STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014872	A. BUILDING: _____ B. WING _____	C 01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY REHAB & HCC	3298 RESOURCE PARKWAY DEKALB, IL 60115

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S 000	Initial Comments Investigation of Facility Reported Incident of 12-18-2024/IL183797	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.	S9999		

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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:

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 Regulations are not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure a resident was transferred safely with a gait belt for 1 of 3 residents (R1) reviewed for safety in the sample of 3. This failure resulted in R1 sustaining a distal femur fracture.

The findings include:

R1's admission record shows she was admitted to the facility on 12/15/24 with multiple diagnoses including a history of falls and weakness.

The 12/18/24 facility incident report documents the CNA (certified nursing assistant) was transferring a resident (R1) from a wheelchair to a bed using a gait belt. During the transfer, the resident's knees gave out, and the CNA lowered the resident to the floor. The same report notes R1 to be alert and oriented.

R1's admission assessment and care screening of 12/22/24 showed her to be cognitively intact, risk for falls and had impairment to both of her lower extremities. The same assessment

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documents she required maximal assist for mobility including sit to stand/hoyer for transfers related to weakness in knees.

R1's 12/27/24 nursing progress notes show she had returned from her scheduled orthopedics appointment and was to have diagnostic scans on her shoulders but was complaining of right knee pain. A scan of the right knee showed a fracture to the right knee and R1was given a knee brace for support. After follow-up with her primary care physician, an x-ray was ordered at the facility to verify the fracture.

R1's 12/31/24 right knee x-ray report documents age-indeterminate fractures of the distal femur just proximal to the knee prosthesis and at the superior aspect of the patella (kneecap). The impression shows it to correlate with timing of trauma and pain.

On 1/10/25 at 11:40 AM, R1 was sitting up in her wheelchair with a brace to her right leg, and a mechanical lift sling under her. R1 stated on the day of the incident it was late at night, and she should not have stayed up so late. R1 stated while transferring herself into bed, her knees gave out and she fell forward onto her knees. R1 stated the CNA was in the room but was just standing there and did not help her in anyway. R1 denied any previous falls in the facility. R1 stated she now has to use the mechanical lift to transfer due to a hairline fracture to her right leg. R1 stated she did not have any pain in her leg.

On 1/10/25 at 10:30 AM, V3 CNA stated she was advised by other aides to transfer R1 with a gait belt, and she was a one person assist. V3 stated she had the gait belt around R1 and was transferring her from the wheelchair to the bed.

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During the transfer, R1 did not want to stand up so she was standing behind R1 holding onto the gait belt and helped her stand up, then moved the wheelchair out of the way. As R1 was pivoting her knees gave out and she lowered her to the ground on her buttocks. V3 stated she then left the room to get the nurse.

On 1/10/25 at 12:00 PM, V5 LPN (Licensed Practical Nurse) stated when she entered R1's room with V3, R1 was sitting on the floor, alert and oriented. V5, stated she did not recall seeing the gait belt around R1 when she entered the room. V5 stated after she assessed R1, she found no initial injury and R1 had no complaints of pain. V5 stated V3 then placed a gait belt around R1 and transferred her into the bed. V5 stated she was not in the room when the fall happened but did see V3 place the gait belt while R1 was on the floor.

On 1/10/25 at 12:30 PM, V2 DON (Director of Nursing) stated she spoke with R1, and she was told the same details of the fall, in that the CNA was in the room watching while she transferred herself and V3 did not assist her (R1) or use a gait belt. V2 stated she did believe R1, and the transfer occurred without a gait belt, resulting in R1 falling and fracturing her leg. She found V3's statement to be untruthful regarding the events that took place. V2 stated because of the fracture, R1 is now non-weight bearing and is a mechanical lift for transfers.

A policy for gait belt transfers was requested and V2 said there was no policy for gait belt transfers. On 1/10/25 at 1:45 PM, V2 said the facility follows best practice when doing gait belt transfers. In this case the best practice would have been for the CNA to use a gait belt during the transfer.

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