V3, CNA) reported in her interview that she had backed (R1's) wheelchair onto the platform to obtain his weight. When she (V3, CNA) was pushing the wheelchair off the platform, (R1) was facing forward and fell forward out of the chair. In conclusion it was determined that the fall was the result of (R1) exiting the scale platform, facing forward and leaned forward from the wheelchair causing him to fall. (name brand-nonskid material) placed into (R1's) seat of the wheelchair. Staff were educated on safety while using the weight scale. (R1) will continue to work with therapy after his return to the facility. R1's admission Fall Care Plan dated 8/6/25 documents the following: FALLS The resident is high risk for falls related to Gait/Balance problems. History of fall at home. Date Initiated: 08/06/2025. The resident will not sustain serious injury through the review date. Date Initiated: 08/06/2025. Anticipate and meet The resident's needs. Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Drop seat wheelchair. Educate the resident/family/caregivers about safety reminders and what to do if a fall occurs. Follow facility fall protocol. Pt evaluate and treat as ordered or PRN (as needed). R1's same care plan was updated 8/12/25 as follows: ACTUAL FALL Resident sustained an actual fall 8/12/25. Resident will resume normal activity through next review date. Target Date: 11/14/2025 8/12/25 (Name brand non-skid material) in wheelchair. 8/12/25 sent to ER (Hospital, Emergency room). R1's Hospital Records dated 8/12/25 document the following: Chief Complaint Patient (Pt) presents with Fall: Pt here for fall from wheelchair this morning at NH (nursing home, facility). Pt there (at the facility) for rehab following a R (right) hip replacement (due to a fall at home) performed here. Pt complains of pain all over but emphasizes his R hip. Poor historian as Alert x2 (alert to person and place, but not time) at baseline. Unsure if he (had) LOC (loss of consciousness). HPI (History of Present Illness): (R1) is a (specified age) male with medical history of Morbid Obesity, HFpEF (Heart Failure with Preserved Ejection Fraction), HLD (Hyperlipidemia), OSA (Obstructive Sleep Apnea), COPD (Chronic Obstructive Pulmonary Disease), T2 d (Type II Diabetes Mellitus), NASH (Nonalcoholic</p>		