STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002851	A. BUILDING: _____ B. WING _____	C 04/13/2025

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IRVING PARK LIVING & REHAB CTR	4340 NORTH KEYSTONE CHICAGO, IL 60641

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S 000	Initial Comments Facility Reported Incident Report IL00188559	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300. 1210a) 300. 1210b) 300.1210d)6) 300.1220b)2)3) 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 a) 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 comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which	S9999		

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allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)
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.
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.

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:
2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities

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potential, rehabilitation potential, cognitive status, and drug therapy.
3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs.
Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

These Requirements were not met as evidenced by:

Based on observations, interviews and records review, the facility failed to safely transfer one (R1) of three residents reviewed for mechanical lift transfer. The failure cause R1 to sustain injury to his right fifth toe requiring three sutures.

Findings include:

R1 is 57-year-old individual whose current face sheet documents R1 medical diagnosis to include but not limited to: Unspecified Sequelae of Cerebral Infarction, Pressure Ulcer of Sacral Region, unspecified stage, Neuroleptic Induced Parkinsonism, Schizophrenia, unspecified. MDS (Minimum Data Set) section C-Cognitive abilities dated 3/17/2025, documents R1's BIMS (Brief Interview for Mental Status) as 7/15 indicating R1 has severe cognitive impairment. MDS section GG-Functional abilities documents R1 has

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impairment on both upper and lower extremities and requires Substantial/maximal assistance. Eating, Oral hygiene, Toileting hygiene Shower/bathe self, Upper body dressing, Lower body dressing, putting on/taking off footwear, Personal hygiene, R1 is dependent on staff.

Facility Reported Incident Report (final) dated 3/24/2025, documents:
-Based on facility investigations, Resident (R1) with diagnosis of Neuroleptic Parkinsonism which causes rhythmical movements bumped his right foot on the foot board of the bed during transfer which resulted in resident (R1) sustaining laceration to right 5th digit. On 3/18/2025, R1 returned to the facility from the hospital with three sutures on the right 5th digit with discharge instructions to remove sutures in one week.

On 04/12/2025, at 11:01 AM, R1 was observed laying in bed awake and stated two staff use the mechanical lift to transfer him. R1 stated he does not remember what happened when he was being transferred but his toe was hit during the transfer. He had stitches but they were removed.

04/12/2025, at 11:03 AM, V5 (Licensed Practical Nurse -LPN) and surveyor observed R1's right fifth toe. The back side of the toe was observed with three marks where the sutures were removed. R1 stated he was not in pain when V5 touched his fifth small toe. V5 stated two staff operate the mechanical lift when transferring residents and monitor the resident to prevent resident injury. V5 further stated staff have to be careful and watchful when using the mechanical lift to transfer residents because residents can be scared during transfer and move around which could cause resident injury.

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On 04/12/2025, at 11:11 AM, V6 (Certified Nursing Assistant-CNA) V6 stated when moving a resident with a mechanical lift, staff must concentrate and watch what they are doing to prevent resident injury.

On 04/12/2025, at 1:00 PM, V9 (Licensed Practical Nurse -LPN) via phone stated she was the nurse for R1 on 3/17/2025, when R1 sustained an injury on the right small toe during transfer. V9 stated she was in the hallway when V10 and V11(CNAs) were transferring R1 from the specialized chair to the bed using a mechanical lift. V10 called her to R1's room because R1 was bleeding from the right small toe. V9 stated V10 and V11 told her that R1 became impulsive during transfer, was moving around and hit his foot on the bed frame. V9 stated she assessed R1 and gave R1 a pain medication. V9 notified V3 (Director of Nursing) then notified V12 (Physician) who gave V9 orders to send R1 to the local hospital for further evaluation. V9 stated she called the hospital later that evening and was informed R1 had received sutures on the right small toe. V9 stated a mechanical lift is used to transfer residents so that residents can be safe and not sustain injuries.

On 04/12/2025, at 1:40 PM, V10 (Certified Nursing Assistant-CNA) via phone stated on 3/17/2025, he was guiding the mechanical lift while transferring R1 with V11(CNA) and V11 was operating the lift. V10 stated he and V11 were transferring R1 from the specialized chair to the bed when R1 started getting agitated, anxious, and was moving around. V10 stated R1's right toe got caught at the end of the foot board. R1's toe was bleeding. V10 stated V9 was notified and came to assess R1. V10 stated dependent

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residents who need maximal assist for transfer are transferred using a mechanical lift to prevent injuries and falls.

On 04/12/2025, at 1:57 PM, V11 (Certified Nursing Assistant-CNA) via phone stated there were two CNAs. V10 and V11 were assisting R1 to transfer R1 from the specialized chair to the bed using a mechanical lift. V11 was operating the mechanical lift and V10 was guiding the lift. V11 stated R1 was getting agitated, scared, and V11 was behind the mechanical lift. V11 does not know what happened or what hit R1 on the foot. V11 stated V10 was the one guiding the mechanical lift sling to the bed when R1's right leg hit the bed. R1 started bleeding on the small toe, and V11 and V10 called V9 to come assess R1. V11 stated there are two CNAs operating the mechanical lift for the safety of the resident to prevent injuries during transfer. R1 is a two person assist.

On 04/21/2025, at 2:34 PM, V13 (Nurse Practitioner) via phone stated physical therapy assesses residents for mobility. R1 is a two person assist for mobility safety. V13 stated V12 (Physician) is the one who was notified when R1 had injury to the foot, therefore he (V13) does not have details of the injuries but knows V12 gave orders for R1's sutures to be removed by wound care at the facility.

On 04/12/2025, at 3:38 PM, V3 (Director of Nursing -DON) stated mechanical lifts are supposed to be used to be operated by two or more staff for the safety of the resident and staff. V3 stated R1 was new to the facility and was admitted on 3/11/2025. On 3/17/2025, during the afternoon shift, (V10 and V11(CNAs) were going to move R1 from the specialized chair to the bed

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using a mechanical lift. V3 stated one staff was operating the mechanical lift and the other was maneuvering R1 while on the lift for safety. R1 has Parkinson's disease and tends to flip over or shake because of Parkinson's disease. V3 stated the goal of using a mechanical lift with two staff is to make sure the resident is safely transferred. V3 stated as V10 and V11 were lowering R1 to the bed, his (R1's) foot hit the foot of the bed and R1 sustained injury to the right fifth posterior digit. V3 stated R1 was lowered to the bed, and assessed by V9 (LPN). V13 (Physician) was notified and R1 sent to hospital for further evaluation. V3 stated R1 come back on 3/18/2025, at 2:15 AM, with three sutures to the right fifth posterior digit with orders to monitor and remove sutures in the facility in seven days by wound care. V3 stated V10 and V11 should have stopped transferring R1 when they noticed he was agitated/fidgety or anxious and should have notified V9 to assess duty to assess R1 so that R1 could have been transferred safely.

On 04/12/2025, at 4:00 PM, V14 (Therapy Director) via phone stated R1 was never assessed by therapy at the facility because he come to the facility as a mechanic lift transfer resident when he transferred to this facility from a sister facility. V14 stated if a resident is dependent and requires two staff to transfer, a mechanic lift is used for safety reasons to avoid injuries during transfer. V14 stated the staff are supposed to monitor the resident so that the resident does not sustain injuries during transfers. The resident is not able to help at all during transfers and the helper does 100% of the work. V14 stated that is why R1 is transferred with a mechanical lift for the safety of R1. V14 further stated she does not expect a resident who is being transferred with a mechanical lift to be

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injured during transfer because staff are the ones operating the machine and should be monitoring the resident as they transfer to prevent injuries.

Policy titled: Hydraulic Lift (Hoyer Lift) no date, documents:
PURPOSE
-To enable two staff to lift and move a resident safely, with as little effort as possible

Nursing progress notes dated 03/17/2025, 5:21 PM document:
Around 4:00 PM, two Certified Nursing Assistants (V10, V11) were transferring R1 from the specialized chair to bed using a mechanical lift. R1 bumped his right foot by the foot board during transfer. Upon assessment (by V9-LPN) noted a small laceration to the posterior right 5th digit. First aid was rendered. MD (Medical Doctor-V13) notified, and orders were given to transfer R1 to a nearby hospital for medical evaluation.

Nursing progress notes dated 03/18/2025, 2:52 AM, document:
R1 returned to the facility from the hospital with DX (Diagnosis) of Foot Laceration. Right foot 5th digit noted with 3 sutures with discharge instruction to remove sutures in one week.

Hospital records dated 3/17/2025, documents:
-R1 was seen at the emergency department for a concern of a laceration to right little toe and received three sutures to help bring the skin together. Sutures to be removed in one week.

R1's care plan dated 3/17/2025, documents:
Pressure Ulcer/Injury-Laceration Right Toe Incident
-Staff Education/Inservice on Resident safety transfer was given to all nursing staff.

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S9999	Continued From page 8 R1's care plan dated 3/18/2025, documents: -Resident will be transferred with mechanical lift and sling daily. Verbal cues and two persons assist from staff for resident safety and proper use of device. (B)	S9999		