STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010037	A. BUILDING: _____ B. WING _____	C 10/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS HEALTH CENTER	4054 ALBRIGHT LANE ROCKFORD, IL 61103

(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 September 30, 2021/IL139008	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 d)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 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.	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010037	A. BUILDING: _____ B. WING _____	C 10/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS HEALTH CENTER	4054 ALBRIGHT LANE ROCKFORD, IL 61103

(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
S9999	Continued From page 1 This REQUIREMENT was not met as evidenced by: Based on observation, interview and record review the facility failed to use a gait belt for transfers, use a two person assist and/or stand lift for transfers for 2 of 3 residents (R1 & R3) reviewed for falls and safe transfers in the sample of three. The findings include: R1 The Incident Report dated 9/30/21 at 9:50 AM for R1 showed, "Resident was lowered to the floor. R1 stated that her legs gave up. The aide (V4) was assisting with a transfer. During the transfer while R1 was standing between her recliner and wheelchair with her back against the recliner the resident's knees buckled. The aid who was assisting the resident tried to guide the resident back to the recliner, but R1 started sliding off the recliner, and the resident was lowered to the floor from the recliner. While the resident was sitting on the floor with her back against the recliner this nurse noticed that the resident's legs were crossed and R1's right ankle was under the resident's left leg. R1 was assisted off the floor to the recliner with three assist. When in the recliner R1 was asked to move her right ankle; R1 was able to move her right ankle. When range of motion of the right ankle was done, R1 complained of pain. At the time of the assessment there was no discoloration or swelling. After the assessment R1 was informed that from now on due to safety concerns nursing staff will use the stand lift for transfers. R1 was protesting the use of the stand lift but this nurse explained that using the stand lift will possibly prevent future injuries of the resident and nursing	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010037	A. BUILDING: _____ B. WING _____	C 10/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS HEALTH CENTER	4054 ALBRIGHT LANE ROCKFORD, IL 61103

(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
S9999	Continued From page 2 staff due to the resident's inability to safely transfer with one assist. The nurse called the POAH (power of attorney for healthcare), and a voice message was left for the POAH to call back. V5 NP (nurse practitioner) was updated, and she visited R1; R1 declined to go to the emergency room, and it was decided that an x-ray of the right ankle will be ordered. V2 DON (Director of Nursing) was informed, and she agreed that from now on the stand lift will be used and agreed on the right ankle x-ray. POAH will be informed when she calls back." The Radiology Report dated 9/30/21 for R1 showed she had a right ankle x-ray done that stated, "Conclusion: Findings there could indicate a nondisplaced fracture at medial or lateral malleolus. Recommend splint and x-ray follow up in two weeks." R1's Care Plan dated 8/6/21 showed, "Decreased independence with mobility. Refusing the stand lift - was able to stand from sitting. Stand lift with assist of 2 for transfers when knees buckle. Use of gait belt with all transfers. One assist with transfers. At risk for falls and injury due to weakness and requires extensive assist for transfers. 9/30/21 - Alert and oriented, forgetful at times. Controlled fall transfer with one assist. R1 became weak during transfer and CNA (Certified Nurse Assistant) assisted R1 to the floor. Use of stand lift with transfers due to previous fall and swollen ankle noted. On 10/12/21 at 12:30 PM, V3 CNA stated R1 was a one assist for all transfers before her fall (on 9/30/21) and after the fall she was non weight bearing and transferred with a mechanical lift device. V3 stated they know how a resident transfer because it is on the assignment sheets,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010037	A. BUILDING: _____ B. WING _____	C 10/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS HEALTH CENTER	4054 ALBRIGHT LANE ROCKFORD, IL 61103

(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
S9999	Continued From page 3 the nurse tells them, or they just ask. On 10/12/21 at 12:50 PM, V7 RN (Registered Nurse) stated prior to R1's fall (on 9/30/21) she was a one assist with gait belt or stand lift. On 10/12/21 at 3:41 PM, V4 CNA stated, "I was going to transfer R1 to the recliner. R1 went to stand and went to turn to sit, and her knees buckled. R1 was lowered to the ground. R1's legs were twisted, and I called for help. I was told she was a one-person transfer and it said that on the assignment sheets. I think you need to use a gait belt with her. I am not sure if I used the gait belt with her." On 10/12/21 at 2:42 PM, V2 DON (Director of Nursing) stated, "When R1 moved from assisted living to E wing R1 was supposed to be a stand lift with a two assist for all transfers. At times R1's knee's buckled and R1 needed mechanical assistance (stand lift) when she was in assisted living, so she needed to transfer to E wing (nursing home) because of that occasional use. R1 was supposed to be a two person assist with gait belt for transfers and if R1 knees became weak then use the stand lift. It was discussed in meetings and the care plan should have been updated." The Monthly Nursing Summary dated 9/17/21 for R1 did not show how she transfers or how much assistance was needed and/or required. The Nurse Practitioner's Note dated 10/8/21 for R1 showed diagnoses including osteoarthritis, chronic back pain, and compression fractures. R3 On 10/12/21 at 1:01 PM, V3 CNA (Certified	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010037	A. BUILDING: _____ B. WING _____	C 10/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS HEALTH CENTER	4054 ALBRIGHT LANE ROCKFORD, IL 61103

(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
S9999	Continued From page 4 Nursing Assistant) went into R3's room to assist R3 to the bathroom. R3 was sitting in a wheelchair in the room and V3 assisted R3 to a standing position while holding onto the back of the resident's pants. V3 gave R3 the walker and walked with R3 to the bathroom. V3 never applied a gait belt to R3 to assist with standing, ambulation or onto the toilet. V3 stated R3 did not need a gait belt. The Monthly Nursing Summary dated 9/15/21 for R3 showed for ambulation she needs staff assistance of one person and wheeled walker. R3's Care Plan dated 7/23/21 showed, "R3 has decreased independence with mobility. Assist with transfers. Use of gait belt with all transfers/ambulation; one assist." On 10/12/21 at 2:42 PM, V2 DON (Director of Nursing) stated gait belts are to be used on all residents for transfers and with ambulation. The facility's Gait Belt Use policy (1/20/20) showed, "Check the status of the resident transfer and ambulation using the resident kardex or plan of care. All residents requiring limited or extensive assist for transfers or ambulation will be transferred and/or ambulated using a gait belt unless contraindicated." "C"	S9999		