STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012017	A. BUILDING: _____ B. WING _____	C 10/14/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CROSSING OF EAST PEORIA	900 CENTENNIAL DRIVE EAST PEORIA, IL 61611

(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
S 000	Initial Comments Facility Reported Incident of October 8, 2021/IL00139123	S 000		
S9999	Final Observations Facility Reported Incident of October 8, 2021/IL00139123 STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies a)The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b)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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 care needs of the resident. Section 300.1210 General Requirements for Nursing and Personal Care: d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6)All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These Regulations were not met as evidenced by: Based on observation, interview and record review, the facility failed to follow a resident's plan of care for a mechanical transfer; and failed to ensure the staff followed safety precautions and implemented supervision for the prevention of wheelchair tipping backward after mechanical lift transfer to prevent a fall for one (R1) of three residents reviewed for falls. These failures resulted in R1 being hospitalized with left sided bruised ribs and subdural hemorrhage. Findings include: Facility's Standards of Clinical Care-Fall Prevention Policy (Revised 3/27/21) documents: It is the standard of this facility to complete an initial assessment, ongoing monitoring/evaluation of resident condition and subsequent intervention development in an attempt to prevent falls and injuries related to falls. Facility's ADL (Activities of Daily Living)	S9999		

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S9999	Continued From page 2 Mechanical Lifts Policy (Revised 3/27/21) documents: It is the standard of this facility to provide a safe environment for our residents and staff. The Nursing and Therapy departments will coordinate the screening of residents to determine the appropriateness of mechanical lift transfers and/or repositioning. Staff responsible for the transferring/repositioning residents will receive instruction on the safe operation of the mechanical lifts. Facility's Initial and Final Reports to (State Department of Public Health) for R1 document: On 10/8/21 at approximately 8:15am during transfer from resident bed to wheelchair, resident wheelchair tipped back, causing resident to fall to the floor and sustain laceration to the back of her head. R1's Order Summary Report documents: Full mechanical lift with two staff for all transfers every shift related to Achondroplasia (most common type of short-limbed dwarfism--Internet definition). R1's Minimum Data Set (MDS) documents R1 has a BIMS (Brief Interview of Mental Status) of 15 on a scale of 00 - 15. Section G Functional Status, documents R1 as needing extensive assistance of two person physical assist for transfers. R1's Care Plan documents: Transfer: the resident is not able to help with a transfer at all and will need the assistance of (two) staff and a (mechanical lift) to move from bed to chair and back. Nurse's Notes (Dated 10/8/21) document: (R1) was treated at a local hospital for left sided bruised ribs and laceration of scalp, and returned	S9999		

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S9999	Continued From page 3 to the facility on 10/11/21. R1's CT Scan result (Dated 10/9/21) documents: Impression: Small focal area of hemorrhage along the posterior falx likely subdural with no evidence of midline shift or mass effect. R1's Chest X-ray (Date 10/9/21) documents: Impression: No acute displaced rib fracture is identified. On 10/13/21 at 2:00pm, R1 stated that one CNA (Certified Nursing Assistant) (unable to state the name of the CNA) was getting R1 up from bed on 10/8/21 using a mechanical lift; and all of a sudden, R1 fell while R1 was in the wheelchair. Stated R1 was in (local hospital) for a few days; ribs bruised on left; no fractures; right side of head was hurt. R1 stated there was only one (CNA) using the lift with her (R1) and there were supposed to be two. Stated she (R1) slid to the floor and hit her (R1) head; she (R1) did not black out, that she cried out and screamed. Stated that staff at both the facility and hospital said there should have been two people during the transfer on her (R1). R1 stated that she (R1) had one bad arm and it is her (R1) right arm and she does not use it. On 10/14/21 at 9:10am, V9 Staffing Coordinator/Central Supply stated that she (V9) does the scheduling for the CNAs including Agency CNAs. Stated that the CNA who was transferring R1 on 10/8/21 was (V12), an Agency staff. Stated that V12 has worked at the facility for a few months as needed and was very familiar with R1 and was by herself when she transferred R1 with the (mechanical lift); stated that R1 has been a mechanical lift since admit to the facility; that R1's right upper extremity does not work, nor does her lower extremities, and takes two person assist for transfers. Stated that V1 Administrator sent V12 out of the facility immediately and V12	S9999		

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S9999	Continued From page 4 cannot return to the facility. On 10/14/21 at 9:50am, V11 Certified Nursing Assistant (CNA) stated that V11 was working on R1's hall and getting residents up on 10/8/21. Stated that when she needed assist, if people need help with mechanical lift resident, always ask someone, can you come and assist me; stated that she did not know V12 (Certified Nursing Assistant/CNA) was getting R1 up by herself. Stated that V12 had worked with R1, knew who R1 was and knew that R1 was a mechanical lift with two people. Stated that two people are to transfer residents needing mechanical lifts; might not know if resident will let go in using an (assisted lift). On 10/14/21 at 10:10am, V1 Administrator stated that V12 had been assigned to R1 on 10/8/21; was providing cares and getting R1 up for the morning; that R1 is top heavy due to her (R1) dwarfism, needing the proper placement in the wheelchair, and the wheelchair tipped backwards; the chair was locked. Stated that she took V12 off the floor and DNR'd (Do Not Return) V12 that day. On 10/14/21 at 10:30am, V2 Assistant Director of Nursing (ADON) confirmed that with residents who are transferred with a mechanical lift, two people assist and two people should have been with R1 when the mechanical lift was used; policy is for transferred people like R1 to have two person assist with transfers. Policy for mechanical lift, follow manufacturer's policy/procedure and facility would have two people with lifts. V2 stated that staff are trained at the facility to use two people assist. V2 stated that V12 told her the reason V12 did not have assist was because it was morning time and she	S9999		

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S9999	Continued From page 5 thought everyone else was busy; V12 apologized and said she knew she was wrong and was supposed to have another person assist her with R1. On 10/14/21 at 10:55am, V12 Certified Nursing Assistant (CNA Agency) stated that she already know how to do transfers with mechanical lifts; supposed to have assistant when using a mechanical lift. Stated that staff were assisting her in the beginning of cares with R1, that the staff left out before R1 was placed in the wheelchair. V12 stated she positioned herself to the side of R1's wheelchair and tried to tip the chair just right to get R1 into the wheelchair while lowering R1 into the wheelchair; stated R1 was not positioned right and the chair fell. V12 stated that she was trying to do too many things at once with the remote etc. and with trying to get R1 into the wheelchair; and then the wheelchair tipped all the way backwards and tipped over. (A)	S9999		