Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 02/21/2023	
34		IL6008817				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4405 HIGHCREST ROAD ROCKFORD, IL 61107						
(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 CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	JLD BE COMPLETE	=
S 000	Initial Comments		S 000		1025	
	Facility Reported In IL156616	cident of January 24, 2023) = 0		
S 99 99	Final Observations		S9999		Į.	
3 A	300.610 a) 300.1210 b) 300.1210 d)6)	sure Violations:		**************************************		
	a) The facility procedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory of nursing and other policies shall composite the facility and shall by this committee, and dated minutes Section 300.1210 (Nursing and Personal Care and services the practicable physical well-being of the release resident's complant. Adequate and care and personal care and personal care and personal care needs of the release resident to meet the care needs of the release resident to meet the care needs of the release resident to meet the care needs of the release resident to meet the care needs of the release resident to meet the care needs of the release resident to meet the care needs of the release resident to meet the care needs of the release resident to meet the care needs of the release	dvisory physician or the ommittee, and representatives or services in the facility. The dy with the Act and this Part. I shall be followed in operating I be reviewed at least annually documented by written, signed of the meeting. General Requirements for hal Care shall provide the necessary of attain or maintain the highest I, mental, and psychological sident, in accordance with apprehensive resident care I properly supervised nursing care shall be provided to each et total nursing and personal		Attachment A Statement of Licensure Vi	plations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANOF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ **B. WING** IL6008817 02/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4405 HIGHCREST ROAD ASCENSION SAINT ANNE PLACE ROCKFORD, IL 61107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 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 requirements are not met as evidenced by: Based on interview and record review, the facility failed to safely transfer a resident with a stand lift for one of three residents (R2) reviewed for safety in the sample of eight. This failure resulted in a probable hairline fracture to the right ankle. The findings include: R2's Physician Orders for January 2023 shows R2 was admitted to the facility on 11/1/21, with diagnoses including: Chronic atrial fibrillation, hypertension, bilateral primary osteoarthritis of knee, and history of falling. The facility's Serious Injury Incident Report, dated 1/27/23, shows R2 experience a fall with physical harm or injury on 1/24/23. The incident report shows R2 transfers with a mechanical lift and is interviewable. On 1/24/23, resident was assisted into be using (stand lift) but resident was not far enough back on the bed and began sliding and was assisted to the floor. Upon assessment by the nurse, right ankle was swollen and has a 5 centimeter bruising on the outer side and upon palpation, resident did complain of pain. Provider notified and ordered X-ray to right ankle and

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fracture to the right ankle.

1/26/23 X-ray came back with a probable hairline

Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: **B. WING** 02/21/2023 IL6008817 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4405 HIGHCREST ROAD ASCENSION SAINT ANNE PLACE ROCKFORD, IL 61107 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (X5) COMPLETE EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 R2's Care Plan problem, dated 11/20/21, shows, "(R2) has a history of falling related to pain and weakness as evidenced by right femur fracture. 1/25/23-CNA/Nurses to ensure bed is lowered to appropriate height (at the bed of the knee) for transfers with the (stand lift)." Problem, dated 1/25/23, "New pain as reported by (R2) following injury to right ankle." R2's Pain Evaluation, dated 1/25/23, shows R2 was experiencing pain to her right ankle when she moved it. Moving around R2's ankle increases her pain. The facility's Coaching Feedback shows V3, CNA (Certified Nursing Assistant), was educated on 1/27/23 in regards to safe transfers using (stand lift). Listening to patient/resident, being a patient advocate and ensuring bed is at the appropriate height during transfers to prevent falls/injuries were listed as the specific skill or behaviors to work on. On 2/21/23 at 10:15 AM, R2 said she had a fall from the lift. R2 said she told the CNA (Certified Nursing Assistant) her buttocks wasn't on the bed all the way. R2 said, "She ignored me and moved the lift and my butt ended up on the floor." On 2/21/23 at 10:20 AM, V6, CNA (Certified Nursing Assistant), said the strap should be around the resident's legs when using a stand lift. The strap is used to keep the resident's legs on the pedestal and to support their legs. V6 said if the strap is not used, the resident legs could buckle. V6 also said it is important to make sure

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the resident is as far back on the bed as one can

so the resident doesn't slip off.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANOF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6008817 B. WING 02/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4405 HIGHCREST ROAD ASCENSION SAINT ANNE PLACE ROCKFORD, IL 61107 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 On 2/21/23 at 12:02 PM, V3, CNA, said (V3) was transferring R2 into her bed via the stand lift. V3 said when she was transferring R2 into bed, she didn't put R2 far enough onto the bed. V3 said she pulled the stand lift away from R2 and as she pulled the stand lift away, R2 slid to the floor, V3 said R2's buttocks was on the floor and her legs were bent to the side. V3 said V4, LPN (Licensed Practical Nurse), came in to assess R2 and V4 noticed a bump on R2's leg and R2 said the area was sore. V3 said when she transferred R2 via the stand lift, V3 put the sling around R2's waist and did not use the leg strap. V3 said she is supposed to use the leg strap. V3 said R2 did not let her know she was not on the bed all the way. On 2/21/23 at 1:58 PM, V4, LPN, said she was told R2 slid to the floor. V4 said she went into R2's room to assess her. V4 said when V4 touched R2's right outer ankle, R2 said it hurt. V4 said R2's legs were to the side and her buttocks were on the floor. V4 said she called the nurse practitioner, and the nurse practitioner ordered an x-ray. V4 said R2 was left in bed until after the X-ray. The facility's Safe Lifting and Moving of Patients policy revised 12/2019 shows, "In order to protect the safety and well-being of associates and residents, and to promote quality care, this community uses appropriate techniques and devises to lift and move residents." (B)

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