STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146017	A. Building B. Wing	07/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Illini Heritage Rehab & Hc	1315 Curt Drive, Suite B Champaign, IL 61821

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32172 Based on interview and record review the facility failed to provide supervision and implement fall interventions for one of three residents (R1) reviewed for falls in the sample of six. This failure resulted in R1 falling out of bed and sustaining a fracture of the right upper extremity. Findings include: R1's Physician Order Sheet dated June 2022 documents R1 is diagnosed with Muscle Spasms, Congestive Heart Failure, Anxiety, Atrial Fibrillation, Dyspnea, Morbid Obesity, Functional Quadriplegia, Osteoporosis, and is Legally Blind. R1 is prescribed the anticoagulant Eliquis 2.5 milligrams twice daily for Atrial Fibrillation. R1's Fall Risk assessment dated [DATE] documents R1 is at High Risk for falls in part due to R1's altered mental status, R1's need for assistance with elimination, R1's use of assistive devices for transfer, R1's medications, and R1's impaired hearing, joint pain, and previous fractures. R1's Minimum Data Set, dated dated dated [DATE] documents R1 is severely cognitively impaired and she is totally dependant of at least two staff for transfers. The Incident Investigation Form dated 5/24/22 documents on 5/24/22 R1 was found on the floor beside her bed. R1 complained of pain and was sent to the emergency room for further evaluation. R1's Diagnostic Computed Tomography Report of the Right Humerus dated 5/24/22 documents R1 sustained an acute fracture of the distal Humerus related to acute trauma (fall). On 7/11/22 at 2:20 PM V6 Licensed Practical Nurse stated around midnight on 5/24/22, R1 was found by V6 and V9 Certified Nurses Assistant. R1 had rolled out of bed and was lying on the floor beside her bed. V6 stated the bed was not in the low position and there was no fall mat under R1 or beside her bed. V6 confirmed R1 was a high fall risk and should have been in a low bed and should have had a fall mat beside her bed. (continued on next page)

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 7/11/22 at 3:09 PM V9 Certified Nurses Assistant stated she found R1 on the floor by her bed around midnight on 5/24/22. V9 stated R1 is a high fall risk and can be confused. V9 stated R1 was supposed to have a fall mat by her bed but it was not there at the time of her fall. V9 stated R1 should've also been a low bed however her old bed broke and she was moved to a different bed that could not be lowered all the way down. V9 confirmed when R1 fell out of bed on 5/24/22, R1's bed was not in the low position. On 7/11/22 at 3:30 PM V1 Administrator confirmed R1 is a high fall risk, has altered mental status, is on an anticoagulant, and requires assistance for transfers and mobility. V1 confirmed that prior to R1's fall on 5/24/22, R1 was moved to a new bed because her bed no longer worked. V1 stated the bed that R1 was moved to was an older bed and it could not be lowered down to the floor. V1 confirmed R1 should be in a low bed and should have a fall mat by her bed. V1 confirmed its possible that if R1 would've rolled out of a low bed onto a fall mat, she might not have sustained a fracture. V1 confirmed both of those fall interventions should have been in place at the time of R1's fall on 5/24/22.