

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/24/2024
NAME OF PROVIDER OR SUPPLIER  Regency Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2120 West Washington Springfield, IL 62702	

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** 50908</b></p> <p>Based on interviews, observations, and record reviews the facility failed to follow R4's care plan and provide appropriate footwear during a transfer for 1 of 3 residents, (R4), reviewed for accidents in a sample of 6.</p> <p>Findings include:</p> <p>1.R4 was admitted to the facility on [DATE] with diagnosis of, in part, heart failure, Alzheimer's disease, and dementia.</p> <p>R4's Minimum Data Set (MDS) dated [DATE] documented R4 is severely cognitively impaired and requires partial/moderate staff assistance with transfers.</p> <p>R4's Care Plan dated 8/22/24, documented she is at risk for falls related to gait/balance problems for a history of falls with an intervention to ensure that R4 is wearing appropriate footwear (properly fitting shoes, brown leather shoes, tartan bedroom slippers, black non-skid socks) when ambulating or mobilizing in wheelchair.</p> <p>On 12/23/24 at 12:00 PM, R4 was transferred by V3, Certified Nursing Assistant (CNA), from the bed to her wheelchair via gait belt with regular socks that were not non skid. R4 was left in her recliner without proper footwear on.</p> <p>On 12/23/24 at 3:36 PM, V1, Administrator, stated fluffy socks are not what R4 is supposed to be wearing and she expects the staff to be following the resident's care plan.</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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