(EACH DEFICIENCY REGULATORY OR L	NORTH 1250 WE	A. BUILDING: B. WING DORESS, CITY, S	1 PROVIDER'S PLAN OF CORRECT	
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	STREET AI 1250 WE GALESB TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	DDRESS, CITY, S ST CARL SAN URG, IL 6140	1 PROVIDER'S PLAN OF CORRECT	06/20/2019
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ST CARL SAN URG, IL 6140 ID PREFIX	1 PROVIDER'S PLAN OF CORRECT	
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(EACH DEFICIENCY REGULATORY OR L	MUST BE PRECEDED BY FULL	PREFIX		
		PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL		
		S 000		
Facility Report Inve 6/5/2019\IL113111.	stigation to incident on			
Final Observations		S9999		
Statement of Licens	sure Violations:			
300.1210 b) 300.1210 d)6) 300.3240 a)				
Nursing and Person b) The facility seare and services to practicable physical well-being of the reseach resident's complan. Adequate and personal core and personal core and personal core and personal core sident to meet the core needs of the resident to meet the core needs of the resident and shall infollowing and shall the seven-day-a-week to All neceaken to assure that the seven as side of a street of a stree	hal Care shall provide the necessary of attain or maintain the highest of, mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing eare shall be provided to each of total nursing and personal esident subsection (a), general acclude, at a minimum, the pre practiced on a 24-hour, pasis: ssary precautions shall be the residents' environment accident hazards as possible.			
			Attachn	nent A
a) An owner, lie	censee, administrator,		Statement of Licer	nsure Violation
	Statement of Licens 300.1210 b) 300.1210 d)6) 300.3240 a) Section 300.1210 (Nursing and Person b) The facility state and services to practicable physical evell-being of the resident's complan. Adequate and personal care and personal care and personal care needs of the resident to meet the fare needs of the resident to meet the fare needs of the resident to assure that even-day-a-week to All neces aken to assure that emains as free of all nursing personner ee that each reside upervision and assure that each resident.	Statement of Licensure Violations: 300.1210 b) 300.1210 d)6) 300.3240 a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary rare and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with reach resident's comprehensive resident care plan. Adequate and properly supervised nursing rare and personal care shall be provided to each resident to meet the total nursing and personal rare needs of the resident b) Pursuant to subsection (a), general rursing care shall include, at a minimum, the pollowing and shall be practiced on a 24-hour, reven-day-a-week basis: 6) All necessary precautions shall be raken to assure that the residents' environment remains as free of accident hazards as possible. The resident receives adequate upervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect b) An owner, licensee, administrator, mployee or agent of a facility shall not abuse or reglect a resident.	Statement of Licensure Violations: 300.1210 d)6) 300.3240 a) Section 300.1210 General Requirements for Aursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological vell-being of the resident, in accordance with each resident's comprehensive resident care oblan. Adequate and properly supervised nursing para and personal care shall be provided to each esident to meet the total nursing and personal care needs of the resident b) Pursuant to subsection (a), general nursing care shall include, at a minimum, the pollowing and shall be practiced on a 24-hour, even-day-a-week basis: 6) All necessary precautions shall be aken to assure that the residents' environment emains as free of accident hazards as possible. Ill nursing personnel shall evaluate residents to ee that each resident receives adequate upervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect 1) An owner, licensee, administrator, mployee or agent of a facility shall not abuse or eglect a resident.	Statement of Licensure Violations: 300.1210 b) 300.1210 d)e) 300.3240 a) Section 300.1210 General Requirements for Aursing and Personal Care b) The facility shall provide the necessary pare and services to attain or maintain the highest proceed and services to attain or maintain the highest proceed and services to attain or maintain the highest proceed and services to attain or maintain the highest proceed and services of the resident, in accordance with reach resident's comprehensive resident care plan. Adequate and properly supervised nursing are and personal care shall be provided to each esident to meet the total nursing and personal are needs of the resident I) Pursuant to subsection (a), general pursing care shall include, at a minimum, the pollowing and shall be practiced on a 24-hour, even-day-a-week basis: 6) All necessary precautions shall be aken to assure that the residents' environment emains as free of accident hazards as possible. In lurrsing personnel shall evaluate residents to ee that each resident receives adequate upervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, mployee or agent of a facility shall not abuse or eglect a resident.

Electronically Signed STATE FORM

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07/03/19 If continuation sheet 1 of 3

	epartment of Public		-		- TORIV	I APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		IL6010466			C 06/20/2019		
	PROVIDER OR SUPPLIER	G NORTH 1250 WES		TATE, ZIP CODE NDBURG DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIED TO THE APPRO	ULD BE	(X5) COMPLET DATE	
S9999	Continued From p	age 1	S9999				
	These regulations	are not met as evidenced by:					
	review, the facility mechanical lift trar avoid injury, for on reviewed for incide three. This failure mechanical lift slin head laceration red	tion, interview, and record staff failed to perform a nafer in a manner which would e of three residents (R1), ent/accidents, in a sample of resulted in R1 falling from the g to the floor, and sustaining a quiring R1 to be sent to local e laceration closed with					
	FINDINGS INCLU	DE:					
	State Agency] Reg documents, "Date Time of Occurrence witnessed fall and after sliding from n transfer. [R1] was room for evaluation to the facility the saplace to posterior he [Brief Interview for	ent entitled, "Report to [the ional Office", dated 6/10/2019, of Occurrence: 6-5-2019. e 13:40 [1:40 p.m.]. [R1] had a bleeding from posterior scalp nechanical lift sling during transferred to the emergency of and treatment and returned ame day with two sutures in nead. Resident has a BIMS Mental Status] score of 4 is not cognitively intact]."					
	signed by V3(Certii 6/5/2019, documer [R1] up out of [R1's thought the [mecha up correctly, but the did not know that the am still not familiar Usually the person and tells me if I do	d document, written and fied Nursing Assistant), dated hts, "[V3] and [V4] were getting is chair to go to bed. I had anical lift] straps were hooked be bottom was not crossed. I hey needed crossed because I with [mechanical lift] slings. I am working with helps me anything wrong. When [R1] R1's] butt started slipping and					

LZ3E11

FORM APPROVED

IIIINOIS L	repartment of Public	Health			19		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A, BUILDING:		COMPLETED			
					С		
IL6010466		B. WING		06/20/2019			
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, ST	FATE 7ID CODE	1		
		1250 MES		.0			
APERIO	N CARE GALESBURG	S NC IR I H	URG, IL 6140°	IDBURG DRIVE			
WALID	CLIMMANDY CTA						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DÉFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPOSED TO THE	D BE COMPLETE		
S9999	Continued From pa	ige 2	S9999				
	to get [R1] to the be	n't near [R1] at the time-I tried ed but [R1] fell and hit [R1's] R1's] head on the [mechanical					
	dated 6/5/19 [printe had, "Laceration rep.m.; Location detail	emergency room document, ed 6/19/2019], documents, R1 pair. Date/Time 6/5/2019 3:25 ills: Scalp; Laceration length: 2 Skin closure: staples; Number					
	Practical Nurse-Res confirmed staff sho straps [mechanical [between tthe reside	25 p.m., V6 (Licensed storative Care Nurse) ould, "Always make sure the lift sling] are crossed ent's legs] for safety."		×			
	was observed. Local head. Size-approximately	30 a.m., R1's head laceration cation-middle left, back of R1's imately one-half inch long. d/scabbed over. Staples					
	(B)						
		1					

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