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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146162 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/21/2024 |
| NAME OF PROVIDER OR SUPPLIER Moweaqua Rehab & Hcc | | STREET ADDRESS, CITY, STATE, ZIP CODE 525 South Macon Street Moweaqua, IL 62550 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49492</p> <p>Based on interview and record review, the facility failed to ensure call lights were answered in a timely manner for three of three residents (R3, R5, R6) reviewed for call lights on the sample list of 6.</p> <p>Findings Include:</p> <p>1. R3's Admission Record, dated 02/17/2021, documents R3 is diagnosed with Muscle Weakness, Unsteadiness On Feet, and Limitation Of Activities Due To Disability.</p> <p>R3's care plan, dated 8/6/21, documents R3 is at risk for falls r/t (related to) impaired mobility. The care plan, dated 04/20/2022, documents R3 has bladder incontinence and R3 is able to utilize call light and let staff know when she has to use bedpan, which she uses for bowel and bladder.</p> <p>R3 has a Minimum Data Set (MDS) dated [DATE]. Section C of the MDS states a Brief Interview for Mental Status (BIMS) of 15, indicating R3 is cognitively intact.</p> <p>On 5/21/24 at 11:00 am, R3 stated it can take, and often does take, a long time for staff to answer the call light when activated for help. R3 stated CNA's (Certified Nursing Assistants) will come into the room and turn off the call light then leave the room. R3 stated this has been brought up during resident council meetings in each of the last three monthly meetings. Resident council minutes from 3/14/24, 4/4/24 and 5/2/24 were reviewed. R3 (resident council president) confirmed resident council minutes from all three months state call lights are not answered timely and can take over 30 minutes to be answered by staff.</p> <p>2. R5's Admission Record, dated 07/21/2021, documents R5 is diagnosed with Difficulty In Walking, Anxiety Disorder, Overactive bladder.</p> <p>R5's care plan, dated 10/1/2021, documents R5 has bladder incontinence staff is to check the resident(Q2(every 2 hours)) and as required for incontinence. Care plan, dated 08/17/2021, documents R5 requires occasional (when weak) 1 staff assist to use toilet.</p> <p>R5 has a Minimum Data Set (MDS) dated [DATE]. Section C of the MDS states a Brief Interview for Mental Status (BIMS) of 15, indicating R5 is cognitively intact.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146162 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/21/2024 |
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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 5/20/24 at 11:50 am, R5 states a couple of days ago R5 pressed the call light and waited 32 minutes before getting up and walking to the nurse's station to find staff at the nurses station talking, and R5 had to request someone to come help her change her brief after being incontinent of urine.</p> <p>3. R6's Admission Record, dated 04/17/2024, documents R6 is diagnosed with History Of Falling, Need For Assistance With Personal Care, and Abnormalities Of Gait And Mobility.</p> <p>R6's Care plan, dated 04/17/2024, states R6 is at risk for falls due to weakness, shortness of breath, history of falls. Staff should assist R6 with ADLS (activities of daily living) and ambulation as needed.</p> <p>R6 has a Minimum Data Set (MDS) dated [DATE]. Section C of the MDS states a Brief Interview for Mental Status (BIMS) of 15, indicating R6 is cognitively intact.</p> <p>On 5/20/24 at 12:00 pm, R6 stated he does not need to press the call light for much assistance, but when he has to it can sometimes take a long time for someone to come and help. R6 stated the call lights are answered slower in the evenings than the day shift.</p> <p>On 5/21/24 at 09:50 am V2, Director of Nurses, stated V2 is aware of the extended call light times. V2 stated there is a higher acuity of residents who need more assistance in the facility. V2 confirmed, It is important for staff to answer call lights as quickly as possible. This is especially important for those residents who require staff assistance for toileting, activities of daily living, and those who are at risk for falls. The goal is to provide resident centered care and meet the residents' needs and expectations quickly and efficiently.</p> | | |