

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WASHINGTON SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1201 NEWCASTLE WASHINGTON, IL 61571</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to supervise a resident during toileting causing a fall for one (R3) of three residents reviewed for falls in a sample of five. Findings include: R3's current Care Plan documents (R3) is high risk for falls: 8-22-19 Do not leave (R3) unattended in bathroom. (R3) is impulsive and will get up without assistance. R3's current clinical record documents R3 with [DIAGNOSES REDACTED]. On 3-3-2020 at 1:37pm, R3 stated that R3 fell while drying her hands in the bathroom in December and the CNAs (Certified Nurse Assistants) were standing outside of the bathroom door. R3's Fall Risk Management form, dated 12-3-2019, documents R3 had lost balance while washing hands in the bathroom, hit head, and received a laceration to R3's scalp. A predisposing situation factor was standing at sink alone. The root cause of the incident was documented as The resident attempted to turn herself after washing hands at the sink when she lost her balance and fell. Educated staff to stay with resident at all times when in the bathroom. R3's Follow-up Fall form, dated 12-5-19, documented R3 had seven staples on left top of R3's head. On 3-3-2020 at 1:37pm R3's room contained a sign noted on the bathroom door that stated (R3) is a high fall risk and is not to be left on the toilet alone. On 3-4-2020 at 10:19am, V8 (Certified Nurse Assistant/CNA) assisted R3 to ambulate to the toilet. After assisting R3 to sit on toilet, V8 walked out of the bathroom closing the door almost all the way leaving it open approximately six inches. V8 stood and waited out of R3's view. V8 then stepped out of R3's room and brought in R3's wheelchair from around the corner of R3's door. V8 then completed toileting cares for R3 and assisted R3 into the wheelchair. On 3-4-2020 at 10:27am, V8 confirmed the sign on R3's bathroom door stated R3 is a high fall risk and is not to be left on the toilet alone. V8 stated I should have stayed in there with her or left her door open. I won't leave her if she's standing. An agency CNA did that and she needed staples. I don't think this fall sign was here then, but it should be on her (CNA care guide). On 3-4-2020 at 10:43am, V9 (CNA) confirmed R3's CNA care guide documented R3 is not to be left unattended in the bathroom due to R3 being impulsive. V9 stated at this time She (R3) is very impulsive and sometimes she'll take herself to the bathroom.		
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.