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	ASL510138	A. BUILDING: _____ B. WING _____	C 08/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING OF ROCKFORD	7130 CRIMSON RIDGE DR ROCKFORD, IL 61107

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A 000	Initial Comment Complaint Investigation IL196402 - No Findings Complaint Investigation IL196410 - 295.4010a)d)e) cited.	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: General Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the 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). This REQUIREMENT was NOT MET as evidenced by: Based on interview and record review the establishment failed to implement a service plan to prevent a resident with a history of frequent	A4010		

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A4010	Continued From page 1 falls from falling for 2 of 3 residents (R2, R3) reviewed for falls in the sample of 5. The findings include: 1. R2's face sheet showed she moved into the establishment on 3/31/23 with diagnoses to include Atherosclerotic heart disease, Essential hypertension, Hypothyroidism, Paroxysmal atrial fibrillation, Fracture of unspecified part of neck of right femur, Chronic diastolic (congestive) heart failure, Degenerative joint disease, Anxiety disorder, Long term (current) use of anticoagulants, Cellulitis of right lower limb, Bilateral age-related nonexudative macular degeneration, Open-angle glaucoma of left eye, and Open-angle glaucoma of right eye. R2's 5/8/25 Incident Report showed, "[R2] stated she slipped when reaching for something in her kitchen area. She states she is not hurt ..." R2's 5/26/25 Incident Report showed, "[R2] was getting clothes out of her closet to get dressed for the day. She stated she slid to the floor ... she did not have her walker when she was in the closet ..." R2's 6/7/25 Incident Report showed, "[Activity Staff] looked out window and saw resident's walker fold and resident fell to the ground ... She found aides and when this RN (Registered Nurse) got to the resident she was lying on her back in the grass ... Resident was assisted to sitting position and slowly assisted to stand. She was put in wheelchair and taken to room. When in room resident reported that she had a headache and was dizzy .... POA (Power of Attorney) came up and took resident to hospital ..."	A4010		

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A4010	Continued From page 2 R2's 6/24/25 Incident Report showed, "Was reported to this nurse that resident had fell early this morning about 0530. [R2] stated that her slipper got caught on the carpet. She was very upset this morning. Did not want the night staff to check her vitals. This nurse checked them at 5:45 this morning ..." R2's 6/28/25 Incident Note showed, "Staff sent [R1] out per her request. She states she was having a lot of pain to her knee and to her back. She did have a fall on 06-24-25. No c/o pain at the time of her fall ..." R2's 6/28/25 Incident Report showed, "Resident slid out of recliner and landed on her bottom ... Resident was assisted to standing position and placed back in recliner." R2's 7/6/25 Incident Report showed, "This RN was called to residents' room by RA. Resident had slipped out of recliner and was sitting on the floor. Resident was not injured. This RN and RA assisted resident back to recliner ..." R2's 7/16/25 Incident Report showed, "The resident was found lying on her left side... The resident is not able to state why she is on the floor ..." R2's 7/16/25 Incident Report showed, "The resident was found on the floor lying on her back. The resident slipped out of her chair attempting to pick up a can ... The NP (nurse practitioner) on file has made a referral for the resident to be placed under hospice. The POA for the resident requested the resident to be monitored ..." R2's 7/18/25 Incident Report showed, "At 8:00 PM writer went into resident room found resident on the floor on side lying position with a grabber	A4010		

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A4010	Continued From page 3	A4010		

stick in one hand and a pair of pointed scissors near her on the floor ... Writer assessed situation asked resident was she okay? Resident stated I am not hurt I was trying and pointing to tv area in living room get that man standing there. Writer assured resident no one was there but me and 2 staff attending. Resident said I am hallucinating the whole thing? Writer stated yes there is no one here ..."

R2's 7/27/25 Incident Report showed, "Was put in bathroom in the wheelchair to brush her teeth. [R2] went to stand up and she fell toward her right on to the floor ..."

R2's 8/1/25 Incident Report showed, "Was called to [R2's] room and staff stated she was on the mat face down. Day shift staff checked her first this morning. When this nurse came into the room she was on her side. Myself and staff assisted her back to bed. She was moaning and not opening her eyes. Her face was puffy around her eyes and upper lip swollen ... Called [hospice company] to ask them to come out to assess her. [R2] is lethargic and unable to take her medications at this time ... [Hospice staff] came out and thinks all the redness and swelling from being face down on the mat. Not an allergic reaction to new medication ..."

R2's 8/14/25 Incident Report showed, "Was called to resident's room that she fell. Staff had already gotten her up. She fell in the bathroom taking herself to the bathroom. W/C was in her living area ..."

R2's Service Plan showed it had been last updated with R2's 5/5/25 fall incident. R2 had 14 falls since the last update of her Service Plan.

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A4010	Continued From page 4 R2's Medical Record showed no fall investigations completed by the nursing supervisor. 2. R3's face sheet showed she moved into the establishment on 6/30/23 with diagnoses to include Arthritis, Atrial fibrillation, Congestive heart failure, Chronic back pain, Depression, Gout, Hyperlipidemia, Hypertension, Sleep apnea, Type II diabetes mellitus, and Vertigo. On 8/30/25 at 1:30 PM, R3 was in her room sitting in her recliner. There were boxes of items on the floor sporadically around the room. The room was cluttered with belongings. R3's wheelchair was folded and behind her to her right hand side. R3's 7/8/25 Incident Report showed, "12:32 PM: Called down to [R3's] room due to falling out of the recliner. She was in sitting position when this nurse arrived ..." R3's 7/8/25 Incident Report showed, "4:40 PM: Staff called writer for assistance that resident had unwitnessed fall in room. Resident was assessed by writer head to toe ... c/o left ear hurting a little and left leg thigh area possibly hip but did bear weight on both legs to a standing position with assist and gait belt. Resident alleged earlier fall on days as well ... resident is already on a fall follow up verifying she did have a fall earlier on day shift." R3's 7/17/25 Incident Report showed, "Approximately 4:50 PM staff alerted writer resident fell in room. Resident tripped over spouse walker and other clutter in her room boxes piled up and scraped her left arm on the	A4010		

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A4010	Continued From page 5 boxes ..." R3's 8/21/25 Incident Report showed, "This nurse was called to go outside ... [R3] was outside watering some plants and her feet got tangled in the plants. She fell on her left side and has a large skin tear to her upper arm. [V1 Executive Director] and myself got her up off the ground. Cleanse the skin tear tried to bring skin together best I could and applied triple antibiotic ointment and [dressing] ..." R3's Service Plan showed it was last updated 11/16/24. R3's current Service Plan showed, "[R3] is High Fall Risk - Resident has experienced two or more falls in 90 days ... Requires direct interventions that are customized to the identified risk factors ... Resident uses wheelchair independently ... [R3] will typically use her wheelchair outside of her room. At times, when she is not feeling well, she will use it in her apartment as well ... [R3] uses her walker within her room provided she feels good. She is fully capable of knowing if she is having a weak period ..." R3's Service Plan was not updated with new interventions after her 4 falls from 7/8/25 through 8/21/25. R3's Medical Record showed no fall investigations completed by the nursing supervisor. On 8/30/25 at 1:30 PM, R3 said, "The last time I fell, I was out watering their plants, got out of the wheelchair, and tripped up in the vines. Usually, I take the wheelchair to the bathroom and that helps. Sometimes I fall because I'm just downright dizzy. I need to see a doctor for my eyes, maybe an optometrist. I'm having double vision and fluffy white clouds coming at me. I	A4010		

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A4010	Continued From page 6	A4010		

have glasses and I've been trying to wear them more often, but they are too big, too old and are more of a pain to try and wear. They do help somewhat with the double vision, but they don't help with the clouds. The staff will usually talk to me when I'm on the floor and ask me why I fell, but no one has come back and talked about what happened with a pen and paper like you are doing. I don't know if they know about the double vision. That started around 6 weeks ago or so."

On 8/30/25 at 2:39 PM, E5 (Caregiver) said she knows who is a high fall risk because when she first started she asked which residents she has to keep an eye one. E5 said she doesn't know if there is a place she can look to see what kind of fall prevention measures are in place for residents. E5 said, "I guess I ask someone."

On 8/30/25 at 1:26PM, E2 (Health and Wellness Director) said, "Being that these are the individuals' homes, we don't really use fall mats or anything like them unless someone is on hospice. We have activities and interact with the resident more if they are high risk. If a resident experiences a fall, they are automatically put on a 72-hour watch and the computer system triggers that automatically." On 8/30/25 at 2:50 PM, E2 said, "Fall investigations are done by the floor nurse at the time of the fall. They ask the resident, "why did you fall" and they put it in the note. I don't know whose role it is to update the service plan. I was not aware [R3] has been having issues with her sight."

The facility's policy and procedure with revision date of 10/2021 showed, "Fall Prevention ... Policy: Each associate will assist with creating a culture of safety. Potential fall hazards need to be identified, reported, and managed. Procedure: ...

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A4010	Continued From page 7 5. A Post Fall Investigation form should be completed form should be completed in [electronic health record] by the supervisor within 24 hours of the event and attached to the related Incident Report. 6. Appropriate interventions identified will be documented in the Resident Individual Service Plan ... Potential Strategies to Prevent Falls: 1. Fall Risk Assessment/Interventions Tool; 2. Assessment-fall history, balance, gait, medical history, assistive devices, pain; 3. Providing schedules and routines: toileting schedules, shower schedules; 4. Anticipate needs - thirst, hunger, pain, toileting; 5. Equipment - hearing aide, glasses in place; 6. Medications - medication review, new medications, assess for adverse side effect; 7. Observation for changes in condition - medical/mental changes ... 9. Therapy Service Evaluation and Treatment ..."	A4010		