| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 146160 | A. Building<br>B. Wing | 12/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Springfield Suites Rehab and Nursing | 3089 Old Jacksonville Road<br>Springfield, IL 62704 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42636<br><br>Based on interview and record review, the facility failed to provide an appropriate number of staff to assist in a transfer in 1 of 5 residents (R2), reviewed for falls in the sample of 7.<br><br>Findings include:<br><br>R2's Face Sheet, undated, documents R2 has the following diagnoses: Fracture of the Thoracic Vertebra, Pulmonary Embolism (PE), Fusion of Spine, Post Laminectomy Syndrome and Spinal Stenosis.<br><br>R2's Minimum Data Set, dated dated [DATE], documents R2 has a Brief Interview for Mental Status Score of 13, indicating R2 is cognitively intact, requires partial/moderate assist with transfers and has a history of falls with fractures.<br><br>R2's Care Plan, dated 8/30/24, documents R2 is at risk for falls with interventions dated 9/23/24 to have therapy evaluate R2's transfer status and educate staff on R2's transfer status. R2's care plan goes on to document that R2 has an activities of daily living deficit with and requires an assistance of two with transfers.<br><br>R2's Progress Note, dated 9/22/24 at 9:45 AM, documents the following: Summoned to guest's room per CNA (Certified Nursing Assistant). Guest sitting on floor in bathroom facing the wall next to the toilet. Guest states she was assisted to bathroom with CNA using wheelchair. Upon attempting to stand from wheelchair with assist, guest states her knees gave out and she sat down on the floor. She denies any pain, just weak. Guest requesting not to go to hospital, states she would like to get back in the bed. Guest assisted back to wheelchair and then to bed with assist of 2 using gait belt. R2's Physician notified with NNO (no new orders). Guest's son also notified of incident. Continuing to monitor closely.<br><br>R2's Fall Event Investigation, dated 9/22/24, documents R2 fell while transferring off of the toilet with assist, knees gave out and R2 was assisted to the floor. The interventions are as follows: therapy to evaluate transfer status, staff educated on transfers, R2 to use a full mechanical lift until therapy evaluates R2.<br><br>R2's Mobility Kardex, completed by the therapy department, dated 9/23/24, documents R2 requires an assist of 2 staff with a transfer belt for transfers to the wheelchair/bed and toilet.<br><br>(continued on next page) |



| 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 |
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| | 146160 | A. Building<br>B. Wing | 12/06/2024 |

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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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | R2's Progress Note by V11, Licensed Practical Nurse (LPN), dated 9/30/24 at 4:16 PM, documents the following: CNA approached writer around 3:40 PM and stated resident had fallen when getting up from toilet. Writer went to guest's room and found her on her knees holding on to the grab bar. She stated her legs hurt really bad. Moved resident to a sitting position and attempted to get her off the ground with the help of the aide. We were unsuccessful and she screamed of intense pain. Resident was lowered back to ground. 911 called. Therapy aide assisted in cleaning resident's perineal area and pulling pants up. Large red spot noted to bottom right side of her hip and back. She complains of 10/10 pain here. EMT (Emergency Medical Technician) arrived and were able to get resident off of floor after carefully using sliding sheet. Resident going to local hospital. Paperwork given, warned EMT's of possible UTI (Urinary Tract Infection), brown dark urine. Family aware and meeting resident at hospital.<br><br>R2's Progress Note, dated 10/1/24 at 8:39, documents R2 was admitted to the local hospital for PE (pulmonary embolism).<br><br>R2's Fall Event Investigation, dated 9/30/24, documents R2 fell while being transferred off of toilet with staff, increased weakness. Per staff witness, guest lost balance and fell .<br><br>R2's Grievance completed by V2, Director of Nurses (DON), dated 10/3/24, documents there was a concern of an improper transfer. One on one education was provided with the staff member and will address with any remaining staff during upcoming skills day.<br><br>On 9/5/24 at 12:30 PM, V8, Therapy Program Director, stated R2 required an assistance of 2 staff with a gait belt for a long time because she had a hard time remembering the steps during a transfer, so they took it slow with her.<br><br>On 12/6/24 at 9:00 AM, V11, LPN, stated R2 was always up with an assist of 2 because her knees gave out. V11 stated when R2 was on F hall, unsure of exact date, she (R2) asked to go to the bathroom and the CNA took her by herself, R2's knees gave out, she fell , and she was sent out to the hospital and admitted for a PE (pulmonary embolism).<br><br>On 12/6/24 at 9:10 AM, V2, DON, V2 stated she believes R2 was an assist of one with transfers at the time of her falls but isn't sure.<br><br>The Fall Policy, undated, documents the purpose is to identify interventions related to the guest's specific risks and causes to try and prevent the guest from falling and minimize complications from falling. |