STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING: _____ B. WING _____	C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC AT BRADLEY	650 NORTH KINZIE AVE BRADLEY, IL 60915

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S 000	Initial Comments Investigation of Facility Reported Incident of 02/20/25/IL187124	S 000		
S9999	Final Observations Statement of Licensure Violations 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 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	S9999		

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S9999	Continued From page 1	S9999		

resident to meet the total nursing and personal care needs of the resident.

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 transfer a dependent resident safely by failing to use a mechanical lift with two staff assistance for one of four residents (R1) reviewed for accidents. This failure resulted in R1 sustaining an acute nondisplaced proximal tib (tibia)-fib (fibula) fracture.

Findings include:

The facility's 2/24/2025 Report to the State Survey Agency showed R1 "...was observed on his right side....Stat Xray done...Upon investigation that included review of clinical records, assessment, hospital documentation, and statements of staff on duty; it was found that resident is a 2 transfer assist....This serves as final report."

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On 03/02/25 at 9:42 AM, R1 stated her fall occurred when the CNA (Certified Nursing Assistant) was trying to put her in the shower chair. R1 stated there was only one CNA assisting her to transfer. R1 stated she fell, and her left leg was hurting. R1 stated the CNA told her "Your leg is fine." R1 stated her left leg is broken in two places.

On 03/02/25 at 1:33 PM, V2 (Director of Nursing) stated "An investigation was done; V13 (CNA) used the wrong transfer technique." V2 stated V13 lifted R1 for the transfer by herself and did not use a mechanical lift. V2 stated the correct transfer technique for R1 is a mechanical lift with two assistance. V2 stated the x-ray came back in the afternoon, and it showed an acute nondisplaced proximal tib-fib fracture. V2 stated V13 knew very well that she should have transferred R1 with a mechanical lift and two assist. V2 stated when residents are not transferred appropriately, they could have a fall with injury to both the patient and the staff, adding in this case, the resident had a fall with an injury.

On 03/05/25 at 3:10 PM, V13 stated she was the CNA taking care of R1 when she fell and got injured. V13 stated she was trying to lift R1 without a mechanical lift and with no assistance from another staff member. V13 stated R1 became too heavy, and she lowered her onto the floor. V13 stated R1 was complaining of pain to her legs. V13 stated she had worked with R1 before and knew R1 transferred with a mechanical lift.

On 03/04/25 at 9:41 AM, V4 (Nurse Practitioner) stated R1 has a non-displaced fracture to the lower left leg. V4 stated the CNA was transferring

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R1 into her chair, and she slid and fell. V4 stated R1 is supposed to be transferred by a mechanical lift, with two staff members due to her contractures. V4 stated the fracture was the result of the CNA transferring the resident inappropriately and the fracture could have been prevented if the resident was transferred with a mechanical lift and two staff instead on one staff.

R1 was admitted to the facility on 10/04/23 with diagnoses including multiple sclerosis, lack of coordination, abnormal posture, dysarthria, reduced mobility, chronic obstructive pulmonary disease, major depressive disorder. R1's MDS (Minimum Data Set) dated 02/19/25 showed R1 had moderate cognitive impairment. R1's MDS dated 11/19/24 showed R1 had impairments to both upper and lower extremities. The same MDS showed R1 was dependent upon staff for chair/bed-to-chair transfers.

R1's progress notes dated 02/20/25 at 11:45 AM showed "received resident laying in bed, alert and oriented x4. Resident complains of left lower leg pain. NP (Nurse Practitioner) notified and ordered left lower leg and ankle and foot." Progress notes dated 02/20/25 at 6:11 PM "Notified NP regarding x-ray result. NP ordered to send out to ED (Emergency Department) for evaluation. POA (Power of Attorney) made aware." Progress notes dated 02/20/25 at 6:49 PM "Resident was sent out at (Hospital) ER (Emergency Room) via (Ambulance) for further evaluation and treatment. Management and POA made aware." Progress notes dated 02/20/25 at 9:37 PM "Resident came back from (Hospital). (Hospital) ER called and informed this nurse that they did an x-ray, and it was positive for tib-fib fracture and no hip fracture and needs to have an appointment to orthopedics."

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R1's Radiology Results Report date 02/20/25 at 3:32 PM showed "Procedure- left tibia and fibula, two views. Findings- 4 view left tib-fib. No prior study for comparison. Acute nondisplaced proximal tib-fib fracture. Mineralization is decreased with degenerative changes. No radiopaque foreign body. No convincing plain film evidence osteomyelitis. Impression- acute nondisplaced proximal tib-fib fracture."

R1's Kardex Report dated 03/02/25 showed "Transferring: Transfer- The resident is totally dependent on 2 staff for transferring. R1's ADL self-care/mobility care plan dated 01/26/24 showed interventions: "Chair/bed to chair transfer: My usual performance is dependent. I use a mechanical lift for transfer assist."

The facility's Transfers- Manual Gait Belt and Mechanical Lifts Policy (last approved 10/2024) showed Purpose: In order to protect the safety and well-being of the Staff and Residents, and to promote quality care, this facility will use Mechanical lifting devices for the lifting and movement of Residents. Guidelines: 1. Mechanical lifting devices shall be used for any resident needing a two person assist, or who cannot be transferred comfortably and/or safely by normal transfer technique. The facility's Fall Prevention Program policy last approved date 10/2024 showed Purpose: To assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. Guidelines: Transfer conveyances shall be used to transfer residents in accordance

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