DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/13/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
146072		B. WING			C 10/10/2015		
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE	10/	10/2015
MENDOTA LUTHERAN HOME					000 6TH STREET MENDOTA, IL 61342		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	ГS	FC	000			
F 246 SS=D	A resident has the reservices in the facil accommodations of preferences, exceptions.	ONABLE ACCOMMODATION ERENCES	F 2	246			
	by: Based on interview failed to answer cal residents (R1, R2 a in a sample of three	This REQUIREMENT is not met as evidenced y: Based on interview and record review, the facility ailed to answer call lights timely for three of three esidents (R1, R2 and R3) reviewed for call lights in a sample of three. SINDINGS INCLUDE:					
	Policy" directs staff residents. Demons ask the resident to that you will be sure system. Be sure the times. When the rea chair be sure the	lity policy, titled "Call Light," Explain the call light to new trate the use of the call light. return the demonstration so the resident can operate the e call light is plugged in at all sident is in bed or confined to call light is within reach of the per resident's call light as soon					
	9/28/15 with 12 res residents present a	ent Council Minutes" dated idents present, 8/31/15 with 15 and 7/27/15 with 17 residents					
I ABORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	VATURE		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

Facility ID: IL6006050

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (V41) PROVIDED (SUBDILITATION AND HUMAN SERVICES

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146072		A. BUILDING B. WING			COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 246	present document, about call light time 1. R1's Minimum Edocuments R1's coand oriented). (Total R1's current Care Fithe following Intervical light." R1's facility "Fall Redocuments, "Writer walking in, patient valert and oriented an abrasion to the following me.' Patietime of the fall." On 10/8/15 at 10:00 toilet. I leaned over it was 20 minutes. On 10/8/15 at 11:00 Nurses) stated, "Wiframe for answering are to answer call light report when (Fither on for 20 minuments). On 10/8/15 at 1:50 Assistant) stated, "(R1) fell. We were a ready for bed. (R1) wanted to use the bathroom and turned.	"Residents with concerns is." Data Set, dated 10/01/15 gnitive status as a 14 (alert al possible score = 15). Plan, dated 8/27/13 includes entions, "Respond promptly to eport" dated 9/26/15 called into room. Upon was on floor sitting up. Patient (3. Resident observed to have top of (R1)'s head with scant 1 states 'I fell. I hit the top of e wall and my shoulder is ent's call light was on at the D.A.M., R1 stated, "I slid off the and fell. I put my call light on, 5. A.M., E3 (Interim Director of e don't have a specific time g call lights. All nursing staff ights. We checked the call R1) fell, (R1)'s call light had	F 24	46		

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		B. WING				C 10/10/2015		
NAME OF PROVIDER OR SUPPLIER MENDOTA LUTHERAN HOME				STREET ADDRESS, CI 500 6TH STREET MENDOTA, IL 613		10/	10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORI	R'S PLAN OF CORRECTIO RECTIVE ACTION SHOULD RENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 246	ready for bed. I was When I went back i on the floor. (R1) sa hit (R1)'s head. (R1) was bruised. (R1)'s 2. R2's Minimum Description of the following Intervention of the following Intervention of the following Intervention of the floor of the following Intervention of the floor	e gone maybe 10 minutes. In the room, (R1) was sitting aid (R1) fell off the toilet and)'s head had a bump on it and head was bleeding." Plata Set, dated 9/7/15 gnitive status as a 10 Plan, dated 6/18/15 includes entions, "Respond promptly to eport" dated 9/23/15 urse notified by a CNA assistant) that resident or. Resident sustained a skin	F 2	46				

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	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		7. BOILDING		С	
146072		B. WING		10/10/2015	
NAME OF PROVIDER OR SUPPLIER MENDOTA LUTHERAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 500 6TH STREET MENDOTA, IL 61342		
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFI TAG	X (EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETION DATE
assistance. (R3) stathe floor." On 10/8/15 at 10:18 room after I tried to myself. The probler (call light) answered usually it is 20 minureally bad around meaning the statement of the statemen	ates (R3) hit (R3)'s head on B A.M., R3 stated, "I fell in my walk to the bathroom by m is, it takes so long to get it d. At least 10 minutes, but attes to get it answered. It's heal times and at bedtime."				
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.					
by: Based on interview failed to provide supported to provide supported to provide supported to provide supported to provide to provide to provide the factorial supported to that you will be sure system. Be sure the	y and record review, the facility pervision for a resident on the fall for one resident (R1) a sample of three. DE: lity policy, titled "Call Light, "Explain the call light to new trate the use of the call light. return the demonstration so the resident can operate the e call light is plugged in at all				
	Continued From parassistance. (R3) state floor." On 10/8/15 at 10:18 room after I tried to myself. The problem (call light) answered usually it is 20 minureally bad around myself. The facility must enervironment remainas is possible; and adequate supervising prevent accidents. This REQUIREMENT by: Based on interview failed to provide supervising prevent accidents. This REQUIREMENT by: Based on interview failed to provide supervising prevent accidents. This REQUIREMENT by: Based on interview failed to provide supervising prevent accidents. This REQUIREMENT by: Based on interview failed to provide supervising in a reviewed for falls in the facility of the	TALUTHERAN HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 assistance. (R3) states (R3) hit (R3)'s head on the floor." On 10/8/15 at 10:18 A.M., R3 stated, "I fell in my room after I tried to walk to the bathroom by myself. The problem is, it takes so long to get it (call light) answered. At least 10 minutes, but usually it is 20 minutes to get it answered. It's really bad around meal times and at bedtime." 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	TALUTHERAN HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 assistance. (R3) states (R3) hit (R3)'s head on the floor." On 10/8/15 at 10:18 A.M., R3 stated, "I fell in my room after I tried to walk to the bathroom by myself. The problem is, it takes so long to get it (call light) answered. At least 10 minutes, but usually it is 20 minutes to get it answered. It's really bad around meal times and at bedtime." 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 provide supervision for a resident on the toilet, resulting in a fall for one resident (R1) reviewed for falls in a sample of three. FINDINGS INCLUDE: The (undated) facility policy, titled "Call Light Policy" directs staff, "Explain the call light to new residents. Demonstrate the use of the call light. ask the resident to return the demonstration so that you will be sure the resident can operate the system. Be sure the call light is plugged in at all times. When the resident is in bed or confined to	TONIONE TO SUPPLIER A BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE SOO 6TH STREET MENDOTA, IL 61342 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MISS THE PRECEDED BY FUILL (REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 assistance. (R3) states (R3) hit (R3)'s head on the floor." On 10/8/15 at 10:18 A.M., R3 stated, "I fell in my room after I tried to walk to the bathroom by myself. The problem is, it takes so long to get it (call light) answered. At least 10 minutes, but usually it is 20 minutes to get it answered. It's really bad around meal times and at bedtime." 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 provide supervision for a resident on the tollet, resulting in a fall for one resident (R1) reviewed for falls in a sample of three. FINDINGS INCLUDE: The (undated) facility policy, titled "Call Light Policy" directs staff, "Explain the call light to new residents. Demonstrate the use of the call light to so that you will be sure the resident can operate the system. Be sure the call light to is plugged in at all times. When the resident is in bed or confined to	TOOR SUPPLIER 146072 146072 146072 146072 100 100 100 100 100 100 110

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F 323	resident. Answer thas possible." R1's facility "Admission following diagnoses Pulmonary Disease History of Pelvic Frageneralized Muscle Ischemic Heart Discosteoporosis and Extendible Market Personant Perso	e resident's call light as soon sion Record" includes the c: Chronic Obstructive c, Chronic Pain Syndrome, acture, Pain in Knee, e Weakness, Chronic ease, Fibromyalgia, Difficulty Walking. a Set, dated 10/01/15 gnitive status as a 14 (alert al possible score = 15). Plan, dated 8/27/13 includes ems: "Resident at risk for falls." aterventions, "Don't leave d in bathroom. Keep call light ems within resident's reach. to call light." Paport" dated 9/26/15 called into room. Upon vas on floor sitting up. Patient a. Resident observed to have op of (R1)'s head with scant 1 states 'I fell. I hit the top of e wall and my shoulder is ent's call light was on at the A.M., E3 (Interim Director of e don't have a specific time g call lights. All nursing staff ghts. We checked the call light ight, (R1)'s call light had	F 32	23			

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F 323	On 10/8/15 at 1:50 Assistant) stated, "I (R1) fell. We were a ready for bed. (R1) wanted to use the b bathroom and turne (R1)'s chair. We we ready for bed. I was When I went back i on the floor. (R1) sa hit (R1)'s head. (R1 was bruised. (R1)'s On 10/8/15 at 10:00 toilet. I leaned over it was 20 minutes. The	ge 5 P.M., E5 (Certified Nursing worked 9/26/15, the night about to get another resident put (R1)'s call light on and pathroom. I put (R1) in the ed off the call light next to ent to get another resident is gone maybe 10 minutes. In the room, (R1) was sitting aid (R1) fell off the toilet and)'s head had a bump on it and head was bleeding." D.A.M., R1 stated, "I slid off the and fell. I put my call light on, They aren't supposed to leave the toilet. They are supposed to ght outside of the bathroom	F 3	23			