STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146113	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cumberland Rehab & Health CC	300 North Marietta Street Greenup, IL 62428

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31284 Based on interview and record review, the facility failed to complete a comprehensive Plan of Care with fall interventions for one (R3) of three residents reviewed for Care Plans in the sample of three. Findings include: R3's Diagnosis Sheet (current and on admission 12/26/23) includes the following diagnoses: Displaced Spiral Right Humeral Shaft Fracture, Traumatic Subarachnoid Hemorrhage, Head Laceration, Anxiety, Depression and Urinary Tract Infection. The Facility Incident Fall Log dated for February 2024 documents two falls for R3. The first is documented on 2/14/24 and the second fall is documented on 2/19/24. R3's Fall Risk Evaluation dated 12/26/23 documents the following: Intermittent Confusion, 1-2 falls in past 3 months, Chair bound - requires restraints and assist with elimination, balance problem while standing, balance problem while walking, decreased muscular coordination, jerking or unstable when making turns, requires use of assistive devices (i.e., cane, wheelchair, walker, furniture, predisposing disease - 3 or more present. R3 is assessed as being at High Risk for Falls. R3's Plan of Care (current) appears to be a base line Care Plan from admission to the facility on [DATE]. R3's Care Plan documents the following on Falls: Focus Area - Risk for Falls. Goals - Resident will be free of falls. Interventions - assist resident with ambulation and transfer, utilizing therapy recommendations. Determine resident's ability to transfer. Evaluate fall risk on admission and PRN (as needed). If fall occurs alert provider. If fall occurs, initiate frequent neuro (neurological) and bleeding evaluation per facility protocol. If resident is a fall risk, initiate fall risk precautions. The Base Line Care Plan does not address R3's falls on 2/14/24 or 2/19/24 with interventions. On 3/20/24 at 1:40 pm, V2 Director of Nursing confirmed that R3's Care Plan was not up to date, and V10 Care Plan Coordinator needed to do a comprehensive plan of care on R3. V2 also confirmed that R3 had falls at home prior to admission and the facility was aware of R3 being a High Risk for Falls.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146113	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cumberland Rehab & Health CC	300 North Marietta Street Greenup, IL 62428

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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 - 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** 31284 Based on interview and record review, the facility failed to form fall interventions and implementation of safety measures to prevent a resident (R3) from falling. R3 is one of three residents reviewed for falls in the sample of three. Findings include: R3's Diagnosis Sheet (current) includes the following diagnoses: Displaced Spiral Right Humeral Shaft Fracture, Traumatic Subarachnoid Hemorrhage, Head Laceration, Anxiety, Depression and Urinary Tract Infection. R3's Minimum Data Set (MDS) dated [DATE] (5-day initial admit) documents that R3 is frequently incontinent and is dependent upon staff for transfers and toileting. This same MDS documents R3 having impairment to the right side and a history of falls. R3's Physician Order Sheet (POS) dated March 2024 documents and order dated 12/26/23 for Eliquis 5 milligrams twice a day (blood thinner) and Meclizine 25 milligrams three times a day as needed for dizziness. This same POS documents R3 is non-weight bearing in the right upper extremity. R3 is to wear a brace at all times to right arm. R3 may come out of cuff and collar regularly to perform across the elbow/wrist/hand to avoid stiffness of joints. Staff are to adjust the cuff and collar so that when in brace and upright, the hand is above the level of the elbow. R3's Fall Risk Evaluation dated 12/26/23 documents the following: Intermittent Confusion, 1-2 falls in past 3 months, Chair bound - requires restraints and assist with elimination, balance problem while standing, balance problem while walking, decreased muscular coordination, jerking or unstable when making turns, requires use of assistive devices (i.e., cane, wheelchair, walker, furniture, predisposing disease - 3 or more present. The facility Fall Report for February 2024 documents R3 falling while getting out of bed on 2/14/24 and again on 2/19/24. The Fall Report documents that R3 was wanting to go to the bathroom. On 3/20/24 at 1:40 pm, V2 Director of Nursing confirmed that R3 had fallen on the above two occasions. V2 confirmed that R3 is confused at times and was getting out of bed to go to the bathroom. V2 stated R3 had Pneumonia and a Urinary Tract infection. V2 could not say what interventions were put in place for fall prevention until reviewing R3's Plan of Care. R3's Plan of Care (current) has no initiated or implemented fall interventions for actual falls or the prevention of falls. On 3/20/24 at 2:15 pm, V2 confirmed R3's Plan of Care was not up to date from admission and there were no interventions for R3's two falls in February. V2 confirmed the root cause of R3's falls had been R3 needing to use the toilet. V2 confirmed that frequent toileting should have been the intervention put in place and implemented.