STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	10/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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	Final Observations LICENSURE VIOLATIONS: 300.1210a) 300.1210b) 300.1210d)6) 300.1220b)3) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	10/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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	S9999		

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.

Section 300.1220 Supervision of Nursing Services
b) The DON shall supervise and oversee the nursing services of the facility, including:
3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements are not met as evidenced by:

Based on record review and interview the facility failed to supervise and address wandering behaviors for one of seven residents (R25) reviewed for falls on the sample of 17. These

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	10/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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	S9999		

failures resulted in R25 sustaining a fall with hip fracture. This past non-compliance occurred from 6/22/14 to 6/23/14.

Findings include:

The Minimum Data Set (MDS) dated 6/11/14 documents that R25 is severely cognitively impaired and able to walk with assistance of one. Social Service Notes dated 6/11/14 documents "(R25) is able to ambulate independently" and that R25 requires limited assistance with Activity of Daily Living.

The Care Plan dated 5/22/14 documents that R25 has wandering/pacing behaviors related to "wandering in other patients room during the night." The Care Plan directs staff to monitor R25 "to ensure that he's not sleeping too much during the daytime." This Care Plan does not address specific interventions for staff to supervise R25's wandering behaviors, or how staff are to monitor that R25 is "not sleeping too much during the daytime."

On 10/22/14 at 3:10 pm E3, Registered Nurse (RN) / Dementia Unit Director, stated there were no Care Plan interventions for R25's wandering behaviors.

Progress Notes dated 4/18/14 document that R25 was redirected from another patient's bed. Progress Notes dated 5/22/14 document that R25 was pacing halls and going into other patients' rooms throughout night and was redirected.

On 10/22/14 at 1:45 pm E20, Housekeeper, stated, "I recall (R25) going into (R17's) room and I redirected him out. I didn't see him sleep on (R17's) bed." E20 stated that R25 would wander

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	10/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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	S9999		

often into other residents' rooms and if she had trouble redirecting R25 she would call for the nurse.

On 10/22/14 at 2:30 pm E4, Licensed Practical Nurse (LPN) confirmed that R25 had "wandering behaviors." E4 stated that R25 could not see very well and had severe dementia. E4 stated "(R25) did not know what was going on and could not see where he was going on and he just wandered throughout the unit. If a door to another resident room was open he would go in. I found him on his roommates bed before and redirected him to his bed." E4 stated that once R25 was moved to his current room, which is next to R17's room, "that's when he started getting mixed up. I don't think he was sure where his room was." E4 stated that "We tried to keep an eye on him. He wasn't a one-on-one supervision." E4 confirmed that there were no specific interventions documented to supervise R25's wandering behaviors. E4 stated there were no documented visual checks for R25.

The Incident Report dated 6/22/14 at 1:30 pm documents that R25 was found in R17's bed by Z2 (R17's family). "{Z2} attempted to remove {R25} from the bed and then the room and {R25} started trying to hit {Z2} and {R25} fell." The reports also documents that R25 had pain in his left knee.

Progress Notes dated 6/22/14 document "{R25} was found in another residents bed by {Z2}. He told {R25} that he had to leave and this was not his room. {Z2} stated that {R25} tried to go into the bathroom and {Z2} told him "No NO" this is not your room and {R25} turned around and started hitting {Z2} and lost his balance. As {R25} fell he grabbed hold {Z2} and they both fell

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	10/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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		

together... {R25} seemed to be protecting his L (left) knee. attempted ROM (Range of Motion) on it and {R25}) said that it hurt..."

On 10/21/14 at 11:15 am E4, LPN stated that R24 (R17's roommate) witnessed the incident. E4 stated that R24 told her that Z2 approached R25 while he was lying on R17's bed asleep and he "grabbed (R25's) shoulders and shaking his shoulders said this isn't your room. This is the ladies rooms." Then R25 woke up and headed for the door and Z2 was walking behind R25 and "was pushing {R25} on the back trying to get him to move faster." Then R25 "got agitated and turned around lost his balance and grabbed hold of {Z2} and they both went down." E2 stated that R25 complained immediately of his left knee and "was holding his left knee."

The Pain Evaluation dated 6/22/14 at 4:00 pm documents R25 fell, complaining of pain in the left knee immediately. After R25 was put in the bed complained of left hip pain. The Pain Evaluation documents that R25 was "not moving left leg."

Radiology Report dated 6/23/14 for R25 documents "Comminuted intertrochanteric fracture of the left hip with mild displacement and angulation."

Nurses Notes stated that R25 returned to facility on 6/27/14, following surgery to repair th left hip fracture.

Social Service Notes dated 8/26/14 and 10/3/14 document that R25 now uses a Geriatric Chair for mobility and total assistance with Activities of Daily Living. MDS dated 7/4/14, 8/26/14, 10/4/14 document that ambulation for R25 did not occur.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	10/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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	S9999		

(B)