STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E812	A. BUILDING ______ B. WING ______	C 11/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON HEALTH CARE CENTER	#5 DOCTORS PARK MOUNT VERNON, IL 62864

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint 1556237/IL81481	F 000		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to modify interventions timely after becoming aware of a fall incident involving 1 of 4 residents (R4) reviewed for falls in the sample of 4. The findings include: 1. R4 is a 96 year old resident with diagnoses that include Dementia and Osteoarthritis, as noted on the November 2015 Physician Order Sheet (POS). Nurses notes include documentation on 11-10-15 that indicate R4 was sent to the hospital emergency room at 9:45 am. A Resident Transfer Form dated 11-10-2015 indicates that R4 was transferred due to abnormal lab results- increased Blood Urea Nitrogen (BUN) and Creatinine. A"Nursing Transfer/Discharge Assessment" dated 11-10-15 and completed by E3- Licensed Practical Nurse (LPN) notes "hematoma right forehead" under Impaired Skin	F 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E812	A. BUILDING ______ B. WING ______	C 11/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON HEALTH CARE CENTER	**#5 DOCTORS PARK MOUNT VERNON, IL 62864**

(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) COMPLETION DATE
F 323	Continued From page 1 Integrity. On 11-13-2015 E3 stated that this form was sent to the hospital along with the transfer form as noted above. Further documentation in the nurses notes indicate that R4 returned from the hospital on 11-11-15 at 2:15 pm with a hematoma to the right side of R4's forehead. E3 stated on 11-13-15 at 8:30 am that on the morning of 11-10-15 R4's family that was present had noted a knot on R4's forehead and reported it to E3. E3 stated she was not aware of the knot prior to that that time and had not been told of any falls or other incidents involving R4. E3 stated that R4 was sent to the hospital that morning because of R4's abnormal labs that had been reported to R4's physician. E1-Director of Nurses (DON) stated on 11-12-15 at 2:50 pm that on 11-10-15 E1 was made aware of the knot on R4's forehead and an investigation was initiated. E1 stated that E1 then received a phone call from the hospital emergency room notifying E1 of the findings of a fracture. E1 stated that during the investigation, it was initially reported that there had been no known falls involving R4 but that staff had observed R4 with head hanging down spitting into the trash can beside her bed and next to the bedside table and it was thought that possibly R4 had bumped her head on the table. E1 stated that further investigation indicated that R4 had actually been found in the floor of her room on 11-10-15 between 2 and 3 am by E6- Certified Nurse Aide (CNA) and that E6 had requested help from E7-CNA to get R4 up from the floor and back into bed. E1 stated that both E6 and E7 admitted that they had not reported the fall to the charge nurse. Charge nurse-LPN E4 stated on 11-12-15 at 3:38 pm that E4 was never made aware of R4 being	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E812	A. BUILDING ______ B. WING ______	C 11/13/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON HEALTH CARE CENTER	#5 DOCTORS PARK MOUNT VERNON, IL 62864

(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) COMPLETION DATE
F 323	Continued From page 2 found in the floor during the 11-10-15 midnight shift and no one reported the presence of a knot on R4's forehead during E4's shift. E1 stated that E6 and E7 were both terminated from employment as a result of not reporting the fall to the nurse immediately as the facility requires. E1 provided an In-service Attendance sheet dated 11-12-15 that was noted to state: "We report any fall to the nurse immediately before moving patient..." E1 stated on 11-13-15 at 11:20 am there is no written facility policy that addresses what to do if a fall occurs but that it is just basic nursing to expect staff not to move a resident that has fallen until after the nurse has assessed the resident. E1 stated that a new intervention to place a bed mattress with raised sides on R4's bed was put in place on 11-10-15 after the investigation revealed a fall had occurred and that this intervention was started when R4 returned from the hospital at 2:15 pm on 11-10-15. E1 acknowledged that staff put R4 at risk for potential injury from another fall by not reporting the initial fall on 11-10-15 so that a fall assessment and interventions could be completed timely. E1 stated that a repeat scan of R4's head on 11-12-15 did not show any evidence of an acute fracture but did continue to indicate a scalp hematoma as previously reported on 11-10-15.	F 323		