STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510130	A. BUILDING: _____ B. WING _____	C 08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES OF BRADFORD	100 COURTYARD ESTATES BRADFORD, IL 61421

(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) COMPLETE DATE
A 000	Initial Comment Original complaint #2425739/IL175840	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; Type 2 Violation Based on interview and record review, the facility neglected to follow their policies to notify the physician, monitor a potential head injury, and care for a skin tear after R1 fell. This is for one (R1) of three residents reviewed for falls. Findings include: The facility's Head Trauma policy revised 12-19-21 documents "It is the policy of (Facility) to evaluate head injuries for a minimum period of 72 hours, to determine negative effects, allowing for immediate treatment to minimize permanent damage." The policy states to assess the resident including vital signs, consciousness and neuro status, notify the resident's physician and transfer if needed. "Ongoing assessment (vital signs and neuro checks) should take place as follows:	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510130	A. BUILDING: _____ B. WING _____	C 08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES OF BRADFORD	100 COURTYARD ESTATES BRADFORD, IL 61421

(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) COMPLETE DATE
A6000	Continued From page 1	A6000		

initially and every 15 minutes x 1 hour, every 30 minutes x 1 hour, every one hour x 4 hours, every 4 hours x 8 hour and every shift for the remainder of 72 hours. Assessments for the first 24 hours after injury shall be recorded on the Neuro/Head Trauma Assessment chart. Additional documentation shall be recorded in the nurse's notes."

The facility's Skin Tears policy revised 12-26-21 documents "When a skin tear is found it will be treated and dressed immediately. Promptly notify the attending physician." "Treatments should be written on Treatment Administration Record indicating special site, date to be changed/date initiated/date to be discontinued." Responsibility of all licensed nursing personnel.

The facility's Resident Incident Report documents on 7-12-24 at 6:00 pm, E6 TA (Tenant Assistant) found R1 screaming on the floor of her room. R1 was found to have a skin tear on her left arm with pain in her head. E6 contacted E1 (Director). R1 was give Tylenol for her headache and her skin tear was cleaned and dressed. The report documents R1's physician was not notified or hospitalized. R1's family was notified at 6:22 pm.

On 8-2-24 at 10:40 am, E1 stated the following: On 7-12-24 about 6:00 pm, E6 TA notified her that R1 had fallen. E1 was told R1 had a skin tear on her arm, was complaining of her head hurting and had a red spot above her ear. E1 notified E2 (Regional Director of Health and Wellness) of the fall explaining R1 sustained a skin tear, had a headache but no lacerations, bumps or bleeding. E1 stated E2 replied to bandage R1's skin tear and keep an eye on her. E1 notified R1's family that R1 fell, sustained a skin tear and had a headache but not that R1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510130	A. BUILDING: _____ B. WING _____	C 08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES OF BRADFORD	100 COURTYARD ESTATES BRADFORD, IL 61421

(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) COMPLETE DATE
A6000	Continued From page 2	A6000		

could have potentially hit her head. R1's family declined to send her to the hospital. E1 stated R1's physician was not notified.

On 8-2-24 at 12:00 pm, E6 (TA) stated on 7-12-24, she found R1 screaming on her floor. R1 had a skin tear and a red spot above her ear. E6 notified E1 Director who had her dress R1's skin tear. E6 stated R1 is confused and could not state if she hit her head or not. E6 stated she told the next shift to keep an eye on R1. E6 stated she checked on R1 about once an hour the rest of her shift but did not document those checks or the skin tear treatment.

On 8-5-24 at 12:10 pm, E4 (TA) stated she worked the morning of 7-13-24. E4 was not told R1 could have hit her head until several days after the incident. E4 stated R1 had a skin tear area two to three inches in diameter with a skin flap and "raw skin". E4 stated they were putting antibiotic cream, gauze, and tape or a sleeve over the area. E4 stated they had no written instructions and were not documenting the dressing change anywhere.

On 8-5-24 at 12:30 pm, E5 (TA) stated she also worked the morning on 7-13-24. E5 was not told R1 could have potentially hit her and to monitor her. E5 stated they were to clean and dress R1's skin tear but did not have any written instructions nor did they do any documentation. E5 stated they have a corporate nurse who comes about one time a week, otherwise there is no nurse on duty.

On 8-2-24 at 1:15 pm, E3 (TA) stated she also took care of R1's skin tear with no written instructions or documentation. E3 stated on 7-17-24, she noted bruising curving along the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510130	A. BUILDING: _____ B. WING _____	C 08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES OF BRADFORD	100 COURTYARD ESTATES BRADFORD, IL 61421

(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) COMPLETE DATE
A6000	Continued From page 3 lines of R1's upper ear with complaints that her ear hurt. E3 stated she notified E2. E3 stated in the past, if a resident fell and could not state if they hit their head, they called emergency services to be evaluated for potential head injury. E3 stated they are now instructed to call E1 who would determine what to do. R1's record was reviewed including recent physician's orders, progress notes and service plan. There was no TAR/Treatment Administration Record found. There were no orders related to R1's skin tear or head injury. There were no notes, or documentation related to monitoring of R1 for potential head trauma complications. On 8-5-24 at 12:00 pm, E2 stated she was notified of R1's fall on 7-12-24. E2 does not remember if R1's headache was reported to her. She gave instructions on dressing R1's skin tear area that included an area of sheering. When questioned about the facility's policies on physician notification/treatment/documentation of skin tears and physician notification/monitoring of head trauma, E2 acknowledge these policies were not followed.	A6000		