

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009252	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/22/2023
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NAME OF PROVIDER OR SUPPLIER SUNNY HILL NURSING HOME OF WILL COUNT	STREET ADDRESS, CITY, STATE, ZIP CODE 421 DORIS AVENUE JOLIET, IL 60433
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(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 Investigation of Facility Reported Incident of 08-06-2023/IL163176	S 000		
S9999	Final Observations 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 care needs of the resident.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	Continued From page 1 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 are not met as evidenced by: Based on observation, interview and record review the facility failed to use safe transfer technique during a mechanical lift transfer. This applies to 1 of 3 residents (R1) reviewed for mechanical lift transfers in a sample of 3. This failure resulted in R1 incurring a laceration of her lip requiring sutures. Findings include: R1's Admission Record dated 8/21/2023 documents R1 with diagnoses to include Anxiety, Ataxia, Stroke, Paralytic Syndrome, and Blind left eye. On 8/21/2023 at 11:20 AM R1 was transferred by facility staff from an adaptive reclining chair to her bed using a mechanical lift. R1 was noted with a healed wound to her upper left lip, both legs were contracted with her knees drawn up and with spastic movements to her upper body. A facility Final Investigative Report dated	S9999			

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S9999	<p>Continued From page 2</p> <p>8/10/2023 documents on 8/6/2023, R1, who utilizes a mechanical lift due to poor trunk control and limited range of motion, slipped from the mechanical lift sling as she was being transferred from her bed to an adaptive reclining chair. This report documents R1 was transferred to the hospital for evaluation and treatment, returning with steri strips to her left eyebrow and sutures to her left upper lip.</p> <p>8/21/2023 3:22 PM V6 (Nursing Assistant) stated she provided morning care to R1, placed the mechanical lift sling pad under her and attached the sling loops to the lift machine before V5 (Nurse) came to the room to assist with the transfer. V6 stated she attached the red loops for the upper body and the black strap loops to the bottom body portion of the sling. V6 stated as she lifted R1 up with the machine and moved her over the bed they began to turn her towards the adaptive reclining chair. As R1 was being turned V5 yelled, "She is falling, she is coming out of the sling" and R1 fell onto the floor. V6 stated she positioned the sling loops on the black strap loop so that her legs extended out. V6 confirmed all 4 sides of the sling loops were attached and the sling remained attached to the lift machine during the transfer.</p> <p>8/22/2023 8:32 AM V7 (Restorative Nurse) stated she conducts all the training for use of the mechanical lift machines. V7 stated slings have 3 colored loops to attach during a transfer and the black strap loop is a safety strap to ensure if one of the colored loops breaks the black strap will catch on the machine. V7 stated the black strap loop is not supposed to be hooked up and used during a transfer. V7 stated, R1's lower body is very contracted, further stating, she is not sure how V6 could be extending her legs out. V7</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>confirmed placing the bottom part of the sling on the black strap loop would place her lower body in a much lower position than her upper body and would likely be the cause of the fall.</p> <p>On 8/21/2023 at 8:55 AM V2 (Director of Nursing) confirmed if R1 was placed correctly in the sling she should not have slipped out.</p> <p>On 8/22/2032 at 11:32 AM V18 (Nurse Practitioner) stated she evaluated R1 after the fall from the lift and she had sutures to her lip and some bruising. V18 stated she expects the facility to use correct safety interventions to prevent residents from slipping from or falling out of the mechanical lift sling during use.</p> <p>A Health Status Progress Note dated 8/6/2023 documents R1 returning from the emergency room with 4 sutures to her upper left lip, steri-strips to her left eyelid laceration and swelling to her left side of her face. R1 was provided pain medication for left shoulder and facial pain rating a 7 out of 10.</p> <p>R1's Care Plan dated 10/22/2021 documents R1 with deficits due to Cerebellar Ataxia, Stroke, Dementia and Blindness requiring the use of a mechanical lift for transfers.</p> <p>The facility policy, Electric Lift Transfer, last reviewed 1/20/2023 documents it is the policy of the facility to use the electric lift appropriately to facilitate safe resident transfers.</p> <p>(B)</p>	S9999		