FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ С IL6007561 B. WING 07/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY REHAB & H C PRAIRIE CITY, IL 61470 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Facility Reported Incident of June 28, 2021/IL135668 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b)5) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies 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 Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a Attachment A

Illinois Department of Public Health

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

comprehensive care plan for each resident that

includes measurable objectives and timetables to

TITLE

Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health FORM APPROVI								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
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	and psychosocial not resident's comprehe allow the resident to practicable level of it provide for discharg restrictive setting bathe needs. The assess the active participating resident's guardiant applicable. (Section b) The facility scare and services to practicable physical, well-being of the reseach resident's complan. Adequate and care and personal caresident to meet the care needs of the resident re	de, at a minimum, the						
	5) All nursir encourage residents transfer activities effort to help them repracticable level of full of the practicable of the practical process of	ng personnel shall assist and with ambulation and safe soften as necessary in an stain or maintain their highest unctioning. subsection (a), general clude, at a minimum, the expracticed on a 24-hour, asis: ssary precautions shall be the residents' environment						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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PRAIRIE	CITY REHAB & H C	825 E MA	IN STREET,	RR #2, BOX 97		
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\$9999	Continued From pa	ge 2	S9999			
	adequate super prevent accidents.	vision and assistance to				
	Section 300.3240	Abuse and Neglect				
	employee or agent of	censee, administrator, of a facility shall not abuse or (Section 2-107 of the Act)	-			
	These regulations a	re not met as evidenced by:				
	review, the facility far resident for one of the for falls in the sample transfer resulted in F spiral fracture of the well as extreme anx transfers and resulted	on, interview, and record illed to properly transfer a aree residents (R5) reviewed e of 20. This improper R5 receiving a right displaced shaft of the right humerus as iousness and paranoia during ed in R5 being unable to apportant lifelong activity of				
	Findings include:			A11		
	11/10/18, documents resident safety and to falls; decrease falls a wishes desires for m mobility." The policy Fall Prevention Resp Nursing Assistants): preventative measure Know supervision and care plan; Report charge nurse."	evention policy, dated so, "Policy: To provide for o minimize injuries related to and still honor each resident's aximum independence and also documents, "Fulfilling consibilities: CNA (Certified Know and ensure resident's es and that they are in place; d transfer needs and follow anges in resident abilities to				
	The facility's Transfe dated 4/10/06, docum	r Belts/Gait Belts policy, nents, "Policy: To promote				

Ilinois Department of Public Health STATE FORM

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6007561 B. WING 07/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY REHAB & H C PRAIRIE CITY, IL 61470 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 REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 safety in transferring and ambulating residents, a gait belt is utilized when deemed appropriate by nursing or therapy staff. All CNA and licensed nursing personnel engaged in the lifting and transferring of residents will use gait belts. Mechanical lifts will be used when the use of gait belts does not provide an adequate margin of safety. The use of gait belts and mechanical lifts is essential to reduce the risk of accident and injury to both residents and employees. After orientation to facility policy and training in the use of aait belts, employees who fail to use them or to use them appropriately, should be considered subject to disciplinary measures." The policy also documents, "Grasp the secured gait belt to provide stability and balance during the transfer. Monitor the resident during transfers for: Any complaints of pain during transfer; Decline in the amount of effort given by the resident; Inability to participate in transfer; Anything that is not normal for the way the resident usually transfers. Report any changes in resident's performance during transfers to the charge nurse." The facility's Limited Resident Lift Program and Equipment Use Training Requirements, no date available, documents, "All direct care staff responsible for resident handling will be trained by the Director of Nursing or specified facility representative initially upon implementation of this program, upon orientation for all new employees. annually thereafter and if new equipment is introduced or special accommodations are required to meet the resident's special needs. Staff must each by able to demonstrate proficiency with all types of lifts in the facility. A

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employee file."

competency checklist for each type of lift will be completed during training and placed in the

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		TE SURVEY MPLETED
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PRAIRIE	CITY REHAB & H C		IN STREET, CITY, IL 614	RR #2, BOX 97 470		
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	her wheel chair star supplies. R5 had m around R5's room. I along R5's right arm at her elbow. R5's hand was swollen and don't remember what know the girl dropped deliberately." R5 als and I've painted ever to paint at all at this to paint with is my ring R5's Care plan, date "Inability to ambulate related to generalize front wheeled walke from staff as she alle to from bed to bathroassist from 1-2 staff, documentation of R5 status/assistance reference R5's Fall Risk Assest documents that R5 is R5's MDS (Minimum dated 4/2/21, document for Customary Routing important for R5 to do Section G Functional extensive assistance assist for bed mobility room, dressing, to liet bathing.	.m., R5 was alert sitting up in ring at her table filled with art ultiple paintings located R5 had an immobilizer brace and in a fixed bent position and was wrapped in gauze did purple in color. R5 stated, "I at happened exactly. I just ed me, and she did it to stated, "I'm an avid painter, any day for years. I'm not able point because the hand I use ght hand, and I can't use it." ad 3/18/20, documents, a without staff assistance ed weakness. (R5) uses a r to ambulate with assistance ows. Goal: Will ambulate from with support of extensive "R5's care plan has no 5's actual transfer/ambulation quired. sment, dated 4/2/21, a high risk for falls. Data Set) Assessment, tents: Section F Preferences the and Activities that it is very to her favorite activities; I Status that R5 requires to one person physical y, transfers, ambulating in ting, personal hygiene, and	S9999	DEFOIENCY		
[] ,	A facility State agenc	y report, dated 6/28/21.	1			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTI	IPLE CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY		
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PRAIRIE	CITY REHAB & H C			T, RR #2, BOX 97			
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				DEFICIENCY)			
S9999	Continued From pa	ge 5	S9999		2000		
	members (V12 and	V13/ CNAs) were assisting	0				
	R5 to transfer to the	toilet with a gait belt, during	1				
	the transfer, R5's le	gs became weak and she sat					
	on the toilet quickly.	They heard a 'pop' and (R5)				1 1	
î î	started to complain	of pain. Upon assessment				1 1	
	(R5) complained of	pain to 'right arm.' She was					
	still able to move he	r arm, grab the bar and her					
7 1	from wrist to should	m up. During palpation of arm er, she did not complain of					
	pain in any certain s	pot. Assisted back to wheel					
	chair with four staff	assist for stability. In-house)	<i>i</i>	
400	x-ray ordered. X-ray	results received of acute					
	humeral fracture wit	h new orders to immobilize			1	1	
	and follow up with or	rthopedics 6/29/21."			- 1		
-	V/12's Writton States	mant data d 0/00/04					
	V12's Written Stater	12 & V13) were transferring		1.0			
	(R5) from toilet to w	neel chair. Myself and the					
	other CNA with me.	(V13), were telling (R5) she					
	had to stand up with	us on the count of three.					
	(R5) wouldn't bend h	ner legs to stand up from the				- 1	
1	toilet. She was fully o	off the toilet as we was going					
i	to pull her pants up.	She had a hold of our arms					
	and dropped down, a	and that's when we heard a				- 1	
	her legs or feet at all	om her arm. She wouldn't use		1			
	ria logo di loci di ali	to stand up.		93		1	
	V13's Written Staten	nent, dated 6/28/21,					
	documents, "Me and	(V12 CNA) were transferring					
- 29	(R5) from the toilet to	her wheel chair, and she				1	
	wouldn't move her fe	et. So we kept telling her to				- 1	
	move her teet, and s	he kept saying, 'I can't walk.'					
	were standing her ch	lown and tried it again. As we e started to drop to the floor.				1	
	So. I wasn't hearing	any weight on her arm much					
	because we were an	ing to pull her pants up, but					
- 1	as we tried she drop	ped. So I beared weight just			1	1	
· ·	a little so she didn't e	nd up on the ground, but as I				1	
7	did we heard a pop. 🤄	Then, (R5) said, 'I think my					
9.0	arms broke."	,				1	

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6007561 B. WING 07/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY REHAB & H C PRAIRIE CITY, IL 61470 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 R5's Right humerus two view X-ray report, dated 6/28/21, documents that R5 has an acute humeral fracture. Facility Inservice Records, dated 6/28/21, document that V12 and V13 received individual inservice training on transfer/gait belt policy and implementation and transfers from bed to chair, commode, and wheel chair following the incident. R5's Quality Improvement review, dated 6/29/21, documents, "QA (Quality Assurance) team met and reviewed recent incident. (R5) and staff were transferring to toilet from wheel chair when (R5's) legs gave out. Staff assisted her to the toilet. (R5) began to complain of pain to her right arm. Upon investigation, staff heard a 'pop' during the transfer when she started having complaints of pain. Upon assessment (R5) could still move right arm, raising arm up and grabbing the wall grab bar and walker. During palpation of arm, (R5) did not complain of pain. (R5) assisted back to wheel chair with walker and assist of four staff for support." R5's Physician Progress note, dated 6/29/21, documents, "Reason for appointment: Right humerus fracture. Per daughter, (R5) was walking with her when when she started to fall and the nurses grabbed her and heard a pop in her arm. (R5) fell back into the toilet. (R5) complains of left hip pain. Assessments: Closed displaced spiral fracture of shaft of right humerus. Treatment: Start Humeral fracture Brace. If (R5) were younger, healthier, more alert, I would most likely perform open duct internal fixation." V12 and V13's employee files document that both

CNAs were hired on 1/26/21, and skill

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: __ COMPLETED C IL6007561 B. WING 07/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY REHAB & H C PRAIRIE CITY, IL 61470 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOUL ID BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 7 S9999 S9999 competencies were not completed upon hire. On 7/8/21 at 9:00 a.m., V12 stated, "(R5) was a two person assist at the time of the incident. She would help us turn and pivot, helping as much as she could. The grab bar on the wall she normally holds onto while we are giving cares. We had a gait belt on her, and she turned and pivoted just fine for us to the toilet. We were going to stand her up. (V13) was on the wall grab bar side (R5's right side) and I was on the other side. When counting to three, (R5) was holding onto the bar, I told (V13) I would hold (R5's) front and (V13) had her left hand on the back of the gait belt so we could use our other hands to pull her pants up. She stood up so we could pull her pants up, and (R5's) legs gave out without warning. At the point of her legs giving out, we both ended up having both hands on the gait belt and lifted her back to the toilet. We asked her to reach with her right arm to the grab bar, but she wasn't comprehending and was physically holding onto (V13). We heard the pop during the transfer, and she screamed out instantly in pain. We set her back down on the toilet. Staff came and (R5) was screaming about her arm. (V2 Director of Nursing) assessed her while (R5) was on the toilet, and then we transferred her back to wheelchair. It took me, (V13), (V2), and (V14 Business Office Manager) to transfer (R5). (R5) was screaming during this transfer about her arm. We got her to the wheel chair and she continued to complain about her arm. Now, (R5) requires at least three people to transfer because she doesn't help us stand at all. Especially now because she's afraid of falling. Some days she stands and others, she doesn't stand at all letting her legs just go. So, she requires three assist.

We (V12 & V13) had to be in serviced after the incident on safe transfers." V12 also stated that

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED С IL6007561 B. WING 07/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY REHAB & H C PRAIRIE CITY, IL 61470 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)(EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 8 S9999 (V12 and V13) were both hired on 1/26/21, however, no skill competencies were performed when V12 and V13 were hired into facility nor since. On 7/8/21 at 10:35 a.m. V1 (Administrator) stated, "The two CNAs (V12 & V13) were taking (R5) to the bathroom, and her legs were giving out so they set her back on the toilet and (R5's) arm popped. If she's feeling weak, they need to get more assistance even though they did her as a two assist. I don't believe she was two assist prior to the incident. Now they are transferring her with two assist at all times because you don't want her putting weight on the right arm with the walker. At times, they are needing to use three person assist. Some of the CNAs are just a little nervous. They don't want to hurt her with a transfer. (V12 & V13) were reeducated on safe transfers after the incident. If someone is feeling weaker than they should request more assistance during the transfer." V1 also confirmed that upon hire, V12 nor V13 performed skill competencies. On 7/8/21 at 11:10 am, V13 stated "We (V12 & V13) tried to transfer (R5) from the toilet to the wheel chair, but she wouldn't stand. (R5) kept telling us she couldn't walk. We attempted the transfer once, and we had to sit her back down on the toilet because she wouldn't fully stand up. We tried again. This time (R5) was holding onto the wall grab bar and just let go when her legs gave out. When she let go and started to drop her arm popped. When her arm popped I was on her right side holding onto the gait belt with my left hand at her back. My right arm was up underneath of her arm pit holding her up. (V12) was on her other side with one hand on her gait

belt and the other hand trying to pull her pants up.

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	'My arm. My arm,' a came in. Now we have transfer her because scared during the transfer, (R5) was reput we were starting wouldn't want to held resident with one have arm under their arm incident we had to stransferring, they exhappens again don't ransfer. We should	and that's when the nurse ave to use three people to se (R5) is so weak. (R5) gets cansfers now. Prior to the normally a one person assist, go to use two because she ap much. I always transfer a send on the gait belt and one in pit for protection. After the sign in-services about explained to us if that ever to tkeep trying to complete the call for more assistance, or in thave that type of incident					
	wheelchair displayin with a worried facial constantly asking question the toilet. V9 (CNA) her. A gait belt was a CNAs) each applied belt and directed R5 on the count of three gait belt, and R5 did bear weight. R5's leeposition with her fee and anxious crying call the weight of R5 a her wheelchair to the Nursing) was behind R5's pants and adult were placing R5 on to foowel and bladder.	o.m., R5 was alert up in her a symptoms of anxiousness expression and paranoid destions about her transfer to was attempting to console applied, V8 and V9 (Both their inner hand on the gait that they would be standing at V8 and V9 lifted R5 by her not put her feet down and gs were kept in a bent to curled up. R5 was irritable but as V8 and V9 had to bear and swiftly transfer her from the toilet. V2 (Director of the three of them pulling the brief down while V8 and V9 the toilet. R5 was incontinent on the floor during the rying worrying about having					
20 20:3	an accident on the fle that this transfer wou	oor. V8 and V9 both stated ald not have been possible three people. V9 stated,	·				

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C B. WING IL6007561 07/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY REHAB & H C PRAIRIE CITY, IL 61470 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 10 S9999 all transfers afraid she is going to fall. (R5) sleeps in the recliner. (R5) is 94 years old and wants to continue to do as much as she can. So, she prefers to be taken to the restroom when she needs to use the restroom or if she has had an accident. (R5) is incontinent thru the night so third shift would have to change her at some point. In report this morning, I was told that 3rd shift transferred (R5) from her recliner to her bed to change her instead of taking her to the bathroom. That would still be a difficult transfer regardless and she is insistent on using the actual restroom." On 7/8/21 at 12:28 p.m., V2 (Director of Nursing) stated, "That transfer required three assist. (R5) curled her feet up and wouldn't bear weight on her feet. V8 and V9 would not have been able to get her pants pulled down and onto the toilet had I not been there. Even with three people, her transfer was not safe. It's not safe for the resident or the staff. Either one of them could get injured. We need to reevaluate her transfer status. We must worry about her safety and the staff safety. During a two person gait belt transfer, each staff member should have at least one hand on the gait belt. Staff should not be placing their arms under the resident's arm/armpit area during a transfer. This could lead to a shoulder/arm injury in a resident, especially if the resident isn't bearing weight." On 7/8/21 at 3 p.m., V16 (R5's family member) stated, "The staff who transferred her that day snapped her arm causing the fracture. The doctors can't even fix the fracture surgically like they should because of her age. So hopefully it heals with just the brace. They don't know how to transfer her. She is dead weight and she won't help out at all. I've said for a while now that safely it takes three staff members to transfer her, and

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6007561 B. WING 07/08/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY REHAB & H C PRAIRIE CITY, IL 61470 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 11 S9999 that doesn't happen a lot especially when they are short staffed. She is paranoid with all of her transfers now. She's so anxious that they are going to drop her again. She's a lifetime painter, and she loves it, but now with this arm being broken she can't even do that. She doesn't have much else." On 7/8/21 at 4:30 pm, V15 (R5's Orthopedic physician) stated, "(R5's) humeral fracture is a fracture that normally would be fixed surgically. but sadly with her overall condition she is not a candidate for surgery. (R5's) fracture was caused from a trauma. I was told she was ambulating with her walker when her legs gave out, and the staff caught her before she fell." (B)

Illinois Department of Public Health