Illinois I	Department of Public	Health			FORM	APPROVE
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATI	SURVEY
			A. BUILDIN	łG:		PLETED
		IL6009732	B. WING_	<u> </u>	С	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDESS CIT	/, STATE, ZIP CODE	07/	15/2022
SWITH!	/ILLAGE		ST 113TH F			
- Julian		CHICAGO	D, IL 60643			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES H DEFICIENCY MUST BE PRECEDED BY FULL JLATORY OR LSC IDENTIFYING INFORMATION) H DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		ם פר	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000			
	Incident Report Inve	estigation of 5/2/22/IL147554				
S9 999	Final Observations		S9999			
	Statement of Licens	ure Violations:				
	300.610a) 300.1210 b)5) 300.1210 c) 300.1210d)6)					
	Section 300.610 Re	sident Care Policies				
	a) The facility s procedures governing facility. The written pube formulated by a F Committee consisting administrator, the admedical advisory conformation of nursing and other policies shall comply. The written policies state facility and shall the by this committee, do and dated minutes of	hall have written policies and all services provided by the policies and procedures shall desident Care Policy g of at least the visory physician or the mittee, and representatives services in the facility. The with the Act and this Part. Shall be followed in operating the reviewed at least annually ocumented by written, signed the meeting.				
	Section 300.1210 Ge Nursing and Persona	eneral Requirements for I Care				
	care and services to a practicable physical, a well-being of the reside each resident's comp plan. Adequate and p care and personal car	all provide the necessary attain or maintain the highest mental, and psychological dent, in accordance with rehensive resident care roperly supervised nursing re shall be provided to each otal nursing and personal		Attachment A		
is Departr	nent of Public Health			Statement of Licensure Violations		

nois Department of Public Health
BORATORY 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 AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6009732 B. WING 07/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 WEST 113TH PLACE SMITH VILLAGE CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (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 1 S9999 care needs of the resident. All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. Pursuant to subsection (a), general d) nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 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 interviews and record review the Facility failed to follow their policy on transfers for R1, one of three residents reviewed for falls with serious injuries. Per Facility's policy, residents who are transferred by mechanical lifts are a 2 person assist. R1 was transferred by one person assist on 4/27/2022, sustaining a fall to the floor from the mechanical lift. This failure resulted in R1 being hospitalized on 5/2/2022 after complaining for 5 days of pain in the lower back and a swollen left knee. R1 was hospitalized for 13 days from 5/2/22 - 5/15/2022 and underwent surgical procedures for the left hip and left knee.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION AND IMPERI		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY				
			IDENTIFICATION NUMBER:	A. BUILDIN	G:		COMPLET		
							С		
			IL6009732	B. WING_			<u>07/15/2</u>	2022	
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	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S	SHOULD BE		(X5) COMPLETE	_
_			- IDENTIFY THIS INFORMATION)	TAG	CROSS-REFERENCED TO THE A	PPROPRIATE		DATE	•
	S9999	Continued From pag	ge 2	S9999			_		٦
		Findings Include:							
		R1 is 67 years old a	nd cognitively impaired. R1]					
		was observed on 6/3	30/2022 at 11:39 am sitting in]					
		his wheelchair next t	to the nursing station, R1's						١
		by name and said by	and neat. Surveyor called R1 ello, R1 looked at surveyor	ĺ			1		
		and did not respond	back. On 7/12/22 at 1:12						1
		pm, R1 was in his wheelchair for lunch, he ate]				ı
		approximately 75% of	of his meal with assist from						J
		staff. Resident transfers with sit to stand and 2 person assist. R1's order is for weight bearing as							1
		tolerated, one person	n assist with ADLs.						1
		Records Review:			,				l
	(0)	R1's Brief Interview M	Mental Status (BIMS) dated						1
	7	4/3/2022 scored R1 a	as 8 out of a score of 15. The		}				l
		Minimum Data Sets ((MDS) dated 4/3/2022 and						I
		with a 2 persons Tran	as a 3 for Extensive Assist						I
			·						l
		noted R1 received co	inistration Record (MAR),	ı					ı
		medications named H	lydrocodone (Norco) and						L
	- 1	Tylenol for pain 2-3 til	mes daily on 4/27/22 thru						l
		of 1-10 after administ	/as rated as 5 - 6 on a scale						L
		medications.	ration of the harcodic	ļ					l
		Hospital Note: dated !	5/16/2022 at 4:14 pm, by V8						
	1.	(Nurse Practitioner): (Chief Complaint: Impairment						
	- 1	of ADLs and mobility :	2/2 ORIF left hip and						
		nardware removal, wi difficulty with function:	th muscle weakness and						
	- 10	67-year-old male with	history of dementia.						
		depression, heart failu	re with preserved election	J					8
	1	fraction, hypothyroidis	m, hyperlipidemia, history						3
	i	Department) with left I	ented to the ED (Emergency knee pain. Patient had a CT						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED C IL6009732 B. WING 07/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2320 WEST 113TH PLACE SMITH VILLAGE** CHICAGO, IL 60843 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 (Computed Tomography) scan of his left knee which showed an acute versus chronic extra-articular distal femur fracture with mild shortening and flexion deformity. The patient underwent a left distal femur ORIF (Open Reduction and Internal Fixation) and hardware removal. Patient had a Left femur fracture repair and a Left total arthroplasty (Total Hip replacement) on 5/09/22. The patient was medically treated and stabilized. The patient was transferred back to Facility on 05/15/2022 for sub-acute rehab to optimize functional status. R1 underwent a surgical procedure on 5/9/2022 called an ORIF of the left hip and left leg. On 5/17/2022 at 2:24 pm, V10 (Wound Nurse) noted, R1 was hospitalized for 10 days and underwent surgical procedures for the left hip and left knee. Patient had a CT (Computed Tomography) scan of his left knee which showed an acute versus chronic extra - articular distal femur fracture with mild shortening and flexion deformity. Resident readmitted to facility with left hip and knee surgical incision. Left hip present with 96 clean, dry, intact, and well approximated staples. Medial left knee noted with 24 staples. clean, dry, intact and well approximated. Lateral left knee noted with 23 staples clean, dry, intact, and well approximated. **Progress Notes:** On 5/15/2022 at 11:18 PM by V3 (nurse). readmitted a 67yrs old male from Christ Medical Center, alert, oriented x3, s/p ORIF on 5/9/22, Left femur fracture repair, left total arthroplasty. Resident denied pain during admission assessment, oral cavity is pink and moist, trachea in midline, lung sounds bilaterally clear to nois Department of Public Health

Illinois Department of Public Health

SAND RAIN OF CORRECTION (X1) PROVIDER SUPPLIER (X2) MULTIPLE CONSTRUCTION		Illinois E	Department of Public		re		FORM	MAPPROVE	D
IL6009732 STREET ADDRESS, CITY, STATE, ZIP CODE SMITH VILLAGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 4 auscultation, breath sound diminished. Left hip to left thigh with 96 staples, edges well approximated, left medial knee with 24 staples. Bowel sounds present in all four quadrants, no masses palpated, foley catheter firt 14 in place with yellow urine draining per gravity, right buttock with stage 3 decubitus, 20cm x 12cm with black colored top, no drainages, Mepilex dressing, and barrier cream applied. Pedal pulses bilaterally present and 2+, no edema to lower extremities, abductor wedge in place, knee brace in place to left leg, v/s=98.7-73-18-120/70, spo2=97% room air; Physician notified of admission, orders verified, noted and carried out. Call light within reach, resident made comfortable in his bed, non-weight bearing to left lower extremity. R1's record dated 4/27/22 at 7:43 pm, V3 (nurse) - Resident was lowered to the floor in his room while on a sit-stand lift; his knees buckled prompting writer to lower him to the floor. R1 was assisted up to his bed via draw sheet and four staff lift. R1 complained of back pain during transfer, stated that staff was rough lifting him, he kept stating "This like Nazz Germany for Christ's sake". PRN pain med given by nurse on duty, no changes in his baseline ROM (range of motion), v/s=97.2-88-18-140/37. Physician and POA (Power of Attorney) made aware of resident was assisted with transferring via sit-to-stand today in the afternoon, Writer and alde assisted R1 with									_
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sit-to-stand, R1 was able to tolerate sit to stand with proper application of sling and lower leg safety belts, R1 was able to rise from sitting on the edge of bed and maintain standing position			auscultation, breath left thigh with 96 state approximated, left means approximated, left means approximated, left means applied approximated applied approximated applied present and 2+, no end abductor wedge in pleft leg, v/s=98.7-73-air; Physician notified verified, noted and careach, resident made weight bearing to left assisted up to his beats aff lift. R1 complain transfer, stated that skept stating "This is lift. R1 complain transfer, stated that skept stating	sound diminished. Left hip to ples, edges well nedial knee with 24 staples. In all four quadrants, no pley catheter fr14 in place with per gravity, right buttock with the come x 12cm with black nages, Mepilex dressing, and d. Pedal pulses bilaterally edema to lower extremities, place, knee brace in place to 18-120/70, spo2=97% roomed of admission, orders arried out. Call light within the comfortable in his bed, non-the lower extremity. 27/22 at 7:43 pm, V3 (nurse) are do to the floor in his room iff; his knees buckled ower him to the floor. R1 was do via draw sheet and four the dof back pain during staff was rough lifting him, he like Nazi Germany for the pain med given by nurse on the baseline ROM (range of 18-140/87. Physician and the sellent was ring via sit-to-stand today in and alde assisted R1 with afterred resident using the to tolerate sit to stand to of sling and lower legges to rise from sitting on the labele to rise from sitting on the					

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	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
	IL6009732	B. WING			C 15/2022
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	077	13/2022
ILLAGE					
CHICAGO, IL 60643					
(EACH DEFICIENCY	MUST BE PRECEDED BY FILL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	DRE	(X5) COMPLETE DATE
Continued From page	ge 5	S9999			
until lowered onto the resident was again a standing position via wheelchair, Resider when placed into whethe left and forward, pelvis ordered to rooprovided with a (Left wedge (left) to help a positioning, any charreported to attending On 4/28/2022 at 7:5-3 of fall with no injury sleeping. Midwest X-10:45 am. X-ray to lower basing the continence care the ROM. C/O lower basing standing to the continence care the standing of the continence care the continence car	ne toilet. After toileting raised from sitting position to a sit to stand and placed into at noted to have poor posture neelchair, Resident leaning to x-rays for lumbar spine and scoliosis, resident will be stoler board or position resident correct posture and nges will be documented and g physician. 4 PM, V9 (nurse), Day 2 Note y. Resident received in bed ray tech arrived around ower back done this evening, sident compliant with lis morning and afternoon.				
resident this morning x 2-3, forgetful. Norce shift due to lower back observed leaning to the w/c and recliner coain in my back. V/s: 27.6 /3 (nurse) noted on the vas called to resident the with swelling and left leg, v/s=98.5-com air. V11 (Physic presentation and come fusing ADL care, ne	in bed asleep. Alert oriented begiven 2x and Tylenol this bek pain and leg pain. Tylenol this bek pain and leg pain. Tylenol this left side while sitting on the shair. Resident stated I have BP 157/95 Pulse 86 Temp: 5/02/2022 9:14 PM - Writer the shair state of the shair sha				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From paragram of the standing position via wheelchair, Resider when placed into what he left and forward, pelvis ordered to roo provided with a (Left wedge (left) to help a positioning, any chareported to attending. On 4/28/2022 at 7:5-3 of fall with no injury sleeping. Midwest X-10:45 am. X-ray to lo Results pending. Reincontinence care thin +ROM. C/O lower bandministered with eff 74, 97.6, 18, 96%. On 4/29/2022 at 2:12 resident this morning to contine the care thin the continence care the continenc	ILEGOSTAZ PROVIDER OR SUPPLIER STREET AT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 until lowered onto the toilet. After toileting resident was again raised from sitting position to standing position via sit to stand and placed into wheelchair, Resident noted to have poor posture when placed into wheelchair, Resident leaning to the left and forward, x-rays for lumbar spine and pelvis ordered to r/o scoliosis, resident will be provided with a (Left) side- board or position wedge (left) to help resident correct posture and positioning, any changes will be documented and reported to attending physician. On 4/28/2022 at 7:54 PM, V9 (nurse), Day 2 Note 3 of fall with no injury. Resident received in bed sleeping. Midwest X-ray tech arrived around 10:45 am. X-ray to lower back done this evening. Results pending. Resident compliant with incontinence care this morning and afternoon. +ROM. C/O lower back pain PRN Norco administered with effective results. VS:124/81, 74, 97.6, 18, 96%. On 4/29/2022 at 2:12 PM, V14 (nurse), Received resident this morning in bed asleep. Alert oriented x 2-3, forgetful. Norco given 2x and Tylenol this shift due to lower back pain and leg pain. Observed leaning to his left side while sitting on the w/c and recliner chair. Resident stated I have posin in my back. V/s: BP 157/95 Pulse 86 Temp:	A DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER (X2) MULTIPLE A BUILDING: IL6009732 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, \$ 2320 WEST 113TH PL CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) Continued From page 5 until lowered onto the toilet. After toileting resident was again raised from sitting position to standing position via sit to stand and placed into wheelchair, Resident noted to have poor posture when placed into wheelchair, Resident leaning to the left and forward, x-rays for lumbar spine and pelvis ordered to r/o scoliosis, resident will be provided with a (Left) side- board or position wedge (left) to help resident correct posture and positioning, any changes will be documented and reported to attending physician. On 4/28/2022 at 7:54 PM, V9 (nurse), Day 2 Note 3 of fall with no injury. Resident received in bed sleeping. Midwest X-ray tech arrived around 10:45 am. X-ray to lower back done this evening. Results pending. Resident compliant with incontinence care this morning and afternoon. +ROM. C/O lower back pain PRN Norco administered with effective results. VS:124/81, 74, 97.6, 18, 96%. On 4/29/2022 at 2:12 PM, V14 (nurse), Received resident this morning in bed asleep. Alert oriented x 2-3, forgetful. Norco given 2x and Tylenol this shift due to lower back pain and leg pain. Observed leaning to his left side while sitting on the w/c and recliner chair. Resident stated I have beain in my back. V/s: BP 157/95 Pulse 86 Temp: 17.6 // (nurse) noted on 5/02/2022 9:14 PM - Writer vas called to resident's room, observed resident's fet knee with swelling, resident c/o pain to back and left leg, v/s=98.5-71-18-135/82, spo2=94% oom air. V11 (Physician) notified of resident's resentation and complain of pain, as well as effusing ADL care, new order issued to send to ER (Emergency Room) for medical evaluation.	ILGOPTICE DEFICIENCIES OF CORRECTION (X1) PROVIDER SUPPLIER (X2) PROVIDER SUPPLIER (X2) WEST 113TH PLACE CHICAGO, IL 60043	A BULDING: C(1) PROVIDERSUPPLIERUCIA DENTIFICATION NUMBER LE009732 B. WING D77 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6009732	B. WING			C 07/15/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		TOIZUZZ	
SMITHV	'ILLAGE		ST 113TH PL), IL 60643	ACE ·			
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S9999	Continued From pa	ge 6	S9999			 	
	ER, stating she doe	dent be sent to Christ Hospital as not like Little Company of ace called at this time, ETA		**			
	on readmission date hospitalized for 10 of procedures for the line had a CT of his left versus chronic extra with mild shortening Resident readmitted knee surgical incision clean, dry, intact, and Medial left knee note intact and well appro-	pital notes and wound notes and 5/17/22 at 2:24 pm, R1 was lays and underwent surgical eft hip and left knee. Patient knee which showed an acute a articular distal femur fracture and flexion deformity. It to facility with left hip and on. Left hip present with 96 and well approximated staples. Led with 24 staples, clean, dry, eximated. Lateral left knee is clean, dry, intact, and well					
	care (LTC) facility from R1 was admitted to (7 falls in 6 months.	since admission to Long term om the Assisted Living side: (LTC) on 10/24/2021, R1 had R1 fell on 11/11/21, 11/30/21, 2/27/21, 01/01/22 and					
	Quarterly 4/3/22 note Interview Mental Star Assist with a 2 perso mechanical transfer.	S) Minimum Data Set: ed R1 with an 8/15 for Brief tus and a 3 for Extensive on transfer in a sit to stand Quarterly MDS dated a 2 person assist with and a 7/15 BIMS.					
1	Interviews:						
i	am with V1 (Adminis	terview on 6/30/22 at 11:12 trator) and V2 (Director of presented surveyor with					

Illinois E	Department of Public	Health			FORM	APPROVED
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), IL 60643			
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	in-services on transfa Disciplinary documento speak with V3 and worked for the compreview R3's employed contact phone numbers atted " all staff known Mechanical lift and c2 persons assist, we all of them when we provided surveyor where Surveyor asked V2 is transfer, V1 and V2 and Code for (Sit to Standard)	fers with mechanical lifts and nent for V3. Surveyor asked d was told he no longer pany. Surveyor requested to be record and to obtain a per to reach (V3). V1 and V2 we they should have used a pur mechanical transfers are asked that same question to investigated the incident. V2 ith V3's contact number. If R1 was a 2 persons answered yes, R1 is an SSS d) transfers.				
	said R1 was already in. Surveyor asked V she found R1. V4 sta up in the sit to stand the floor." Surveyor a off the floor. V4 said because I had knee suggested they use t resident off the floor asked V4 if she thought oget R1 off the floor should have used the	m, via phone V4 (nurse), on the floor when I walked 4 (nurse) to describe how ated "His arms was hanging and his legs and butt was on asked V4 if she helped lift R1 I didn't help lift anyone surgery. "I was the one who he blanket to transfer the and back to bed." Surveyor ght to use a Mechanical Lift . V4 stated "We all know we mechanical Lift, but we thim up because he was				
1 1 1	stated "I took residen was around dinner tin Nursing Assistants) o room and one (V5) w nall giving care to and over to help me put R knew she could not :	n via phone V3 (nurse) t (R1) to the bathroom, it ne. I had 3 CNA (Certified n duty, 2 was in the dining as in the room across the other resident. I called V5 1 in the sit to stand because stay with me she was ther resident. When we got				

Illinois E	Department of Public	Health			FORM	APPROVED
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			D, IL. 60643			
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	R1 in the sit to stand her patient that I cal patient to the bathro told him to pull the collection I went in to get the pwas cleaning him, howel movement. We moving his bowels, the door he screamed to his chest, his legs and both knees were for help and staff ca floor with a blanket a Surveyor asked V3 in Mechanical Lift to get "It never occurred to	d, I told V5 she can go back to a take it from here. I took the born, he was using the toilet, I call light when he was finished. Datient off the toilet and when I e started having another When he finally finished I pulled him out. When I got to ed. The sling straps were up and butt was on the floor e bending outwards. I called me and we lifted R1 off the and carried him to the bed." If he thought to use the et R1 off the floor. V3 stated me to get the Mechanical lift, ng, I just wanted to get him				
	(Certified Nursing As care of another reside (nurse) called me to stand. I helped V3 at and get back to my refrom here. I went back heard a loud scream into the room and sa stand with his legs at More help came and off the floor to bed." It thought or was trained to get R1 off the floor	om via phone V5 CNA sistant) stated, "I was taking lent across the hall when V3 help put R1 in the sit to had he told me to go ahead esident he could handle it ck and shortly thereafter I saying Help, Help. I went w R1 hanging from the sit to had butt was on the floor. We used a blanket to lift him Surveyor asked V5 if she ad to use the Mechanical Lift r. V5 stated, "it was a spare and we were trying to get				
	at 2:13 pm and 7/14/	all messages were left, with				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6009732 B. WING 07/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2320 WEST 113TH PLACE SMITH VILLAGE CHICAGO, IL 60643 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 9 S9999 Facility's Policy - Safe Resident Handling, Dated May 19, 2022: POLICY: To facilitate a safe work environment for staff and residents by implementing a Safe Resident Handling program. PURPOSE: To establish a framework for staff and resident safety during the handling and movement of residents. PROCEDURE: 1. Staff participating in resident handling and movement shall always practice safe resident handling techniques. a. Minimal lifting of residents shall be eliminated when feasible b. Practice proper body mechanics at all times c. Evaluate each situation carefully and plan to minimize risks as best possible prior to initiating task 4. Residents transfers will be designated into one of the following categories: a. I = Independent (resident can safely perform transfer with no assistance from staff). b. S = Supervision (resident can perform transfers with stand by assist, for verbal or tactile without use of assistive device cueina, with or such as walker or cane). c. 1 = 1-person transfer (minimal assistance from the caregiver and resident is able to stand for 4 seconds - Limited Assist). d. 2 = 2-person transfer (should only be used for behaviors or when resident is not medically appropriate for sit to stand or total lift - Extensive Assist).

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING;			(X3) DATE SURVEY COMPLETED	
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3	2 caregivers - Exten f. TL = Total Lift Mechanical Lift (HL) Assist). 6. Requirement for lifts or transfers such Stand	stand with Standard Sling with asive Assist). Transfer) also known as - with 2 caregivers- Total resident use of mechanical h as Mechanical Lift or Sit to				·	
	restrictions) B. Mechanical Lift If the resident is una	n nk control velght (both extremities, no					
		(A)					
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