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	IL6000483	A. BUILDING: _____ B. WING _____	C 03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST VIEW REHAB & NURSING CENTER	535 SOUTH ELM ITASCA, IL 60143

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S 000	Initial Comments Complaint Investigation 2572422/IL188443	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210b) 300.1210c) 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. 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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c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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 requirements were not met as evidenced by:

Based on interview and record review, the facility failed to safely transfer a resident utilizing a mechanical lift as per facility policy. This failure resulted in R1 experiencing pain and discomfort related to numerous facial fractures, a left periorbital hematoma, nondisplaced fracture of C2, left frontal subdural hematoma along the left frontal convexity, and hemorrhage within the bilateral maxillary and bilateral sphenoid sinus caused by the fall.

This applies to 1 of 3 residents (R1) reviewed for falls in a sample of 6.

The findings include:

Face sheet, dated 3/25/25, shows R1's diagnoses included fall, fracture of facial bones, traumatic hemorrhage of cerebrum, dementia, and Alzheimer's disease.

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MDS (Minimum Data Set), dated 2/24/25, shows R1's cognition was severely impaired and R1 was dependent on staff for transfers.

Review of R1's care plans showed R1 was at increased risk for falls related to cognitive impairments, decreased safety awareness, impulsiveness, decreased strength/endurance, use of anti-psychotropic medications, behavioral problems, and Alzheimer's. The care plan shows R1 was totally dependent on staff for transfers.

Final Incident Report, dated 3/18/25, shows on 3/14/25 R1 was a hospice resident who fell from a mechanical lift during a transfer performed by V5 (Certified Nursing Assistant). The report shows R1 accidentally slid off the mechanical lift and fell on the floor. The report shows V5 attempted to stop the fall but also fell on the floor with the resident. When staff responded to the scene, they found both R1 and V5 were on the floor. The report shows R1 landed on the floor and sustained upper body injury. R1 was sent via 911 to the emergency department for evaluation and treatment. The investigation shows R1 sustained facial fractures, base dens fracture, nondisplaced fracture of C2, and a left frontal subdural hematoma resulting from the mechanical lift transfer performed by V5. The report shows R1 expired.

Witness statement, dated 3/18/25, shows V5 stated, "That day I dressed and gave [R1] AM care and during that time the hospice nurse [V4] was in the room. I proceeded to prepare [R1] to transfer in the reclining chair and at that time the nurse stepped out of the room. I had [R1] in the [mechanical lift] for transfer. She began to be spastic and leaned forward. When I noticed this, I immediately ran under the lift to catcher. I was

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unable to cradle her, and we both fell on the floor. We fell on the floor, and she was on top of me. I think she hit her left side on the floor. After this I screamed for help, and someone came in the room and staff came in and helped."

Hospital CT (Computed Tomography) scans, dated 3/14/25, show R1 experienced the following as a result of her fall:
1. CT Maxillofacial: R1 had numerous fractures were noted throughout the facial bones. There was a mildly displaced fracture through the roof of sphenoid sinus, likely the source of patient's pneumocephalus. There was a fracture through the left superolateral orbital rim with mild comminution of the left lateral orbital wall and a nondisplaced fracture through the left medial orbital wall extending to the left frontal process of maxillary bone. There was a mildly displaced fracture through the lateral wall of the left maxillary sinus and a minimally displaced fracture of the right inferolateral maxillary sinus wall. R1 had a moderately displaced fracture of the left zygomatic arch and there was a nondisplaced fracture through the left maxillary floor.

2. CT cervical spine: R1 had a nondisplaced fracture of C2 at the junction of the odontoid peg and base.

3. CT Head: R1 had a left frontal subdural hematoma along left frontal convexity measuring up to 0.8 centimeters

4. CT Paranasal Sinus: R1 had a hemorrhage within the bilateral maxillary and bilateral sphenoid sinus.

5. CT Orbits: R1 had a left periorbital hematoma.

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On 3/25/25 at 3:16 PM, V10 (Physician) stated R1's injuries were the result of her fall and not a result of any other clinical conditions R1 was experiencing.

On 3/25/25 at 10:13 AM, V2 (Director of Nursing) stated at the time of R1's fall, V5 decided to transfer R1 by herself utilizing a mechanical lift. V2 stated it was her expectation that facility residents have two staff assisting with all mechanical lift transfers. V2 stated when she entered the room at the time of the incident, R1 and V5 were on the floor and there were only three of the four slings attached to the mechanical lift. V2 stated it was possible that V5 did not attach the slings properly to the mechanical lift. V2 stated she inspected the mechanical lift and sling, and no concerns were identified.

On 3/25/25 at 11:03 AM, V4 (Hospice Registered Nurse Case Manager) stated she initially left R1's room while V5 was performing care for R1. V4 stated she was seeing a different resident in the facility when R1 fell. V4 stated she was called to the room and saw R1 and V5 on the floor. V4 stated R1 was bleeding on her left eyebrow and from R1's nose and V4 attempted to control the bleeding. V4 stated V5 independently attempted to transfer R1 using a mechanical lift and R1 fell. V4 stated one of the four sling straps was hanging from the mechanical lift and the other three remained hooked on the lift.

Witness statement, dated 3/17/25, shows V4 stated at the time of the incident V4 responded to R1's room, R1 and V5 were lying on the floor. R1 was bleeding from her eyebrow and nose, and only three of the four sling straps were attached

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to the mechanical lift next to R1's bed.

On 3/25/25 at 12:01 PM, V3 (Hospice Clinical Supervisor) stated she interviewed V4 and V5 and determined V5 attempted to transfer R1 independently utilizing a mechanical lift and R1 fell. V3 stated it was her expectation that two staff be present when transferring residents utilizing mechanical lifts.

On 3/26/25 at 8:19 AM, V8 (Licensed Practical Nurse) stated she was called to R1's room and saw R1 lying on the floor of her room and V5 sitting on the floor. V8 stated she examined R1's injuries and R1 was bleeding from an open laceration on her left eyebrow and R1's eyebrow bone was exposed. V8 stated R1 could not verbally express pain but was showing face grimacing. V8 stated she asked V5 what happened and V5 stated R1 fell when she slipped out of the mechanical lift sling. V8 stated V5 attempted to catch R1 but V5 also fell.

Witness statement, dated 3/14/25, shows V8 stated she was called to R1's room, R1 and V5 were sitting on the floor, and V5 stated R1 slipped from the mechanical lift sling. V5 tried to catch R1, and R1 fell to the floor. The statement shows V8 stated one of the three straps was not attached to the mechanical lift at R1's bedside.

Witness statement, dated 3/14/25, shows V6 (CNA) stated at the time of the incident he witnessed R1 and V5 on the floor, R1 was bleeding from her face, and one of the sling straps was hanging from the mechanical lift and three straps were still attached to the mechanical lift. The statement shows V6 asked V5 what happened and V5 responded that R1 fell.

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Progress note, dated 3/14/25, shows R1 returned from the hospital with multiple skin discolorations on her left orbital area with bandages to her left upper eyebrow. The progress note shows R1 vomited twice, and an antiemetic was provided.

Hospice note, dated 3/15/25, shows V10 (Physician) approved continuous care for pain control, agitation, dyspnea, and nausea/vomiting after fall from [mechanical] lift and confirmed R1 had fractures to her face and a hematoma of her brain.

Progress note, dated 3/15/25, shows R1 had bluish-purplish discoloration on her left and right periorbital areas with swelling and bandages to her left upper eyebrow. The progress note shows the hospice service increased the morphine provided to R1.

Progress note, dated 3/16/25, shows R1 was unresponsive to verbal cues but responsive to tactile stimuli.

Progress note, dated 3/17/25, shows R1's face was covered in bruises, was swollen, and was showing drainage.

Progress note, dated 3/17/25, shows R1 expired.

Mechanical Lift Transfer Policy and Procedure, revised 10/10/11, shows, "Purpose: To assure that all residents that are assessed to require extensive assistance high (with minimal to no ability to bear weight of bilateral lower extremities) and/or total assistance in transfer are transferred safely with no injury to resident or care handler. The operating of the lift requires a minimum of two trained operators...."

(A)

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