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 02/16/2025

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 Facility Reported Incident IL186067	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). Violation Based on interview and record review, the establishment failed to review and update the service plan after falls for two of three residents (R1 and R3) reviewed for service plans in a sample of three. Findings include: R1's progress notes and fall incident reports for the last four months document R1 fell on November 15 and 21, 2024, December 2, 4, 17 and 27, 2024, twice on January 20, 2024, and on February 5 and 16, 2025. R1 sustained a	A4010		

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A4010	Continued From page 1	A4010		

hematoma requiring evaluation at the hospital on her December 17, 2024 fall. After R1's January 20, 2025 fall, she complained of shoulder pain sustaining a fractured clavicle.

On only two of R1's ten above listed fall incident reports, is there listed an intervention to help prevent further falls.

R1's service plan dated 11-14-24 documents R1 uses a walker for ambulation and requires assistance with most activities of daily living. R1's service plan does not indicate R1 is at risk for falls. There are no fall interventions listed on R1's service plan to help prevent further falls.

R3's progress notes and fall incident reports for the last four months document R3 fell on October 6, 8 and 15, 2024, November 15, 2024, December 2, 2024, January 3, 2025 and February 14, 2025. R3 sustained a bump to the head on the October 8, 20204 fall and sustained a laceration to the head and arm requiring stitches at the hospital during R3's fall on November 15, 2024.

Only one of R3's fall incident reports list an intervention to help prevent further falls.

R3's service plan dated 9-4-24 documents R3 requires assistance with all activities of daily living. R3's service plan does not indicate R3 is at risk for falls. There are no fall interventions listed on R3's service plan to help prevent further falls.

The establishment's undated Fall Prevention policy documents "to ensure that all residents are monitored when falls continue to happen. All falls must be documented, and assessments need to

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A4010	Continued From page 2 be completed. Interventions need to be put into place if falls continue to happen. 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." On 2-16-25 at 11:50 am, E1 (Administrator) verified R1 and R3's service plans were not updated with interventions to help prevent falls.	A4010		