STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145267	A. BUILDING _____ B. WING _____	**07/23/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HERITAGE HEALTH-PANA	**1000 EAST SIXTH STREET ROAD PANA, IL 62557**

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** Based on interview and record review, the facility failed to implement fall precaution interventions as outlined in the care plan for 1 of 3 residents (R1) reviewed for falls in the sample of 4. This failure resulted in R1 sustaining a left [MEDICAL CONDITION]. Findings include: R1's Minimum Data Set (MDS), dated [DATE], documents R1's cognition is severely impaired and requires extensive assist of 2 staff for transfers. R1's Fall Risk, dated 6/1/2020, indicates R1 is a high fall risk. R1's Care Plan, dated 6/25/2020, documents, (R1) has a remote history of a fall at home that fractured her left hip. She gets up unassisted and is unsafe to do so. It further documents an intervention, if restless in bed, assist up into w/c (wheel chair) and then assist to a high traffic/high visibility area for closer supervision; reflectors on w/c wheels. This intervention was implemented on 8/1/19. R1's Progress Notes, dated 7/11/2020 at 5:30 PM, documents that R1 was observed on the floor and was complaining of left hip pain. R1's Progress Notes further document that on 7/12/2020 at 12:07 AM radiology results were received and that R1 had a left [MEDICAL CONDITION]. R1's Patient Report, dated 7/11/2020, documents R1's left hip is fractured. The facility's Occurrence Log, dated 7/11/2020, at 5: 30 PM, documents, Resident fell out of her wheelchair attempting to self transfer back in bed. Staff report resident was attempting to crawl out of bed to get into her wheelchair prior to fall. Staff had assisted resident in her wheelchair per resident's request but left resident in her room instead of placing resident in a highly traffic/highly visible are as per care plan. Interventions implemented to help prevent future falls include: in-service given to re-educate staff on care plan and safety interventions and placed a sign in resident's room to remind staff to assist resident to a high traffic/highly visible area when up in wheelchair for closer supervision. On 7/21/2020 at 11:45 AM, V20, Care Plan Coordinator, stated, (R1) fell out of her wheelchair in her room. Her care plan has a ton of fall prevention interventions. We are running out of ideas. On 7/13/2020 her care plan was revised and we put up a sign in her room to remind staff to place in a highly visible area, which was already an intervention. I do not believe the staff were following her care plan interventions. On 7/23/2020 at 11:34 AM, V25, R1's Primary Care Physician, stated, In an ideal setting she (R1) shouldn't have been left unattended. I would expect staff to have knowledge of her care plan and follow it. On 7/23/2020 at 12:08 PM, V2, Director of Nursing, stated, Yes, I would have expected the staff to know and follow her care plan. The kardex is on the door. They should not have left her unattended. The facility's Employee Disciplinary Action Form, dated 7/12/2020, documents, Description of Violation: Staff member assisted resident to chair and left her unsupervised. Failure to follow care plan. This form further documents, Employee Statement: I was not aware that resident needed to be supervised. No reflectors on wheelchair. The facility's Fall Assessment and Management policy and procedure, dated 4/2019, documents, It is the policy of this facility to assess each resident's fall risk on admission, quarterly, and with each fall. This will help facilitate an interdisciplinary approach for care planning to appropriately monitor, assess and ultimately reduce injury risk. It continues, D. All staff providing care to the resident will have access to the care plan and/or kardex.

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.