STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E593	A. BUILDING _____ B. WING _____	C 12/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REST HAVEN MANOR	120 WEST MAIN ALBION, IL 62806

(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 Investigation 1556488/IL81774	F 000		
F 280 SS=E	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to include and update falls on the care plan for 4 of 4 residents (R1, R2, R3, and R4) reviewed for falls in the sample of 4. Findings Include: 1. R3 fell on 10/24/15, 10/29/15, 11/8/15, and 11/15/15 as documented on the Incident/Fall	F 280		

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

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F 280	Continued From page 1	F 280		

Report. The Care Plan does not include fall interventions for 10/24/15 and 10/29/15. The Care Plan updated on 11/2/15 includes falls and the interventions of call light, sitting while voiding, and use of assistive devices. After the falls on 11/8/15 and 11/15/15 there is no re-evaluation of interventions used. The fall on 11/15/15 does not include the implementation of new interventions.

2. R4 fell on 10/19/15, 10/21/15, 11/1/15, and 11/21/15 as documented on the Incident/Fall Report. The Care Plan does not document the interventions for the falls on 10/19/15 and 10/21/15. The Care Plan updated on 10/30/15 includes intervention of call light for staff assistance and alert nurse if increase in dizziness or weakness occurs. After the falls on 11/1/15 and 11/21/15 there is no re-evaluation of interventions used and no implementation of new interventions.

3. R1 fell on 11/23/15 as documented on the Incident/Fall Report. The Care Plan dated 8/13/15 includes risk for falls. The Care Plan was not updated after the 11/23/15 fall. There is no change in the interventions or the implementation of new interventions.

4. R2 fell on 10/15/15, 11/22/15 at 2:45AM, 11/22/15 at 9:30AM, 11/23/15, and 11/29/15 as documented on the Incident/Fall Report. There is no interventions for the fall on 10/15/15 while R2 was with family. The Care Plan, dated 11/19/15, documents R2 is to use a walker to help maintain balance. There is an intervention on the Care Plan, dated 11/23/15, for smoking related to the 11/22/15 at 2:45AM fall but no re-evaluation of the intervention related to fall prevention. There is no changes on the Care Plan related to the falls on

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F 280	Continued From page 2 11/22/15 at 9:30AM fall and 11/23/15. On 12/1/15 at 8:50AM, E5 (Director of Nurses) stated the facility only does the Fall Prevention Intervention form on admission, quarterly or after a significant change. E5 was asked if R2's 3 falls within a week was a significant change. E5 stated it is only a significant change if it is triggered by the Minimum Data Set then a new Fall Prevention Intervention form would be completed and incorporated into the Care Plan.	F 280		
F 323 SS=E	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 identify causative factors and implement and evaluate interventions related to falls and/or failed to complete a smoking assessment for 4 of 4 residents (R1, R2, R3, and R4) reviewed for falls/smoking assessments in the sample of 4. Findings Include: 1. R1 fell on 11/23/15 as documented on the Incident/Fall Report. Incident/Fall Report dated 11/23/15 does not include root cause or	F 323		

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F 323	Continued From page 3 intervention. 2. R2 fell on 10/15/15, 11/22/15 at 2:45AM, 11/22/15 at 9:30 AM, 11/23/15 and 11/29/15 as documented on the Incident/Fall Report. The fall on 10/15/15 was during an outing with the family. R2 was taken to the Emergency Room by the family as documented on the Incident/Fall Report. The Physician Clinical Report from the Emergency Room documents a 3.0 centimeter laceration to R2's scalp and the laceration to the scalp was closed with 5 staples. The X-ray report, dated 10/15/15, of the pelvis does not document a fracture. There is no documentation of a root cause, interventions to prevent future falls with the family, or prevention planning with the family related to the fall. R2's Nurses Notes document leg pain on 10/22/15, 10/23/15, 10/28/15, 10/29/15, and 11/3/15. On 11/9/15 R2 underwent a Laparoscopic Cholecystomy as documented on the Nurses Notes dated 11/9/15. Z2 (Director of Nurses), on 11/30/15 at 1:00PM, stated R2 did not have a fall at the hospital while admitted for surgery. The Nurse's Notes dated 11/11/15, 11/15/15, 11/16/15, and 11/18/15 documents R2's complaint of groin pain and walking with a limp. On 11/18/15, R2 was transferred to the Emergency Room due to pain and limping as documented on the Nurses Notes. The X-ray, dated 11/18/15, documented a fracture of the pelvis. On 11/30/15 at 9:15AM, Z3 (Physician) stated it is difficult to know when the fracture of the pelvis actually occurred. The fall on 11/22/15 at 2:45AM does not include a root cause. The 11/22/15 Incident/Fall Report	F 323		

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F 323	Continued From page 4	F 323		

documents R2 went outside to smoke and fell with her walker while on the front porch. On 11/30/15 at 9:30AM, E2 (Social Service) stated there is no smoking evaluation for R2. The fall on 11/22/15 at 9:30AM does not include a root cause.

Z1 (Daughter) notified Illinois Department of Public Health on 11/30/15 at 9:45 AM regarding R2 falling on 11/29/15 and sustaining a fracture of the "back". On 11/29/15, as documented on the Incident/Fall Report, at 10:30AM R2 was found sitting on the floor next to her bed with the left leg shorter than her right leg and sent to the Emergency Room. Emergency Department Record (dated 11/29/15) documents a new nondisplaced fracture through the left L5 transverse process.

E5 (Director of Nurses) stated on 12/1/15 at 8:50AM, the Fall Prevention Intervention Assessment is completed on admission and quarterly and/or with a significant change. E5 went on to say R2 was given a walker to use on 11/19/15 and started to use a wheelchair on 11/22/15. The Fall Prevention Intervention Assessment dated 5/26/15 documents R2 is independent and goes in and out of the facility as she wishes after notifying staff. The Fall Prevention Intervention Assessment is scored as No Problem or Mild Problem. The Fall Prevention Intervention Assessment dated 8/20/15 documents no change for R2 as she continues to be independent. E6 (Certified Nurse Aide) stated, on 12/1/15 at 8:50 AM, R2 is able to transfer and walk with a walker without pain.

Physical Therapy was ordered and started on 11/19/15 for strength, endurance, range of

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F 323	Continued From page 5 motion, and flexibility as documented on the Physician Treatment Note. The 11/30/15 Physical Therapy Treatment Note documents less pain in her pelvis and no pain in her back as R2 performed therapeutic exercises and walked 175 feet, times 2. The Occupational Therapy Daily Treatment Note dated 11/27/15 documents toilet use, clothing management, and set up for hygiene. There is no documentation of pain related to R2's back or pelvis. 3. R3's Incident/Fall Report documents falls on 10/24/15, 10/29/15, 11/8/15, and 11/15/15. The Incident/Fall Report, dated 10/24/15, does not document the cause of the fall or the interventions needed to prevent further falls. The Incident/Fall Report, dated 10/29/15, does not document the cause of the fall. The Incident/Fall Report, dated 11/15/15, did not documents a cause for the fall and repeated the intervention of asking for assistance used on a previous fall. 4. R4's Incident/Fall Report documents falls on 10/21/15, 10/19/15, 11/1/15, and 11/21/15. The Incident/Fall Report for 11/21/15 does not include a cause of the fall and the intervention is a repeat, ask for help, of the intervention used for the fall on 11/1/15.	F 323		