STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009492	A. BUILDING: _____ B. WING _____	05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION COUNTY HOSPITAL L T C	521 NORTH MAIN STREET ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements were not met as evidenced by: Based on interview and record review, the facility	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009492	A. BUILDING: _____ B. WING _____	05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION COUNTY HOSPITAL L T C	521 NORTH MAIN STREET ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 failed to properly secure a resident in bed during incontinence care and failed to provide a resident with a 2 person assist during transfer as required to prevent falls for 2 of 7 residents (R6, R7) reviewed for falls in the sample of 7. This failure resulted in R6 sustaining a right ankle fracture and R7 sustaining a displaced fracture of the right distal femur. Findings include: 1. R6's Clinical Resident Profile Sheet documents an admission date of 07/25/16 to include the following diagnoses in part: Alzheimer's dementia with behavioral disturbance, anxiety, and major depressive disorder severe with psychotic symptoms. R6's quarterly MDS (Minimum Data Set) assessment dated 11/17/20 and 02/16/21 document under Cognitive Patterns that R6 is never or rarely understood and a BIMS (Brief Interview for Mental Status) was not recommended to be performed. These same quarterly assessments dated 11/17/20 and 02/16/21 document R6 it totally dependent requiring 2+ person assist for bed mobility. R6's Contracture Assessment dated 11/17/20 documents a score of 16, indicating she is at risk for contractures (resident with score above 10 at risk). R6's Contracture Assessment dated 02/16/21 documents a score of 18, also indicating she is at risk for contractures. Both assessments document R6 has severe rigid and spastic muscle tone present. R6's Fall Assessment dated 11/17/20 indicates R6 is at moderate risk for falls with a score of 8 (8-14 represents moderate risk). R6's Fall	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009492	A. BUILDING: _____ B. WING _____	05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION COUNTY HOSPITAL L T C	521 NORTH MAIN STREET ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 Assessment dated 02/16/21 document a score of 10, indicating R6 is still at moderate risk for falls. R6's Care Plan dated 08/03/16, documents a Focus Area as follows in part: ..."R6 has behaviors of being socially inappropriate pulling her hair. Anxious constant movement, pinching/scratching/grabbing caregivers when attempting care, repetitive movements, and moaning. (R6's pinching may occur at each time care is given.) Scratching head and pulling own hair at times. Resistive to hygiene care when toileting..." Goal: ..."To decrease the amount of behaviors/her nervousness and make R6 more calm and comfortable; Revision on 05/04/21 ...Revision on 07/12/18 ..." Interventions: "...Hold her hand; Reminisce with R6 about flowers, husband, cabin on the lake, her donkey...repeat resident's name with instructions for inappropriate to pinch when pinching during care...speak in a calmer voice, use simple/concrete terms, explain all tasks before beginning..." A facility Investigation of Incident documents the following in part: ..."Investigation: On 02/11/21 at 6:30 AM, resident (R6) fell from bed to the floor. She was observed lying on her right side in the floor by her bed. This resident is non-ambulatory, total care, and does not attempt to get up on her own. At the time of the fall resident sustained a small cut and knot to the right side/back of head. Right foot/ankle noted to be edematous and bruised later in the day on 02/11/21. X-ray revealed a fractured right ankle ...Conclusion: This resident does not and cannot get up on her own. Fall was not from a standing position. She does move her upper body without purpose at times - jerking motion. Just movements prior to fall, she was lying on her back with knee flexed. Due to her body position and after the fall, it	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009492	A. BUILDING: _____ B. WING _____	05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION COUNTY HOSPITAL L T C	521 NORTH MAIN STREET ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 seems that resident rolled to her side. Gravity most likely took over and she rolled off the bed to the floor." A Radiology Report of R6's right foot three views dated 02/12/21 documents the following: Impression - 1. Distal fracture line in the radius and ulna. This is better visualized on ankle x-rays. 2. Bone demineralization with soft tissue swelling and scattered degenerative change in the foot. Impression Addendum - "Impression one should read there is fracture line in the tibia and fibula ...this is better visualized on ankle x-rays." R6's record does not contain an x-ray of the ankle dated 02/12/21. A Radiology Report of R6's right ankle three views dated 03/15/21 document the following: Impression - Redemonstration of displaced distal tibia and fibula with mild interval change. Fracture lines remain visible. On 05/06/21 at 8:42 AM, V5 (Certified Nursing Assistant/CNA) stated on 02/11/21 after dressing, providing peri-care, and placing the mechanical lift sling under R6, V5 went to the sink in R6's room to wash her hands, and V20 (Former CNA) left the room to get the mechanical lift. V5 stated R6 was in bed lying on her back, bed was flat and in low position. V5 stated as she was drying her hands with her back still turned, she heard a noise that sounded like R6 had bumped into the bedside table. V5 turned around to look and R6 was on the floor. V5 confirmed there was no fall mat on the floor at this time. V5 stated she was not 100% sure what R6 hit her ankle on but it could have been the metal part of the bed frame. When asked if she thought a staff member should have remained at bedside with the resident, V5 stated, "In the future, someone would definitely need to stay at bedside with a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009492	A. BUILDING: _____ B. WING _____	05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION COUNTY HOSPITAL L T C	521 NORTH MAIN STREET ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

resident." When asked, V5 stated, "At the time of the fall, there was nothing under R6 to keep her in position. I usually place a pillow under her left knee for positioning when I put her back in bed to keep her from rolling. This was a fluke thing where she rolled during care and I feel terrible." V5 confirmed V2 (Director of Nursing/DON), herself, and the other CNA (V20) were in-serviced on what could be done in the future to prevent these incidents from happening.

On 05/06/21 at 9:13 AM, V2 confirmed R6 should not have been left unattended in bed on 02/11/21 prior to her care being completed. V2 stated V2 would expect staff to have everything ready prior to beginning care and not to leave a resident in bed alone without first stabilizing them to prevent a fall.

2. R7's Clinical Resident Profile Sheet documents an admission date of 04/13/17 to include the following diagnoses in part: Unspecified dementia without behavioral disturbance.

R7's MDS quarterly assessment dated 09/01/20 documents under Cognitive Patterns that R7 was unable to complete the assessment. Part G of this assessment - Functional Status documents R7 requires extensive 2 person assist with transfers (how resident moves between surfaces including to and from: bed, chair, wheelchair, standing position).

R7's Contracture Assessment dated 11/24/20 documents a score of 15, indicating she is at risk for contractures (resident with score above 10 at risk), and slight prolonged immobility, chair sitting or bed rest without movement by self for 1-2 hours. R7's Contracture Assessment dated 02/23/21 documents a score of 16, also indicating

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009492	A. BUILDING: _____ B. WING _____	05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION COUNTY HOSPITAL L T C	521 NORTH MAIN STREET ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 she is at risk for contractures, and now has moderate prolonged immobility, chair sitting or bed rest without movement by self for 1-2 hours. Both assessments document R7 has severe present joint condition. R7's Fall Assessment dated 11/24/20 indicates R7 is at high risk for falls with a score of 18 (greater than 14 represents high risk). R7's Fall Assessment dated 02/23/21 document a score of 16, indicating R7 is still at high risk for falls. R7's Care Plan dated 04/13/17, documents a Focus Area as follows in part: ..."R7 has numerous incontinent episodes of bowel/bladder, wears depends and requires total assist with toileting, bathing, dressing, eating and mechanical lift is used for transfers r/t (related to) fx (fractured) femur and wearing an immobilizer. She is non wt (weight) bearing at this time. Date Initiated/Revised: 11/25/2020 ...Goal: ...R7 will be kept clean and dry. Revision 05/04/21 ...Intervention: ... Assist R7 with ADL's as needed-limited to extensive assist usually. Revision 04/10/19..." A facility Investigation of Incident dated 10/30/20 documents the following in part: ..."Investigation: As resident was being transferred from the bed to the commode for am care, her legs gave out and CNA had to lower resident to the floor. This resident requires one staff for assist with transfers - resident will bear weight and pivot. She does have impaired cognition and communication skills, however the basic task is usually not a challenging task for her. Follow-Up: MD (Medical Doctor) was notified of change in condition. MD saw resident in his office. Pain medication adjusted. X-ray ordered and completed ...Conclusion: Resident has a displaced fracture	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009492	A. BUILDING: _____ B. WING _____	05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION COUNTY HOSPITAL L T C	521 NORTH MAIN STREET ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

to the right distal femur. ED (emergency room) placed an immobilizer to right leg and sent resident back to facility for orthopedist consultant. Follow-up with orthopedist will continue until fracture is healed."

A Radiology Report of R7's right knee two views dated 10/30/20 with comparison dated 01/02/18 documents the following: Impression - 1. Unexpected finding. Displaced fracture of the distal right femur.

On 05/06/21 at 8:56 AM, when asked if there were two people assisting R7 from the bed during transfer, V5 stated it was just her because there were some days when R7 could easily be transferred by one person and felt since she was going from bed to bedside commode she would be ok to transfer her alone. V5 stated R7's bedside commode was right beside her bed, which was where she was transferring her to on the morning of 10/30/20. V5 stated when she assisted R7 up from the bed, R7 pivoted to a standing position in front of the commode when her legs buckled so she lowered her to the floor. V5 stated she did not hear any sound of a bone breaking. V5 stated after she lowered her to the ground, she immediately got the nurse (V21) and then she assessed R7. V5 stated R7 was sort of moaning. V5 stated the nurse helped her lift R7 to a standing position and onto the bedside commode. V5 continued to state after R7 was done, she got her dressed and took her down to breakfast via her wheelchair. V5 stated she does know that R7 did not want to stand after breakfast and two people transferred her to the bathroom at that time. V5 stated she knows R7 went to the doctor and had an x-ray later that day, which showed a femur fracture. V5 stated she honestly couldn't remember if they did any in-service

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009492	A. BUILDING: _____ B. WING _____	05/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION COUNTY HOSPITAL L T C	521 NORTH MAIN STREET ANNA, IL 62906

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7 regarding this incident. On 05/06/21 at 9:21 AM, when asked why R7's incident investigation documented she requires one staff for assist with transfers, V2 stated in the morning R7 is usually good and can be transferred by one person at times depending on the task, but she does get tired as the day goes on. V2 continued to state the CNAs most likely used their "judgement" on how much assistance she required at the time especially since it was the first thing in the morning. When asked why then would R7 be assessed as requiring extensive assist of 2 person for transfers on her MDS assessment dated 09/01/20 prior to this incident, V2 stated that was the maximum assist "suggested/required" and depended on how the CNAs filled out their paperwork as to how the assessments were completed. (B)	S9999		