

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>ASL510165</b>            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>08/24/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GALENA STAUSS ASSISTED LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>200 ALTENBURG</b><br><b>GALENA, IL 61036</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| A 000                                                                    | Initial Comment<br><br>Facility Reported Incident of 6/13/25/ IL195419<br><br>295.4010e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A 000                                                                                    |                                                                                                                          |                                                                    |
| A4010                                                                    | Section 295.4010 Service Plan<br><br>This Regulation is not met as evidenced by:<br>General Violation<br><br>Section 295.4010 Service Plan<br>e) The service plan shall be reviewed and<br>revised if necessary immediately after a<br>significant change in the resident's physical,<br>cognitive, or functional condition (see Section<br>295.4000).<br><br>Based on observation, interview, and record<br>review the facility failed to update resident service<br>plans after falls for 3 of 3 residents (R1, R2 & R3)<br>reviewed for falls in the sample of three.<br><br>The findings include:<br><br>1. The Assisted Living and Shared Housing<br>Incident and Accident Report dated 6/25/25 for<br>R1 showed the date of the incident was 6/13/25.<br>The report showed R1 informed staff she fell<br>yesterday (6/13/25) on 6/14/25 in the living room<br>of her apartment but did not push her pendant.<br>R1 got up on her own. R1 complained of right leg<br>pain on 6/14/25 and took Tylenol. The description<br>of the action taken by the establishment because<br>of incident/accident showed, pain and discomfort<br>continued. Family took her to the doctor on<br>6/25/25 and x-ray showed non-displaced right | A4010                                                                                    |                                                                                                                          |                                                                    |

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

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| A4010                                                                    | <p>Continued From page 1</p> <p>fibular head fracture. R1 was not hospitalized. Ice, Tylenol, Ibuprofen as needed. Activity as tolerated.</p> <p>On 8/24/25 at 9:50 AM, E2 Certified Nursing Assistant (CNA) and E3 Caregiver stated R1 just returned from the hospital because she had covid, pneumonia, dehydration, and a urinary tract infection. We took food and drinks to her every day, but she didn't want to eat or drink. R1 returned Friday from the hospital. R1 has had frequent falls; she loses her balance. R1 will fall backwards. E3 stated R1 told us she fell. It was an unwitnessed fall. R1 walked up and told us that she fell. R1 stated she went to turn, lost her balance, and fell. R1 said her leg hurt a little bit that day.</p> <p>On 6/14/25 R1 got up and said her leg hurt a little more and she took Tylenol. R1 did not want us to call the nurse because she was going out to the doctor. R1 refused to go to the doctor and said that she would be okay. R1 doesn't want to push her code alert button when she falls; she is scared to be sent to the nursing home. R1 eventually agreed to see the doctor because her leg wasn't getting any better. The doctor said to elevate, ice, take Tylenol as needed, and use a wheelchair when going to the dining room. R1 could do activity as she could.</p> <p>On 8/24/25 at 10:07AM, R1 was in her room in bed fully dressed. E3 introduced the surveyor. R1 sat up on the side of her bed. She had grip socks on and her wheeled walker in front of her. R1 stood up and used her walker to ambulate into her living room and sat down in a chair. R1 stated she tripped in her living room and fell to the floor. R1 stated she crawled over to the couch and got up. R1 stated she told the girls up front about her</p> | A4010                                                                                    |                                                                                                                          |                                                                    |

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| A4010                                                                    | <p>Continued From page 2</p> <p>fall. R1 stated she did not want the nurse to check her; she is independent. R1 stated she was black and blue from the fall and finally went to see her doctor. She stated she had an x-ray done and there was nothing they could do. R1 stated she didn't want to go to the doctor, but her daughter took her anyway because she still had pain from her fall. R1 stated she can get up on her own but is a little leery of it since the fall. She stated she doesn't want to call for help because they will put her in the nursing home, and she isn't ready to go there and die.</p> <p>On 8/24/25 at 10:18 AM, E1 Director stated R1 fell, and she did not tell any staff about it until the next day. E1 stated there was a delay because R1 didn't tell anyone about the fall right away. R1 seemed to be okay after her fall and did not want to be seen. R1 did not bruise right away; eventually she developed bruises. R1 had more pain. Days later she was still having pain and decided to be seen. Z1 (R1's daughter) was notified of the fall when we knew about it. The family is notified after a fall. It should be documented. E1 stated R1 had an x-ray done and it showed a non-displaced fracture in her leg with orders for ice, Tylenol, and activity as tolerated. E1 stated R1's service plan was not updated after her fall. E1 stated she believes service plans are updated yearly and when a resident needs change. E1 is not aware of R1 having any falls before this.</p> <p>The Assisted Living Service Plan dated 1/9/2025 for R1 did not show that she was at risk for any falls or had any falls. The service plan showed, ambulation/physical ability - ambulates with a front wheeled walker. R1's goal and expected outcome: Resident shall ambulate safely with a walker.</p> | A4010                                                                                    |                                                                                                                          |                                                                    |

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| A4010                                                                    | <p>Continued From page 3</p> <p>The facility's Service Plans policy (no date) showed the purpose of the policy is to evaluate and implement the level of service the resident is in need of receiving as an assisted living resident. The service plan shall be reviewed annually or more often as the resident's physical, cognitive, or functional condition changes significantly. The service plan shall address a) The level of service the resident is receiving, including assistance with activities of daily living, dietary needs, special accommodations.</p> <p>The facility's Coordination/Individualization of Services (no date) showed all services shall be tailored to each individual's specific needs. The service plan shall be the basis for coordination of services.</p> <p>2. On 8/24/25 at 1:30 PM, R2 was up ambulating in the common area to an activity for nails. R2 had a built-in arm rest for her left arm on her wheeled walker. R2's left arm had an elastic bandage around it and appeared swollen. R2 stated she had carpal tunnel surgery to her left arm. R2 stated she recently fell outside because the side of her walker caught on the edge of the sidewalk. R2 stated she recently had the arm rest added to her walker and left the drug store with it in place. No one showed her how to use it. R2 stated she was not aware that she needed to use her left arm to steer the walker. R2 stated the walker is heavier on that side and pulls her over to that side. She stated it makes it harder for her to move her walker and now she must lift it up a little to move it over. R2 stated she did not get hurt when she fell.</p> <p>The Remarks Note dated 8/22/25 at 6:50 AM showed, R2 fell on her bum outside by the</p> | A4010                                                                                    |                                                                                                                          |                                                                    |

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| A4010                                                                    | <p>Continued From page 4</p> <p>second door.</p> <p>The Resident Care Improvement Report dated 8/21/25 at 6:50 PM showed, normal alert resident; incident occurred - outside. No injury apparent. Found on ground outside. Helen lost control of her walker. Attending physician notified - no. Incident discussed with resident or family? yes.</p> <p>A review of the Remarks Note for R2 showed she has had previous falls. On 5/15/25 at 7:30 AM R2 rang she fell to side when sitting down and hit her head off the corner and her left ear was bleeding. Took her to medical associate; they stitched it. R2 can't get it wet for 10 days. Caregiver will help her wash her hair if R2 needs help. On 5/29/25 at 10:30 AM, R2 was walking to church through the nursing home and fell in the shining hallway. The nurse checked her out. R2 said she feels fine, got up and continued to church.</p> <p>The Assisted Living Service Plan dated 11/25/24 for R2 showed ambulation/physical ability ambulates with assists of front wheeled walker. Goals &amp; expected outcomes: resident shall ambulate safely with walker. R2's service plan was not updated after her fall to show she had a fall or was at risk for falls.</p> <p>On 8/24/25 at 1:28 PM, E1 Director stated she knew about R2's fall in August 20205 but the other falls were before she came to the facility. E1 stated for R2's fall in August 2025 she has a contraption on her walker for her arm. R2 went outside around 6:50 PM, was bending down to look at a plant, lost her balance and fell. E1 stated service plans are something they are working on and need to be improved. E1 confirmed R2's service plan was not updated</p> | A4010                                                                                    |                                                                                                                          |                                                                    |

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| A4010                                                                    | <p>Continued From page 5</p> <p>after her falls, there was no risk for falls in the service plan or actual falls.</p> <p>3. On 8/24/25 at 2:15 PM, R3 was in her apartment with her husband. R3 was sitting in a recliner in her room. R3 had a wheeled walker in front of her that has a seat attached to it. There are handle brakes at the top of her walker. R3 stated she was in the bathroom when she fell. R3 stated she did not lock one of the breaks on her walker, it spun around, and she fell. R3 stated she did not get hurt. R3 stated she is prone to falling. She stated she will be sitting in her chair and fall forward. R3 stated it just happens and is part of old age.</p> <p>The Resident Care Improvement Report dated 8/7/2025 for R3 showed at 6:45 AM she was found on the floor in her bathroom. The description of the occurrence showed care aide found R3 in the bathroom on the floor. R3 is okay. R3 forgot to put the break on her walker. R3 fell; got her up. R3 is fine.</p> <p>The Assisted Living Service Plan dated 8/7/25 for R3 showed ambulation/physical ability ambulates with assists of front wheeled walker. Goals &amp; expected outcomes: resident shall continue with safe independent ambulation on a daily basis. R3's service plan was not updated after her fall to show she had a fall or was at risk for falls.</p> <p>On 8/24/25 at 1:54 PM, E1 Director stated R3's service plan was reviewed in August because she wanted to have an additional shower, but it was not updated after her fall. E1 stated no risk for falls or actual fall was documented on the service plan.</p> <p>The facility's Pre-Admission information dated</p> | A4010                                                                                    |                                                                                                                          |                                                                    |

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| A4010                                                                    | <p>Continued From page 6</p> <p>2/11/25 for R3 showed she has had a history of falls at home.<br/>The fall history showed R3 had a few at home due to pain and not using a walker.</p> <p>The Physician Certification dated 2/28/25 for R3 showed services needed were transferring and evacuating in case of emergency. R3 had diagnoses including chronic back pain, gait instability, osteoarthritis, hypertension, congestive heart failure, and chronic kidney disease. physical abilities: R3 has trouble getting in and out of chairs due to chronic back pain; arms are starting to hurt as well.</p> | A4010                                                                         |                                                                                                                          |                          |                                                                    |