

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/07/2024
NAME OF PROVIDER OR SUPPLIER  Hickory Point Christian Village		STREET ADDRESS, CITY, STATE, ZIP CODE  565 West Marion Avenue Forsyth, IL 62535	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49492</p> <p>Based on interview and record review the facility failed to complete Fall Risk Assessments, post fall neurological assessments, and complete post fall assessments/monitoring for residents. These failures affect three (R1, R2, R3) of three residents reviewed for falls in the sample list of three.</p> <p>Findings include:</p> <p>The facility's Fall Prevention- Steady Steps policy, with revised date of February 2020, documents under Procedure section, Fall Risk Assessment sub-section that Residents will be evaluated for risk of falls on admission, quarterly, and significant change utilizing MAHC-10- Fall Risk Assessment Tool.</p> <p>The same policy under the Fall Prevention sub-section documents the Fall Risk Analysis Intervention Tool will be completed on Admission/Readmission and a change in condition that could potentially affect the residents fall risk by the Interdisciplinary Team.</p> <p>The same policy under the Post Fall Intervention sub-section documents to Assess Resident for changes In condition post fall (immediately after the fall and for 72-hours post fall). Complete Neuro checks per protocol on any resident who has an unwitnessed fall or has hit his/her head and document In the clinical record. The resident will be screened by the Rehab Department after each fall.</p> <p>On 12/07/24 at 12:15 PM, V12, Licensed Practical Nurse, and V2, Director of Nursing, stated the fall policy is called the steady steps program. V12 stated residents are to be assessed for falls on admission, quarterly, and after a significant change including a fall. V12 stated when the nurse triggers a fall in the system, post fall documentation includes nine (9) assessments/post fall follow up notes over a 72 hour period. V12 stated Fall Risk Assessments are to be completed on admission, quarterly, and after a fall.</p> <p>1.) R1's undated census report documents an admitted [DATE]. The same document states discharge date of [DATE], a readmitted [DATE], and a final discharge date of [DATE].</p> <p>R1's Clinical assessment tab in the medical record documents no Fall Risk Assessment-(MAHC-10) as completed with each admission/readmission.</p> <p>R1's medical record documents falls on the following dates- 10/16/24, 11/8/24, and 11/20/24,</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/07/2024
NAME OF PROVIDER OR SUPPLIER  Hickory Point Christian Village		STREET ADDRESS, CITY, STATE, ZIP CODE  565 West Marion Avenue Forsyth, IL 62535	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Fall Incident Report/Investigation, dated 10/16/24, documents R1's fall occurred at 10:28 PM. The section of this report titled Fall Risk Assessment Completed is NO for R1's fall assessment.</p> <p>R1's Nursing Note, dated 11/8/2024 at 07:19 AM, documents R1 was found on the floor of her room at 06:00 AM. The same note documents R1 had a laceration to her scalp.</p> <p>R1's medical record does not contain a Neuro Assessment Flow Sheet following the 11/8/24 fall that is documented as unwitnessed in the medical record.</p> <p>R1's medical record documents a fall occurred on 11/20/24. Post fall follow up notes are dated 11/22/24, 11/23/24, 11/24/24, &amp; 11/24/24.</p> <p>On 12/07/24 at 12:18 PM, V12 stated when the nurses initiate the fall notes in the medical record, it triggers nine (9) notes starting right after the fall occurred. V12 and V2 confirmed R1's medical record is incomplete and missing post fall follow up notes.</p> <p>2.) R2's census report, dated 12/7/24, documents an admitted [DATE]. The same document states discharge date of [DATE], a readmitted [DATE].</p> <p>R2's Clinical assessment tab in the medical record documents no Fall Risk Assessment-(MAHC-10) as completed with each admission/readmission.</p> <p>3.) R3's census report, dated 12/7/24, documents an admitted [DATE].</p> <p>R3's medical record does not contain the admission Fall Risk Assessment MAHC-10- Fall Risk Assessment Tool for 11/30/23. R3's medical record does not contain the MAHC-10- Fall Risk Assessment Tool due on 9/1/24 for the quarterly fall risk evaluation.</p> <p>R3's medical record documents a fall occurred on 11/13/24. Post fall follow up notes are dated 11/13/24, 11/15/24, and 11/17/24 are in the medical record.</p> <p>R3's medical record documents a fall occurred on 10/28/24. There are no post fall follow up notes included in the medical record for this documented fall.</p> <p>R3's medical record documents a fall occurred on 09/14/24. Post fall follow up notes are dated 09/15/24, 09/16/24, and 09/17/24 are in the medical record.</p> <p>On 12/07/24 at 12:20 PM, V12 V2 confirmed R3's medical record is incomplete and missing post fall follow up notes.</p>		