

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2026
NAME OF PROVIDER OR SUPPLIER Sunny Acres Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 19130 Sunny Acres Road Petersburg, IL 62675	
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 - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that an established fall intervention was functional and active, failed to keep an assistive device (wheelchair) within a high-risk resident's reach, and failed to investigate a fall incident to implement necessary preventive interventions for one of three residents (R1) reviewed for accidents in a sample of five. Findings include: The facility's fall Assessment and Management Policy, dated 6/2024, documents Policy: It is the policy of this facility to assess each resident's fall risk on admission, quarterly and with each fall. This will help facilitate an interdisciplinary approach for care planning to appropriately monitor, assess and ultimately reduce injury risk. Factors related to the risk will be addressed and care planned. Procedure: 1. Fall Risk and Planning Assessment: F. Interventions will be based on the fall risk assessment and the circumstances surrounding the risk of injury or actual injury or fall. Some examples may be Falls related to gait/balance deficit, Falls related to confusion, Falls related to positioning problems, Falls related to toileting needs, Falls related to syncope episodes, Falls related to environmental hazards, Falls related to sensory/perceptual problems, Falls related to poor judgment or knowledge deficit. 2. Resident Fall: A. Post fall assessment- immediately after fall: 3. Assessment parameters also may include: A description of how the resident was observed and circumstances surrounding the fall, such as what the resident was doing at the time (ambulating and tripped, going to the bathroom, etc. (etcetera), unusual signs or symptoms (syncope, weakness, etc.), environmental factors (wet floor, uneven surface etc.), first aid will be rendered when necessary, the physician will be notified immediately when an accident involving a resident resulting in injury and has the potential for requiring physician intervention, the responsible party will be notified promptly, point click care incident report is initiated within the shift that the fall occurred. C. Care Planning after a fall: 1. A licensed nurse will consult with the resident's care givers and other interdisciplinary team members in regard to future intervention, and resident specific risk factors. R1's admission Record documents R1 was a [AGE] year-old female who admitted to the facility on [DATE] with the following, but not limited to, diagnoses: Parkinsons Disease, Cognitive Communication Deficit, Unspecified Abnormalities of Gait and Mobility, Chronic Kidney Disease (stage 4), Arteritis, Hyperlipidemia, Anxiety Disorder, Dementia, Major Depressive Disorder, and Age-Related Osteoporosis. This same admission Record documents R1 expired on [DATE]. R1's Morse Fall Scale Assessment, dated [DATE] and [DATE], documents R1 is at high risk for falls. R1's Care Plan documents (R1) is at risk for falls and has history of falling due to unsteady gait. (R1) has Parkinson's disease, Osteoporosis, Hypertension and uses antidepressant medication which could increase fall risks. (R1) has safety awareness deficits and often tries to transfer or ambulate without assistance. Poor use of call light. This same Fall Care Plan documents the following fall interventions: Start date: [DATE]- tab alarm on at all times. R1's Fall Incident Report, dated [DATE], documents (V13/Agency LPN's) Nursing Description: (R1) had an unwitnessed fall on Lily Lane hallway. (R1) was found face down on the ground with blood pouring from (R1's) right side of her forehead. (R1) was in her wheelchair when the incident happened. This same Report documents (R1) was transported to the local hospital. The IDT (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 146068	Facility ID: 146068 If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2026
NAME OF PROVIDER OR SUPPLIER Sunny Acres Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 19130 Sunny Acres Road Petersburg, IL 62675	
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 - Minimal harm or potential for actual harm Residents Affected - Few	(Inter-disciplinary Team) Note for New Falls, un-dated, documents New Falls: (R1), date-[DATE], time-5:30 PM, injury-yes, hospital-yes, summary-found face down/bleeding; alarm not attached- implement chair/bed pad alarm. The facility's Report to Illinois Department of Public Health, dated [DATE], documents R1 noted to have an unwitnessed fall on [DATE] at 4:20 PM that resulted in R1 hitting her head and being sent to the local (ED) Emergency Department. This same report documents a CT (Computed-Tomography) obtained in the ED and noted results that showed a small right frontal scalp hematoma. R1's ED (Emergency Department) Note, dated [DATE], documents History of Present Illness: (R1) presents following fall. The onset was just prior to arrival. The occurrence was single episode. The location where the incident occurred was at a local nursing home. Brought to ED by EMS (Emergency Medical Services) after fall at nursing home. The nursing home reported (R1) was in a wheelchair and (unknown) nurse was facing the other direction and then (R1) was on the floor. Reports that (R1) was at her baseline prior to the fall and after. (R1) has an abrasion on (R1's) right forehead with some underlying swelling and ecchymosis. (R1) was already in a (cervical collar) because of recent fall in February and at that time was diagnosed with cervical fracture. EMS reports (R1) were on the floor on the arrival. They placed (R1) on a stretcher and transported. (R1) is awake and alert. (R1) has history of dementia, per EMS is at her baseline. (R1) does not recall falling. (R1) says she has some forehead pain. R1's CT scan, dated [DATE], documents Reason for Exam fall: Right forehead abrasion/swelling, recent cervical fracture, low back pain. History: (R1) presents with abrasion and swelling to right forehead after a fall today, hit head. Impression: Small Right Scalp Hematoma. R1's Progress Note, dated [DATE] and signed by V15/Agency LPN (Licensed Practical Nurse), documents (V22/Agency CNA/Certified Nursing Assistant) called for (V15) and stated (R1) was on the floor. Upon entering the room (R1) was observed on the floor with walker in front of her in between the chair and the bathroom laying on (R1's) right side. This same Progress Note document, R1, was sent to the local ED due to R1's complaints of pain and hitting her head. R1's ED Note, dated [DATE], documents History of Present Illness: [AGE] year-old female (R1) presents to emergency department today from local nursing home via EMS for suspected ground level mechanical fall, although fall was ultimately unwitnessed. Majority of history is provided by (R1), EMS and (V7/R1's Family Member). (V7) tells me that (R1) has dementia and weakness at baseline, (R1) typically moves around the facility with wheelchair. (V7) overheard nursing staff say today that (R1) was trying to ambulate with walker, (R1) was found on the floor when trying to use the restroom once they heard (R1) calling out. The IDT Note for New Falls, un-dated, documents New Falls: (R1), date [DATE]- hospital-yes, summary: on floor with walker between bed and bathroom. Interventions: alarm?; wheelchair?. R1's medical records did not reveal a fall investigation including determining a root cause nor an updated care plan fall intervention for R1's fall on [DATE]. R1's Care Plan does not include a fall intervention for R1's fall on [DATE]. On [DATE] at 3:02 PM V2/DON (Director of Nursing) stated that the responsible nurse must complete risk management forms immediately following any resident fall. V2 reported these forms capture crucial data, including fall details, the residents' account of the incident, predisposing factors, notifications made, assessments, and immediate interventions. V2 verified that no fall investigation, root-cause analysis, or post-fall intervention was conducted or added to the care plan for R1 following their fall on [DATE] and should have been. On [DATE] at 12:31 PM V13/Agency RN (Registered Nurse) stated, When (R1) fell on [DATE], (R1) was lying in the hallway, with a bleeding wound to top right side of (R1's) head. (R1) was complaining of pain at that time. I sent (R1) out to the hospital at that time. On [DATE] at 2:06 PM V15/Agency LPN stated, On [DATE], Agency CNA (V22) came and notified me that (R1) was on the floor in her room. I went to (R1's) room immediately. When I arrived, I found (R1) on the floor in the space between chair and the bathroom, with a walker sitting right beside (R1). I observed that (R1's) wheelchair was out in the hallway, which it should not have been. It should have been kept inside her room if she attempted to self-transfer. (R1's) walker should never have been left in her room at all, so I took it out. I assessed (R1) and did not see any visible injuries. However, (R1) told me that she was experiencing left (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2026
NAME OF PROVIDER OR SUPPLIER Sunny Acres Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 19130 Sunny Acres Road Petersburg, IL 62675	
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 - Minimal harm or potential for actual harm Residents Affected - Few	shoulder pain. Because of (R1's) history of past injuries, I decided to send (R1) out to the hospital to be evaluated. V15 verified that a facility risk watch or fall paperwork was not filled out related to R1's fall on [DATE]. V15 stated, I don't know if I even have user access to the facility's Risk Watch to document the investigation regarding the fall. On [DATE] at 2:29 PM, V7/R1's family member reported that R1 fell in the hallway on [DATE]. V7 stated, (V12/RN) reported that (R1's) tab alarm, used for fall prevention, failed to sound during the incident. (R1's) alarm not sounding was part of an ongoing issue with malfunctioning alarms, or (R1's) alarm would not be placed on (R1) which the facility repeatedly promised to fix but failed to do. When (R1) fell on [DATE], Agency CNA (V22) told me when I got to the facility that (R1's) wheelchair was left out in the hallway and a walker was in (R1's) room. When (R1) got up she was looking for her wheelchair and ended up walking across the room to get the walker and fell. (R1) should not have had a walker in her room, that was only when she was working with therapy. If (R1) had the wheelchair in her room, it could have prevented her fall. On [DATE] at 4:37 PM V16/Agency RN stated, 'I witnessed (R1) fall in the hallway on [DATE]. I observed (R1's) head was bleeding and that (R1's) tab alarm was not sounding. I do not know why (R1's) fall alarm was not going off and I did not assess the alarm device. On [DATE] at 10:29 AM V12/RN stated, I was in the hallway when (R1) had her fall after leaving the dining room. I think (R1) was looking for her old room. I was one of the first staff to see (R1) in the hallway after (R1) had fallen. (R1's) tab alarm was not sounding at the time of (R1's) fall. On [DATE] at 9:02 AM, V1/Administrator in Training stated that R1 experienced a fall with injury on [DATE]. V1 explained that R1 was wearing a pull-tab alarm at the time, but the clip detached from the resident's shirt during the fall. As a result, the magnet remained attached to the unit, and the alarm failed to sound. V1 noted that previous attempts to shorten the string had failed to resolve the issue, prompting the facility to switch R1 to a pressure pad alarm. Furthermore, V1 confirmed that no formal investigation or root-cause analysis was conducted following R1's subsequent fall on [DATE]. V1 stated, I know we talked about it in morning meeting, but not sure why it was not investigated to determine what happened and why an intervention wasn't put in place. V1 verified that no new interventions were added to R1's care plan following the [DATE] fall. On [DATE] at 11:20 AM V20/Certified Occupation Therapist Assistant reported having frequent interactions with R1 during their therapy sessions in March and [DATE]. V20 clarified that R1's wheelchair should have been kept inside the room whenever R1 was in bed or in the recliner, rather than left in the hallway. Conversely, the walker should not have been stored in the room, as it was strictly designated for restorative ambulation supervised by staff. V20 noted that having the wheelchair positioned beside R1, instead of requiring R1 to attempt unassisted ambulation across the room to reach the walker, could have prevented the fall during a self-transfer attempt.		