

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/05/2023
NAME OF PROVIDER OR SUPPLIER ALPINE FIRESIDE HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3650 NORTH ALPINE ROAD ROCKFORD, IL 61114		
(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 3/30/23 //L#158317	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. Section 300.1210 General Requirements for Nursing and Personal Care	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	<p>Continued From page 1</p> <p>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:</p> <p>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.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the failed to perform a safe mechanical lift transfer for 1 of 3 residents (R1) reviewed for transfers. This failure resulted in R1 experiencing a fall from the mechanical lift, and experiencing a distal tibia and fibular fracture.</p> <p>The findings include:</p> <p>R1's 1/4/23 MDS (Minimum Data Sheet) shows R1 was admitted to the facility on 8/14/22. The same document shows R1 is cognitively intact, and needs extensive assistance with all ADL (Activities of Daily Living).</p> <p>R1's Client Diagnostic Report printed on 4/5/23 shows her diagnoses to include a distal tibia and fibular fracture, venous insufficiency (peripheral), Vitamin D deficiency, disorder of bone density, osteoarthritis, and anxiety.</p> <p>The facility's report to Illinois Department of Public Health dated 3/30/23 showed, " While transferring the resident from bed to wheelchair, the strap of one of the mechanical lift sling got detached from the machine and the resident slid down to the floor. She complained of left ankle</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>pain. Resident was sent to the emergency room for further evaluation and daughter/resident is in agreement. X-ray done in the hospital showed, Distal tibia and distal fibular fractures."</p> <p>On 4/5/23 at 10:18 AM, R1 was lying in bed and had an elastic bandage wrapped around her left leg and ankle. R1 said, the CNA's (Certified Nursing Assistants) lifted her using the mechanical lift and she fell out of it. R1 said, she does not know why she fell. R1 said, when she fell she hurt her left leg, so they sent her to the hospital and did X-rays and discovered she fractured her left ankle/leg. R1 said, her fractured leg hurts when it's moved.</p> <p>On 4/5/23 at 2:00 PM, V4 CNA said on the evening of the incident (3/30/23) she put the mechanical lift sling under R1 and hooked the loops to the mechanical lift hooks, then left R1's room to find another CNA to assist her. V4 said, she got V5 to assist her with the transfer of R1. V4 said, V5 was running the lift and she (V4) was in charge of the resident. V4 said, she did not recheck the attachments of the hoops to the hooks before V5 started to raise R1 off the bed. V4 said, when R1 was raised from the bed, one of the attachment was not hooked up and R1 fell from the sling onto the floor. V4 said R1 will sometimes unhook the sling loop from the hook. V4 said, she should have rechecked all the attachments before moving R1.</p> <p>On 4/5/23 at 1:00 PM, V5 CNA said, she helped V4 with R1's transfer when R1 fell (on 3/30/23). V5 said, she entered the room and R1 had the sling underneath her and was already hooked up to the mechanical lift. V5 said she was in charge of controlling the lift button and maneuvering the lift to the chair. V5 said, V4 was in charge of</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>being with the resident during the transfer. V5 said, she lifted R1 and, at first she was alright then when she (V5) moved the lift towards the chair, R1 started to shift and slid out of the sling, on to the floor. V5 said, nothing on the mechanical lift broke, but one attachment was undone.</p> <p>On 4/5/23 at 2:37 PM, V7 CNA Supervisor said, when she is doing a mechanical lift transfer she first ensures the battery is working. She then ensures she has the proper sling because one sling might be too big for a resident or too small. V7 said she then gets the sling underneath the resident and ensures sling positioning. V7 said, she waits until she gets the sling underneath the resident before she gets a second person to help with the transfer. V7 said she does not normally hook the sling up to the lift until the second person is in the room with her. V7 said, she waits until the other aide is in the room to hook the sling up to the lift to make sure they are both "on the same page" with the transfer. V7 said, when the lift starts to raise she inspects the loops and connections to make sure everything is attached and ensures the resident is lifting up in the proper position. V7 stated she trains all the CNAs on proper use of the mechanical lifts.</p> <p>On 4/5/23 at 11:15 AM, V10 (Maintenance Director) said, the facility had several different mechanical lifts from different companies. V10 said, some have a different configuration of the hooks. He does the monthly maintenance checks on all Mechanical lifts. V10 said, the lift did not fail in the fall of R1.</p> <p>The facility provided the Manual/Electric Portable Patient Lift and Slings Owner's Installation and Operating Instructions from the mechanical lift</p>	S9999		

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S9999	Continued From page 4 manufacturer. This manual showed, " Warning notices as used in this manual apply to hazards or unsafe practices which could result in serious bodily harm. Safety Summary, Warning. Before transferring a patient from a stationary object (wheelchair, commode or bed), slightly raise the patient off the stationary object and check that all sling attachments are secure. If any attachment is not correct, lower the patient and correct the problem, then raise the patient and check again. Transferring to a Wheelchair. NOTE: To position an individual in a sling, follow the procedures concerning lifting the patient, operation and sling attachments. Warning; When elevated a few inches off a seating surface and before moving the patient, check again to make sure that the sling is properly connected. If any attachments are NOT properly in place, lower the patient completely to correct this problem. Adjustments for safety and comfort should be made before moving the patient." The facility's undated policy titled Hoyer Lift Policy showed, "All residents who are unable to bear weight for transferring will be transferred by use of hoyer lift unless their medical condition contraindicates use of a mechanical lift. Two staff members who have been trained to use mechanical lifts will be present at all times during transfer. When both sides of the sling are attached to their respective sides of the cradle, raise the patient slowly. Raise the patient until buttocks are just above the mattress. The self-leveling cradle will bring patient into a sitting position." (A)	S9999			