Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED C IL6002711 B. WING 07/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE **UNIVERSITY NSG & REHAB CENTER EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint 2144943/IL135952 F689 G cited S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b)5) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care Attachment A plan. Adequate and properly supervised nursing Statement of Licensure Violations

nois Department of Public Health
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

| Illinois | Department of Public | Health | | | FORM | D: 09/07/2021 APPROVED |
|--------------------------|--|---|-----------------------------|---|-----------|---------------------------|
| | ENT OF DEFICIENCIES AN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | (X3) DAT | E SURVEY IPLETED |
| | ····· | IL6002711 | B. WING | | | C 16/2021 |
| NAME 0 | F PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, S | STATE, ZIP CODE | 1 077 | 10/2021 |
| UNIVE | RSITY NSG & REHAB C | ENTER 1095 UNI | VERSITY DRI SVILLE, IL 6 | IVE | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY) | SHOULD BE | (X5) COMPLETE DATE |
| S9999 | Continued From page | ge 1 | S9999 | | | |
| | care and personal or resident to meet the care needs of the re | are shall be provided to each total nursing and personal sident. Restorative | 33330 | | | |
| | encourage residents transfer activities as | ersonnel shall assist and swith ambulation and safe often as necessary in an etain or maintain their highest unctioning. | | | | 8 |
| | nursing care shall in | subsection (a), general clude, at a minimum, the e practiced on a 24-hour, asis: | | * | | |
| 5 | to assure that the res as free of accident han nursing personnel sh | precautions shall be taken sidents' environment remains azards as possible. All all evaluate residents to see ceives adequate supervision event accidents. | | | | |
| | Section 300.3240 Ab | use and Neglect | | 5 | | 00 8 |
| | a) An owner, licenses agent of a facility sha resident. (Section 2-1 | e, administrator, employee or ll not abuse or neglect a 07 of the Act) | | | | |
| | These Regulations we by: | ere not met as evidenced | | | | |
| | techniques and ensur in good repair during i 4 of 4 residents (R1, F for transfers. This fail | i, interview and record ed to ensure safe transfer e mechanical lift slings are mechanical lift transfers for R2, R3, and R4) reviewed ure resulted in R2 falling and sustaining fractures to | | | | |

inois Department of Public Health

TATE FORM

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6002711 B. WING 07/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1095 UNIVERSITY DRIVE UNIVERSITY NSG & REHAB CENTER EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 her left hip and left humerus. Findings include: 1. R2's Face Sheet documents she was admitted to the facility on 4/20/20 with the diagnoses of Chronic Obstructive Pulmonary Disease, Chronic Pain, Atrial Fibrillation, Congestive Heart Failure. Sleep Apnea, Morbid Obesity, Hypertension, and Venous Stasis Dermatitis. R2's Minimum Data Set (MDS) dated 5/31/21 documents she is alert and oriented and is dependent on staff for transfers. R2's Care Plan dated 4/20/20 documents, "I need 2 assist with transfers with mechanical lift." R2's Event Report dated 7/3/21 at 9:00 PM documents," Resident being transferred via (full body mechanical lift) from shower chair to bed after her shower, strap on (full body mechanical) lift broke mid-air and resident fell to floor feet first. First complained of feet, leg, and back pain. Within 5 minutes changed to severe left leg/hip pain. Called 911 to transfer to (local hospital), (local ambulance) would have taken 1 1/2 hours for transfer. EMTs (Emergency Medical Technicians) arrived at facility at 9:20 PM transferred resident to gurney and departed facility at 9:25 PM for (local hospital). Attached note documents, "POA notified 2:02AM 7/4 per progress note. ' R2's Progress Note dated 7/3/21 at 9:08 PM. documents "Resident fell-complained of severe pain foot, back, neck and left leg-called (Local Contracted Ambulance) -1 1/2 hour wait-called 911 to transport."

linois Department of Public Health
TATE FORM

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6002711 B. WING 07/16/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE **UNIVERSITY NSG & REHAB CENTER EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 3 S9999 R2's Progress Note dated 7/4/21 at 2:02 AM. documents "Nursing staff called to follow up on resident. Per (Emergency Room Registered Nurse), resident will be transferred to (trauma hospital) due to L (left) hip and L shoulder fractures. POA (Power of Attorney) aware." R2's Progress Note dated 7/4/21 at 4:45 PM documents " awakened with a call from work. Resident's daughter upset that she had not been informed of resident being sent to hospital. Apologized to POA-documentation indicates POA was notified at 2AM after receiving info from hospital on resident's condition. Advised POA that sling failed, and resident slid out of sling during transfer from shower chair to bed. CNAs (Certified Nursing Assistants) unable to prevent fall, but protected head from striking floor." R2's Progress Note dated 7/6/21 at 2:32 PM documents:" IDT (Interdisciplinary Team): Fall-Resident had just been given a shower by CNA staff. CNA took resident back to her room in the shower chair. Two CNAs were transferring resident back to bed. CNAs began to raise resident out of shower chair when (full body mechanical lift) sling straps near resident's feet snapped. Resident slid to the floor feet first before staff could get her into the bed. Laying on floor facing ceiling. Staff caught her head before it could hit the floor. Nurse was immediately called to the room. Resident assessed on floor. Resident complained of feet, neck, and leg pain. VSS (vital signs stable). 911 was called for transfer to (local hospital). MD (Medical Doctor) and POA notified. Will assess for immediate intervention upon return to facility. R2's Progress note dated 7/7/21 at 10:13 AM documents, "POA notified at 2:02 AM 7/4 per

| Illino | is Department of Public | Health | | | FORM | MAPPROVED |
|---------------------|---|---|---------------------|--|----------|--------------------------|
| STATE | MENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIP | LE CONSTRUCTION | (X3) DAT | 'E SURVEY |
| | | DEITH IOATION NUMBER: | A. BUILDING | : | | PLETED |
| | | IL6002711 | B. WING | | | С |
| NAME | OF PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | 07 | /16/2021 |
| | ERSITY NSG & REHAB | 4000 4000 | IVERSITY DE | | | |
| | | EDWARD | SVILLE, IL | | | |
| (X4) PREF TAG | IX (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD RE | (X5) COMPLETE DATE |
| S99 | 99 Continued From pa | ige 4 | S9999 | 8- | - | |
| | progress note." | | | | | |
| | when R2 fell on 7/3 Administrator's, offi The strap from the was missing, the strap had the secon longer have a loop, bottom left strap, to all had tears in the r writing on the label stated the date the stated the date the stated the first time to That dated indicated years and 5 months On 7/15/21 at 9:17 accident with R2, the process in place for with full body mechat Housekeeping/Laun during interview with aide who was good a but V4 did not know laundry aide is not w should also be check use them. V1 stated other falls from the m aware of. On 7/15/21 at 10:20 manual for the Manu stated it was the man at the time of R2's fa have a manual for th their lifts. | ce and was observed with V1. bottom right side of the sling rap on the left bottom of the d loop torn, causing it to no and the material around the p right strap and top left strap material. V1 looked at faded of the impaired sling and sling was put into use in the She stated all the slings are they are put out to be used. If the sling was in use for 2 before the fall occurred. AM, V1 stated before the e facility did not have a inspecting the slings used | | | | |

| | Department of Public | | | | 1 011 | MACINOVE | ט |
|--|--|---|------------------------|--|-------------|--------------------------|----------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIF A. BUILDING | PLE CONSTRUCTION G: | (X3) DATE SURVEY COMPLETED | | | |
| | | IL6002711 | B. WING_ | | | С | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AF | DDESS CITY | STATE, ZIP CODE | <u> 07</u> | /16/2021 | |
| . I IAIIVED | CITY NOO 9 DELIAD O | 444 | VERSITY D | | | | - 1 |
| OIVIVER | SITY NSG & REHAB C | | SVILLE, IL | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY) | D RE | (X5) COMPLETE DATE | |
| S9999 | Continued From page | ge 5 | S9999 | | | | \dashv |
| | mechanical lift used warranty time of the use with their mechastated that does not used longer by a factor manufacturer warrants should be checked rof wear and tear and every use with a resimanual for their sling is 13 months, but she expected life of the second warrants. | the manufacturer of the during R2's fall, stated the slings they recommend for anical lifts is one year. She mean they can't or won't be sility, that is just the nty. She stated the slings regularly for damage or signs is should be checked before ident. V12 stated, per the gs, the expected life of a sling e cannot say what the slings the facility bought from er would be, but she would | | | | | |
| | an email from the ma when R2 fell from the which documented, " stating that our slings of R2's fall. What we attach to cradles that The email was sent b | AM, V1, presented a copy of anufacturer of the sling used a mechanical lift on 7/3/21 We do not have a claim s work with (Lift) used at time can say is that our slings require a loop connection." by the account service manufacturer of the slings | | | | | |
| | not have a manual for lift slings and present received via email fro slings which documer year warranty." V1 sta | M, V1 stated the facility does retheir full body mechanical ed a communication she method the manufacturer of their nts, " Our slings carry a one ated they did not give her bout how long slings could | | | | | |
| [-1 | for the full body mech | r and Maintenance Manual anical lift that V1 stated was | | | | | |

| Illinois E | Department of Public | Health | | | FORM | MAPPROVED |
|---------------|---|--|----------------|--|-------|-----------------------|
| | NT OF DEFICIENCIES N OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | | E SURVEY MPLETED |
| <u> </u> | | IL6002711 | B. WING | | 0.7 | C |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | /16/2021 |
| UNIVER | SITY NSG & REHAB C | ENTER 1095 UNIV | VERSITY DR | IVE | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | SVILLE, IL 6 | | | |
| PREFIX TAG | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULDE | (X5) COMPLETE DATE |
| S9999 | Continued From page | ge 6 | S9999 | | | |
| | laundering (in according), inspect sling; stitching. Be sure to each time the sling; ensure it is properly removed from a state commode). Lifting the elevated a few inches or before moving the make sure that the sthe hooks of the swin are not properly in plonto the stationary sproblem-otherwise, if (Company Name) slift use with (Company Name) slift use with (Company Name) safety of the patient, patient lifts of different will be voided." | dusing the sling: After each dance with instructions on the for wear, tears, and loose check the sling attachments is removed and replaced, to attached before the patient is ionary object (bed, chair or the Patient: When the sling is es off the surface of the bed es patient, check again to be patient, check again to be patient, and of attachments ace, lower the patient back surface and correct this injury or damage may occur. Ings are made specifically for same) Patient Lifts. For the DO Not intermix slings and int manufacturers. Warranty | | | | |
| | Patient Slings, for the body mechanical lift to when she fell on 7/3/2 Life: The expected semonths for this produused in accordance vout in this document arequirements and lau followed. While the execeded if the productoperly maintained, it excessive or incorrect 2. R1's Face Sheet do the facility on 4/13/Calculus of Kidney, H | or and Maintenance Manual, a manufacturer of the full used during R2's transfer 21, documents, "Service ervice life is thirteen (13) act, provided the product is with the intended use as set and all maintenance service ndering instructions are expected service life may be act is carefully used and at can also be reduced by the use." Documents she was admitted 17 with the diagnoses of ypertension, Contracture of Pain, Muscle Weakness and | | | | |

| Illinois | Department of Public | Health | | | , | FORM |): 09/07/20 IAPPROV |)21 Έ(|
|--------------------|---------------------------------------|--|-------------|--|--------------------|-------|------------------------|-----------|
| STATEME AND PLA | NT OF DEFICIENCIES N OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULT | TIPLE CONSTRUCTION | | | | _ |
| | . O. OOTH LOTTON | IDENTIFICATION NUMBER: | | NG: | | | E SURVEY PLETED | |
| | | | | | - 1 | | | |
| | | IL6002711 | B. WING | | | | C 18/2004 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CIT | Y, STATE, ZIP CODE | | 077 | 16/2021 | _ |
| UNIVER | SITY NSG & REHAB (| | VERSITY I | | | | | |
| | | EDWARD | SVILLE, II | | | | | |
| (X4) ID PREFIX | SUMMARY STA | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF | CORRECTION | J. | 1 | _ |
| TAG | REGULATORY OR L | SC IDENTIFYING INFORMATION) | PREFIX | (EACH CORRECTIVE AC CROSS-REFERENCED TO | TION SHOULD | DF: | (X5) COMPLET | E |
| | | | | DEFICIEN | THE APPROPE CY) | KIATE | DATE | |
| S9999 | Continued From page | ge 7 | S9999 | 16 <u>-72-9-36- 2000</u> | | | 1000 | |
| | | | | 1 | | | | |
| | R1's MDS documer | its she is alert and oriented | | | | | | |
| | and dependent on s | taff for transfers. | | | | | | |
| 3 | R1's Care Plan date | d 3/26/20 documents, "I need | | | | | | |
| | two assist with trans | ters." It does not document | | | | | e a. | |
| 1 | R1 is transferred us | ing a full body mechanical lift. | | | | | | |
| 1 | | | | | | | | - 1 |
| | transferred R1 from | AM, V8, CNA and V9, CNA her wheelchair (w/c) to her | | | | 9 | | |
| 1 | bed after she finishe | d eating her breakfast R1 | | | | 7 | | |
| | aiready had the slind | Under her in the w/c and | | | | 4 | | - [|
| | sling V8 and V9 put | ent pad between her and the the loops on the sling over | | 12 | | | | |
| | the nooks on the me | Chanical lift and checked that I | | | | 1 | | J |
| | they both put same of | Olor loops in hooks. Valueed i | | | | - 3 | | - |
| | the electronic control | S to raise R1 out of her w/c | | | | | | 1 |
| | suspended about 3 to | 00t in the air, and swung her | | | | 33 | | 1 |
| | straps and sling were | out first double checking the intact and applied correctly | | | | | | 1 |
| - 1 | to the lift, before proc | eeding to transfer R1 to her | | | | | | 1 |
| | dea. Vy guided R1 in | the sling as she was | | | | - 1 | | 1 |
| 1 | positioned over and l | owered to the bed. | | | | | | Í |
| | On 7/15/21 at 9:10 Al | M, V9 stated she is not sure | | | | | | |
| 1 | who is responsible to | Checking the slings to | | | | | | |
| 1.1 | make sure they are o | k. She stated she thinks it | | | | 4 | | ı |
| 5 | would be laundry or n | ursing management. V9 the CNAs responsibility to | | 6 | | | | 1 |
| 0 | check the slings. | the CNAs responsibility to | | 20 | | | | ı |
| | | | | | | 3 | | L |
| 3 | B. R3's Face Sheet do | ocuments her diagnoses as | | 27 | | | | ı |
| 1 | temiolegia and Hemi | ysarthria and Anarthria, and paresis Affecting Right | | | 22 | 1 | | |
| | ominant Side. | har asis Wilecting Kight | | | | | | Į |
| | | | | | | | | |
| I P | 3's MDS dated 5/26/ | 21 documents she is alert | | | | | | |
| a | riu oriented and depe | endent of staff for transfers. | | | | | | |
| R | 3's Care Plan dated | 3/6/21 documents, "I need | | | | | 1 | |

| Illinois | Department of Public | Health | | | FOF | RM APPROVE | 2 30 |
|---------------|--------------------------------------|---|--------------|--|---------|------------|---------|
| STATEM | ENT OF DEFICIENCIES IN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTI | PLE CONSTRUCTION | Town - | | |
| / | IN OF CORRECTION | IDENTIFICATION NUMBER: | | IG: | (X3) DA | TE SURVEY | |
| | |] | 1 | | | | |
| | <u> </u> | IL6002711 | B. WING | · · · · · · · · · · · · · · · · · · · | | С | |
| NAMEOR | PROVIDER OR SUPPLIER | STREET AF | DDEEC OIT | | 0 | 7/16/2021 | _ |
| | • | | VERSITY D | , STATE, ZIP CODE | | | |
| UNIVER | RSITY NSG & REHAB (| | SVILLE, IL | | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | | | | | |
| PREFIX TAG | I (EACH DEFICIENCY | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU | I IN OF | (X5) | |
| | | OS IDENTIL TING INFORMATION) | TAG | URUSS-REFERENCED TO THE APPRO | PRIATE | COMPLETE | - |
| S9999 | Continued From pa | an 9 | | DEFICIENCY) | | | |
| 00000 | | - | S9999 | | | | |
| | 2 assist with transfe | ers." | | | | | |
| | On 7/15/21 of 11:25 | AM DO | | | | | |
| | her bed to her w/c h | AM, R3 was transferred from y V9, CNA and V13, CNA. | | | | | |
| | The sling was alread | dy under R3 when transfer | | | | | |
| | was observed, V9 a | nd V13 attached strans of the | | | | | |
| | I sling to the hooks or | n the full body mechanical lift | | | | | |
| | and then V9 used el | ectronic controls to raise R3 | | | | | |
| | bed with her susper | swung R3 around from her nded about 3 1/2 feet in the | | | | | |
| | air, to her w/c and lo | owered her down into the | | | | | 3 |
| | chair. V9 and V13 di | d not double check the strape | | | | | 8 |
| | and sling for proper i | placement after raising R3 off | | | | | |
| | the bed with the med | chanical lift. | | | | | |
| | 4 R4's Face Sheet o | documents she was admitted | | | | | 1 |
| - | to the facility on 5/3/2 | 21 with the diagnoses of | | Ž. | | | 1 |
| | Urinary Tract Infection | n, Other Disorders of Rone | | | | | 1 |
| | Density and Structure | e, Multiple Sites, Chronic | . 1 | | | | 1 |
| | Kidney Disease and | Type 2 Diabetes Mellitus. | | | | | Ì |
| | R4's MDS dated 6/11 | /21 documents she is alert | | | | | 1 |
| A755 | and oriented and den | pendent on staff for transfers. | | | | 1.000 | 1 |
| | | | | | | | 1 |
| | R4's Care Plan docur | ments, "I need assist of 2 | 1 | | | | f |
| | with transfers." | | | | | 2 | ١ |
| 50 10 | On 7/15/21 at 1:05 D | M, V13, CNA, V14, CNA, | | | | 15 | ľ |
| S/ [] | and V15, CNA transfe | erred R4 from her w/c to her | | | | | 1 |
| 1 | bed using the mechan | nical lift. V13 and V15 | | | | | l |
| | attached the straps of | f the sling (which was | 1 | | | | ı |
| | aiready under R4 at b | eginning of observation) to | | | | S 8 | l |
| | the nooks on the mec | hanical lift. V14 used the | 1 | | | - 1 | |
| =_ 1 | Was suspended about | aise R4 out of chair until she | | | | | |
| | swung her around. un | til she was positioned over | | | 1 | To 1 | |
| 1 | the center of her bed ; | and lowered her onto her | | | | | |
| 1 | bed. V15 helped guide | R4 to the center of her | | | | 1 | |
| 1 | bed using handles on | the sling. They did not | | | | 1 | |
| | pause illung R4 while | she was still over her w/c to | | | | 1 | |

inois Department of Public Health

TATE FORM

| SAND PLAN OF CORRECTION (X1) PROVIDERS INFERCATION NUMBER (X2) MULTIFLE CONSTRUCTION (X3) DATE SURVEY COMPLETED | Illin | ois Department of Public | Health | | | FORM | D: 09/07/2021 MAPPROVED |
|--|------------|--|---|---------------|----------------------------|-------------|----------------------------|
| ILEGORY 11 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE UNIVERSITY NSG & REHAB CENTER 105 SUNIVERSITY DRIVE EDWARDSVILLE, IL 62025 SUMMARY STATULENT OF SECRETARY STATE PROVIDERS PLAN OF CORRECTION TAG SUMMARY STATULENT OF SECRETARY STATE PROVIDERS PLAN OF CORRECTION TAG SUMMARY STATULENT OF SECRETARY STATE PROVIDERS SUMMARY STATE PROVIDERS PLAN OF CORRECTION SHOULD BE CACHO STREET STATE STATE PROVIDERS PLAN OF CORRECTION SHOULD BE CACHO STREET STATE STATE PROVIDERS PLAN OF CORRECTION SHOULD BE CACHO STATE | STA AND | TEMENT OF DEFICIENCIES PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 | | | |
| SP999 Continued From page 9 double check the straps were appropriately attached to the mechanical lift, she did keep her eye on all four straps. On 7/15/21 at 11:50 AM, during a second phone interview, V12, Mechanical Lift Customer Services Representative stated they have not been tested for safety when using her companing from a different manufacturer are not able to be used on the mechanical lift, but stated they have not been tested for safety when using her companing filt gold procured in the purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions. Seps in the purpose of the simg attachment, 3. Lift changes in the purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions. Steps in the purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions. Steps in the procedure: 12 device the resident two inches from the surface to check the stability of the stilling attachment. 13 Lift the resident two inches from the surface to check the stability of the attachments, the fit of the sling and the weight distribution." (A) | | | IL6002711 | | | | С |
| Indiversity NSG & REHAB CENTER 1095 UNIVERSITY DRIVE 10 10 | NAM | E OF PROVIDER OR SUPPLIER | STREET AF | INDESS CITY (| STATE ZIDOODS | 07/ | 16/2021 |
| EDWARDSVILLE, IL. 62025 CACH DEPCIDENCY MUST SEPRECEDED BY FULL TAGE CEACH DEPCIDENCY MUST SEPRECEDED BY FULL TAGE CEACH DEPCIDENCY MUST SEPRECEDED BY FULL TAGE CEACH DEPCIDENCY MUST SEPRECEDED BY FULL TAGE CACH DEPCIDENCY MUST SEPRECED BY FULL TAGE CACH DEP | UNI | VERSITY NSG & REHAB (| | | | | |
| Seyed Continued From page 9 double check the straps were appropriately attached to the mechanical lift, before proceeding to transfer her to her bed. On 7/15/21 at 11:5 PM, V15 stated she was recently educated on transferring with a full body mechanical lift and instructed to watch closely all four corners of the lift. She stated even though she did not physically check the straps on the sling after R3 was first lifted, she did keep her eye on all four straps. On 7/15/21 at 11:50 AM, during a second phone interview, V12, Mechanical Lift Customer Service Representative stated she cannot say the slings the facility are using from a different manufacturer are not able to be used on the mechanical lift, but stated they have not been tested for safety when using her company's full body mechanical lifts. The facility's policy, "Lifting Machine, Using a Mechanical" revised July 2017, documents, "The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device, it is not a substitute for manufacturer's instructions. Steps in the procedure: 12. Attach sling straps to sling bar, according to manufacturer's instructions, c. Before resident is lifted, double check the security of the sling attachment, 13. Lift the resident two inches from the surface to check the stability of the attachments, the fit of the sling and the weight distribution." | | | EDWARD | | | | |
| double check the straps were appropriately attached to the mechanical lift, before proceeding to transfer her to her bed. On 7/15/21 at 1:15 PM, V15 stated she was recently educated on transferring with a full body mechanical lift and instructed to watch closely all four corners of the lift. She stated even though she did not physically check the straps on the sling after R3 was first lifted, she did keep her eye on all four straps. On 7/15/21 at 11:50 AM, during a second phone interview, V12, Mechanical Lift Customer Service Representative stated she cannot say the slings the facility are using from a different manufacturer are not able to be used on the mechanical lift, but stated they have not been tested for safety when using her company's full body mechanical lifts. The facility's policy, "Lifting Machine, Using a Mechanical" revised July 2017, documents, "The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device, it is not a substitute for manufacturer's training or instructions. Steps in the procedure: 12. Attach sling straps to sling bar, according to manufacturer's instructions. C. Before resident is lifted, double check the security of the sling attachment. 13. Lift the resident two inches from the surface to check the stability of the attachments, the fit of the sling and the weight distribution." | PRE | G REGULATORY OR L | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX | CROSS-REFERENCED TO THE AF | HOLLI ID BE | COMPLETE |
| attached to the mechanical lift, before proceeding to transfer her to her bed. On 7/15/21 at 1:15 PM, V15 stated she was recently educated on transferring with a full body mechanical lift and instructed to watch closely all four corners of the lift. She stated even though she did not physically check the straps on the sling after R3 was first lifted, she did keep her eye on all four straps. On 7/15/21 at 11:50 AM, during a second phone interview, V12, Mechanical Lift Customer Service Representative stated she cannot say the slings the facility are using from a different manufacturer are not able to be used on the mechanical lift, but stated they have not been tested for safety when using her company's full body mechanical lifts. The facility's policy, "Lifting Machine, Using a Mechanical" revised July 2017, documents, "The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device, it is not a substitute for manufacturer's training or instructions. Steps in the procedure: 12. Attach sling straps to sling bar, according to manufacturer's instructions. c. Before resident is lifted, double check the security of the sling attachment. 13. Lift the resident two inches from the surface to check the stability of the attachments, the fit of the sling and the weight distribution." | SS | 999 Continued From pa | ge 9 | S9999 | | | |
| recently educated on transferring with a full body mechanical lift and instructed to watch closely all four corners of the lift. She stated even though she did not physically check the straps on the sling after R3 was first lifted, she did keep her eye on all four straps. On 7/15/21 at 11:50 AM, during a second phone interview, V12, Mechanical Lift Customer Service Representative stated she cannot say the slings the facility are using from a different manufacturer are not able to be used on the mechanical lift, but stated they have not been tested for safety when using her company's full body mechanical lifts. The facility's policy, "Lifting Machine, Using a Mechanical" revised July 2017, documents, "The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions. Steps in the procedure: 12. Attach sling straps to sling bar, according to manufacturer's instructions. c. Before resident is lifted, double check the security of the sling attachment. 13. Lift the resident two inches from the surface to check the stability of the attachments, the fit of the sling and the weight distribution." | | attached to the med | hanical lift, before proceeding | | | | |
| Representative stated she cannot say the slings the facility are using from a different manufacturer are not able to be used on the mechanical lift, but stated they have not been tested for safety when using her company's full body mechanical lifts. The facility's policy, "Lifting Machine, Using a Mechanical" revised July 2017, documents, "The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions. Steps in the procedure: 12. Attach sling straps to sling bar, according to manufacturer's instructions. c. Before resident is lifted, double check the security of the sling attachment. 13. Lift the resident two inches from the surface to check the stability of the attachments, the fit of the sling and the weight distribution." | 2 | recently educated of mechanical lift and if four corners of the lift she did not physical sling after R3 was file | n transferring with a full body nstructed to watch closely all ft. She stated even though by check the straps on the | | | | |
| Mechanical" revised July 2017, documents, "The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions. Steps in the procedure: 12. Attach sling straps to sling bar, according to manufacturer's instructions. c. Before resident is lifted, double check the security of the sling attachment. 13. Lift the resident two inches from the surface to check the stability of the attachments, the fit of the sling and the weight distribution. " (A) | £3 | Representative state the facility are using are not able to be us stated they have not | nanical Lift Customer Service ed she cannot say the slings from a different manufacturer ed on the mechanical lift, but been tested for safety when | | | | |
| is Department of Public Health | *** | purpose of this proce general principles of mechanical lifting dev manufacturer's training the procedure: 12. At according to manufact Before resident is lifted of the sling attachment inches from the surfact the attachments, the indistribution. | July 2017, documents, "The edure is to establish the safe lifting using a vice. It is not a substitute for any or instructions. Steps in tach sling straps to sling bar, cturer's instructions. c. ed, double check the security at. 13. Lift the resident two ce to check the stability of | | | | |
| | is Den | artment of Public Health | | | | | Ξ |