STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5108805	A. BUILDING: _____ B. WING _____	C 12/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERIDIAN VILLAGE MEMORY CARE	241 MAGNOLIA GLEN, IL 62034

(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 FRI IL183177 Report Substantiated. Violation at 295.6000 cited.	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: TYPE 2 VIOLATION 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: 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes; Based on interview and record review the facility failed to follow the fall service plan intervention to prevent a fall with major injury . This failure caused a substantial harm/injury to R1. Findings include: R1's Reportable Incident Report dated 12/22/24	A6000		

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A6000	Continued From page 1	A6000		

documents,"Resident had a witnessed fall on 12/22/24 around 1600 in the common area. Resident is alert oriented to self and is mobile by wheelchair. Resident is also on hospice and requires assist x 1 to transfer. Resident has chair alarm in place for safety, but was not turned on at the time of fall. Resident was observed standing from wheelchair when she lost her balance and fell on right hip. Nurse notified immediately. Nursing assessment completed. Resident complained of pain to R hip, no evidence of R leg being shorter than L leg. Complained of pain to palpitation but no bruising noted during initial assessment. No evidence of head injury. Staff stated resident did not hit her head. Vital signs taken within baseline. New physician order received to X-ray R hip. Hospice and supervisor notified. Result reported on 12/23/24 confirmed acute impacted subcapital fracture of R femur. POA and hospice notified. Plan is to not send resident to hospital for surgery evaluation. POA wishes for resident to remain comfortable at this time and routine pain medication scheduled. Resident will remain on frequent checks."

R1's Mini Root Cause Analysis dated 12/30/24 documents, "Contributing factors: Independent transfer alarm turned off' Confusion/memory deficit, Altered gait/balance/tripped, Improper use of Assistive device, Disease Process, Improper/Self transfer
Possible Interventions to Minimize Future Falls and Injuries: Activities; Monitor anxiety/sleep patterns/mood/behavior; Place where visible to staff, Verify alarm working appropriately, Respond to alarm immediately."
R1's Fall Sevice Plan Interventions dated 10/27/24 included Hospice services and wheelchair, Frequent Rounding, Participate in activities for increasde stimulation, Chair and Bed

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A6000	Continued From page 2	A6000		

alarms, Respond to alarm immediately.
R1's Post Fall Investigation Report dated 12/23/24 documents, "Resident tried to get up and walk. Last time resident seen: 5 minutes ago in activity area watching tv. Last toilet assist. 2:30 PM. Fall may have been prevented if chair alarm was turned on."

On 12/30/24 at 12:20 PM, E2 (Licensed practical Nurse) stated R1 used to be very mobile without any assistive device and wanders around the common areas then she had a significant change in condition physically and mentally and was evaluated by hospice after a fall from bed resulting in a facial fracture and need for increased assistance with activities of daily living and was admitted to hospice who ordered a wheelchair due to weakness and poor gait. E2 stated interventions prior to 12/22/24 fall included a Broda chair for positioning, chair and bed alarm, placing R1 within sight of staff in the common areas and when there is activities and more frequent safety checks. E2 stated the chair alarm was very helpful to minimize the attempts to get up and the sound of the alarm does not appear to agitate but just makes R1 pause from trying to get up from chair and the alarm alerts staff to go to R1 immediately. E2 stated after investigating the fall on 12/22/24 it was found out that the chair alarm was not turned on or it would have alerted the staff closest to where R1 was located. E2 stated that E4 (Certified Nurses Aide/CNA) who had her eyes on R1 saw her get up, ran towards R1 but was not close enough to prevent her fall.

On 12/30/24 at 12:35 PM, E3 (CNA) stated that the chair alarm was effective in reminding R1 not to get up from the chair without help and the sound of the alarm seem to just make her

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A6000	Continued From page 3 hesitate and she would sit back down. E3 stated she has not seen R1 get agitated or reacted strongly upon the alarm sounding off. E3 stated she heard that the chair alarm was off when R1 fell and broke her hip and thought that if it had sounded somebody closest to R1 would have responded and reached her timely and prevented her fall. On 12/30/24 at 12:50 PM, E1 (Executive Director) stated that the chair alarm worked to prevent R1 from falls and at the same time helped staff to respond immediately when the alarm goes off even when R1 is not within line of sight and all staff are required to respond immediately to the sound of the alarm. E1 stated R1 is the only resident with an a chair and bed alarm. E1 stated she immediately conducted an inservice to all staff on proper use of the alarm.	A6000		