STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510119	A. BUILDING: _____ B. WING _____	C 08/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER CREEK COTTAGES	203 STAHLHUT DR LINCOLN, IL 62656

(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 Investigation of Facility Reported Incidents IL176275, IL176278 Section 295.4010 d)e) cited for both	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). Type 3 Violation Based on interview and record review, the facility failed to update resident's service plans after a series of falls for two (R1 and R2) of three residents reviewed for falls in a sample of three. Findings include: The facility's undated Fall Prevention policy documents: "Upon a fall staff will fill out an incident report and turn this into the nurse. Nurse will contact the doctor and family members to alert them of the incident and then the report will	A4010		

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A4010	Continued From page 1	A4010		

go to the administrator. Nurse to fill out a fall report sheet and monitor falls after 2 or more within a month. Nurse to fill out significant change form to act as addition to the service plan. Administrator to investigate if this incident was preventable and what corrective actions should be taken."

The facility's undated Service Plan policy documents "Service plan to be updated annually or upon significant change. Significant change form to act as addition to service plan and to be updated as changes occur."

1. R1's medical record documents R1 was admitted on 5-30-24 with diagnoses of confusion and memory impairment. R1' service plan dated 6-3-24 does not document R1 being at risk for falls and contains no interventions to prevent falls. R1's service plan significant change form dated 7-30-24 documents "resident having more frequent falls.' There are no interventions listed on this form.

R1's Accident/Incident Report forms since R1's admission document R1 had four falls in July 2024 and four falls (as of 8-12-24) in August 2024. Four of the eight falls required hospital visits, one resulted in a fractured elbow and five resulted in complaints of pain for R1. Seven of R1's Accident/Incident Report forms document "no corrective action" taken with the eight saying "more frequent checks."

R1's record has three undated falls assessments documenting R1's increase in falls but no updates to R1's service plan were found.

2. R2's record documents she was admitted 12-13-23 with diagnoses of Parkinson's disease,

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A4010	Continued From page 2	A4010		

cerebral vascular accident, and dementia. R2's 7-29-24 service plan documents R2 needs assistance with most of her activities of daily living. This service plan documents "maintain current mobility, prevent further falls, encourage and assist with ambulation and using assuasive device (walker.)"

R2's record documents R2 fell three times in March, one time in April, three times in May, three times in June, six times in July and four times (as of 8-12-24) in August 2024. June through August falls were reviewed with two falls requiring hospital visits, six resulting in injuries such as abrasions, contusions and a puncture head wound. R2's 7-28-24 and 7-30-24 fall form documents to have "more frequent checks." R2's 8-4-24 fall form documents corrective action as "reeducate regarding safety awareness. Remind to call for assistance when ambulating, toileting, etc." R2's 8-7-24 and 8-10-24 fall forms document as corrective action to have more frequents checks. None of these interventions were added to R2's service plan.

R2 had six fall assessments completed, some undated, identifying R2 as high risk for falls. R2's Service Plan Significant Change form dated 7-29-24 documents only that resident has had more frequent falls. R2's Service Plan Significant Change form dated 8-3-24 documents increase in falls, including an order for a urinalysis with no additions to the service plan.

On 8-12-24, E3 (LPN/Licensed Practical Nurse) stated fall assessments are not completed upon admission. When a resident has about three falls in three months, a fall assessment is completed. If a nurse feels an update to the service plan is needed, they will complete a Service Plan

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A4010	Continued From page 3 Significant Change form as an addendum to the service plan. R1's condition was deteriorating with increase anxiety and forgetfulness. Staff had to remind R1 to use her walker. E3 stated they are adjusting R1's medications now which may help with falls. E3 stated nurses typically do not add interventions to the service plan. On 8-12-24 at 1:30 pm, E2 (Assistant Administrator) stated they have a regional nurse who signs off on the service plans but does not add interventions. Nursing staff can add interventions at the time of the fall and then the Administrator reviews falls and can add interventions at that time. For R1's falls, her medication is now being adjusted, needs encouragement/reminders to use her walker. E2 verified no interventions to assist with fall prevention were added to R1's service plan and not all interventions developed were added to R2's service plan.	A4010		