

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Silver Foxes Sr Living & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 609 South Marshall McLeansboro, IL 62859	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39744</p> <p>Based on interview, observation and record review the facility failed to implement fall prevention interventions for 1 of 5 residents (R35) reviewed for falls in a sample of 24.</p> <p>Findings include:</p> <p>R35's Admission Record documents R35 was admitted to this facility on 10/12/2024 with diagnoses of fractured right femur, dementia, weakness and reduced mobility among others.</p> <p>R35's MDS (Minimum Data Set) dated 10/19/2024 documented in Section C, Cognitive Patterns, that R35 is never understood, has short and long term memory problems and due to this, R35 could not participate in a BIMS (Brief Interview for Mental Status) test. The same MDS documents in section J, Health Conditions, that R35 has had 2 falls with no injury since her admission or prior assessment.</p> <p>A form titled Illinois Department of Public Health documented on 10/18/24, R35 fell out of her wheelchair while being transported by staff in the dining room. According to the form, R35 put her foot down and lunged forward out of the wheelchair and onto the floor. R35 was hospitalized and returned to the facility on [DATE]. R35's care plan was reviewed and new interventions put into place.</p> <p>R35's Care plan, with initiation date of 10/11/2024 documented the focus area of: I am (at) risk for falls due to gait/balance problems, unaware of safety needs and hx (history) of actual fall with fx (fracture) . Planned fall intervention with a start date of 10/18/2024, documented R35 will have her foot pedals on her wheelchair. Another fall intervention with a start date of 10/16/2024 documented R35 will remain within staff's line of sight when out of bed.</p> <p>On 11/13/2024 at 8:30am, R35 was observed in the facility's dining room in her wheelchair, with staff but without foot pedals on her wheelchair.</p> <p>On 11/13/2024 at 11:10am, R35 was observed sitting in her wheelchair at the nurse's station with V3 (Licensed Practical Nurse) and V5 (Certified Nursing Assistant). R35 did not have foot pedals on her wheelchair. V3 was asked about R35's missing foot pedals and replied, I didn't know she (R35) was supposed to have foot pedals on her wheelchair. V5 then transported R35 from the nurse's station to the group room down the hallway without foot pedals on R35's wheelchair. When asked about the missing foot pedals, V5 said she did not know if R35 was supposed to have on foot pedals.</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 11/13/2024 at 12:15pm, R35 was observed in the same group room, in her wheelchair and without foot pedals on her wheelchair.</p> <p>On 11/14/2024 at 9:22am, R35 was observed in her room up in her wheelchair and not in the line of sight of staff. No staff were observed in the hallway near R35's room.</p> <p>On 11/14/2024 at 10:35am, V2 (Director of Nursing) said R35 is supposed to have foot pedals on at all times and especially when staff are transporting her in a wheelchair. V2 agreed R35 should not have been in her room in her wheelchair without staff present.</p> <p>A facility policy titled Fall and Fall Risk, Managing, with revision date of March 2018, documented the following in part: When a resident is found on the floor, a fall is considered to have occurred. Staff will identify interventions related to the resident's specific risks to try to prevent the resident from falling and try to minimize complications from falling. Staff will implement a resident centered fall prevention plan to reduce the specific risk factors of falls for each resident at risk or with a history of falls. The staff will monitor and document each resident's response to interventions intended to reduce falling or the risk of falling.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41610</p> <p>Based on interview and record review, the facility failed to offer pneumococcal vaccinations for 3 of 5 residents (R20, R31, R29) reviewed for immunizations in a sample of 24.</p> <p>Findings include:</p> <p>1. R20's Admission Record documents an admitted [DATE] with diagnoses including: chronic obstructive pulmonary disease, peripheral vascular disease, hypertensive heart disease with heart failure, asthma, chronic viral hepatitis C and aneurysm of artery of lower extremity. R20's documented date of birth indicates that R20 is [AGE] years of age.</p> <p>R20's most current Influenza and Pneumococcal Vaccine Consent/Declination dated 09/28/23 documents yes for the statement: Please mark YES or NO for permission to administer the Pneumococcal (PVC15-Pneumococcal Conjugate Vaccination 15) vaccine, yes for the statement: Please mark YES or NO for the permission to administer the Pneumococcal (PCV20- Pneumococcal Conjugate Vaccination 20) vaccine, and Yes to the statement: Please mark YES or NO for permission to administer the Pneumococcal (PPSV23- Pneumococcal Polysaccharide Vaccine 23) vaccine.</p> <p>R20's Immunization Report does not document any pneumococcal vaccinations given.</p> <p>R20's Order Summary Sheet documents active orders as of 11/14/2024 does not document an order for any pneumococcal vaccinations.</p> <p>2. R31's Admission Record documents an admitted [DATE], a date of birth indicating that R31 is [AGE] years of age, and diagnoses including: hypertensive heart disease without heart failure, disorder of kidney and ureter, benign prostatic hyperplasia with lower urinary tract symptoms, and gastro-esophageal reflux disease without esophagitis.</p> <p>R31's Influenza and Pneumococcal Vaccine Consent/Declination dated 05/10/24 documents yes for the statement: Please mark YES or NO for permission to administer the Pneumococcal (PVC15) vaccine, yes for the statement: Please mark YES or NO for the permission to administer the Pneumococcal (PCV20) vaccine, and Yes to the statement: Please mark YES or NO for permission to administer the Pneumococcal (PPSV23) vaccine.</p> <p>R31's Immunization Report does not document any pneumococcal vaccinations given.</p> <p>R31's Order Summary Sheet documents active orders as of 11/14/2024 does not document an order for any pneumococcal vaccinations.</p> <p>3. R29's Admission Record documents an admitted [DATE], a date of birth indicating that R29 is [AGE] years of age, and diagnoses including: dementia, chronic kidney disease stage 3, peripheral vascular disease, type 2 diabetes mellitus with diabetic chronic kidney disease, and hypertensive heart disease without heart failure.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R29's Influenza and Pneumococcal Vaccine Consent/Declination dated 01/09/24 documents yes for the statement: Please mark YES or NO for permission to administer the Pneumococcal (PVC15) vaccine, yes for the statement: Please mark YES or NO for the permission to administer the Pneumococcal (PCV20) vaccine, and Yes to the statement: Please mark YES or NO for permission to administer the Pneumococcal (PPSV23) vaccine.</p> <p>R29's Immunization Report does not document any pneumococcal vaccinations given.</p> <p>R29's Order Summary Sheet documents active orders as of 11/14/2024 does not document an order for any pneumococcal vaccinations.</p> <p>The Centers for Disease Control website (https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/index.html), Pneumococcal Vaccine Recommendations (dated October 26th, 2024) documents that the recommendation for adults [AGE] years or older for routine vaccination as Administer PCV15, PCV20, or PCV21 (Pneumococcal Conjugate Vaccination 21): who have never received any pneumococcal conjugate vaccine and whose previous vaccination history is unknown .If PCV15 is used, administer a dose of PPSV23 one year later, if needed. Their pneumococcal vaccinations are complete.</p> <p>On 11/14/24 at 2:10 PM V1 (Administrator) stated, they do not have any documentation for R20's, R31's or R29's pneumococcal vaccinations. She stated, she does not know if the residents need the vaccination or which vaccination. V1 stated R20, R31, and R29 have signed consent forms documenting they would receive the pneumococcal vaccination.</p> <p>The facility policy dated 08/2016 titled, Pneumococcal Vaccine documents in part: 1. Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series with thirty (30) days of admission to the facility unless medically contraindicated or the resident has already been vaccinated. 4. Pneumococcal vaccines will be administered to resident (unless medically contraindicated, already given, or refused) per our facility's physician-approved pneumococcal vaccination protocol. 7. Administration of the pneumococcal vaccines or revaccinations will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.</p>