| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ASL510559 | A. BUILDING: _____ B. WING _____ | C 04/25/2026 |

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| A 000 | Initial Comment<br><br>Complaint Investigation Survey<br>#2694154 / IL201172 - no findings<br>#2692428 / IL200432 - no findings<br><br>Facility Reported Incident of 4/6/2026 #IL201234 - 295.4010a)d) | A 000 | | |
| A4010 | Section 295.4010 Service Plan<br><br>This Regulation is not met as evidenced by:<br>TYPE 2 VIOLATION<br><br>Section 295.4010 Service Plan<br><br>a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan.<br><br>d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act)<br><br>This requirement was NOT MET as evidenced by:<br><br>Based on interview and record review, the establishment failed to follow the resident's | A4010 | | |

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| A4010 | Continued From page 1 | A4010 | | |

service plan for one (R6) of three residents reviewed for accidents. This failure resulted in R6 being transferred without the use of a gait belt, as indicated by the service plan and resulted in R6 experiencing two falls during transfers, sustaining skin tears and a femur fracture requiring hospitalization.
This failure creates the substantial probability of harm to a resident or residents.

Findings include:

R6 is a 75-year-old resident with diagnoses including, but not limited to, alcoholic cirrhosis of the liver, COPD, primary hypertension, CHF, anemia, history of falling, hypotension, muscle weakness, other abnormalities of gait and mobility, and other atherosclerosis of native arteries of extremities, bilaterial legs.

Review of R6's physician certification dated 8/22/2025 indicated that R6 requires moderate assistance with transferring with "one person assist + gait belt."

Review of R6's service plan with effective date 2/19/2026 includes #19 Routines and Preferences Category: ADL Services Area: Preferences: ...gait belt - resident requires the utilization of a gait belt for safe transfers. Put the belt around the residents waist, over the clothing with the buckle in front. Thread the belt through the teeth of the buckle. Be sure the belt is snug with just enough room to get your fingers under it. Lift or move the person with your arms and leg muscles. Do not use your back muscles. When you are done move the resident, remove the gait belt. Do not share gait belts between residents unless they have been disinfected. Staff to report to nurse any changes in the residents ability to

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| A4010 | Continued From page 2 | A4010 | | |

safety transfer with a gait belt. The same instructions are included under the service plan section for Transferring.

Report of incident documented by establishment includes:
Incident:
On Monday 4/6/26 around 5pm resident was being assisted to the toilet. RA assisted resident transferring from the bed to the wheelchair. During the transfer resident became unsteady and began to fall. RA then slowly lowered resident to the floor. During the process it was noticed that resident had a skin tear to right leg. Area was cleansed and dressing applied. Resident then was transferred from the wheelchair to the bed when she became unsteady once again and was lowered to the floor, resident: sustained a skin tear to left leg. Resident complained of Right knee pain. MD requested resident: to go to the ER. Resident refused.
4/7/26
Resident was then noted with right knee swelling on Tuesday 4/7/26 in the morning. MD notified and Xray was ordered.
4/8/25
Xray was performed on 4/8/26. Xray results on 4/8/26 then showed a distal femur fracture. Resident was sent to hospital via 911. Resident was admitted with femur fracture. Wellness director and Executive Director made aware of incident.
Investigation Summary
Per RA who was present during incident, resident lost balance of her legs, No immediate safety concerns were identified except for her continued drinking. Based on review of all available information and resident statement; there was no evidence to suggest abuse or neglect.
Environmental Assessment:

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| A4010 | Continued From page 3<br>o No environmental hazards identified.<br>o No evidence of unsafe flooring, loose rugs, or clutter<br>o The wound presentation was consistent with a superficial skin tear ...<br><br>The clinical record did not reflect documentation that a gait belt was utilized during the transfers at the time of the incidents.<br><br>4/25/26 at 1:44PM E4 (LPN) said, I was the nurse on duty (during R6's incident) and I was called to the room. When I went to the room, the RA (resident assistant), (E9) was with R6 and R6 was on the floor, kneeling between the bed and the wheelchair. E9 said, don't worry, it wasn't a fall. She said R6 should have been able to transfer by herself. When I put R6 on the chair, I assessed her and noticed the skin tear on her right leg. E9 was the only RA in the room with R6. I believe R6 only requires one person assist but per E9, R6 should be able to stand on her own. I believed R6 only needed one person assist. E9 was not using a gait belt. I've never seen any RA use a gait belt. I have not seen one (gait belt) in the facility. It was actually my first or second day by myself after training, so I wasn't as familiar with the residents (at the time of the incident). I took the word of the RA. We should go by the care plan to determine the level of assistance that the residents need. Since it's AL, I took her word for it at the time.<br><br>4/24/26 3:37PM E2 (Wellness Director) said that R6 is currently at a skilled rehab facility. Per E2, when the incident occurred, she got a call from the nurse, stating that R6 had a fall. They tried to send her out, but she refused. The following day when we checked on her, she continued to refuse to go out because we were concerned about the | A4010 | | |

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| A4010 | Continued From page 4<br>swelling in her leg. We called the doctor, and the doctor ordered an x-ray. They came out here and did the x-ray and they said she had a possible fracture, then she finally agreed to go out ...When R6 fell she was being transferred from the bed to the wheelchair and per the caregiver, she just gave out and the caregiver helped her to the ground, which led to the skin tear. The nurse came in and they took her to the bathroom. On her way back to bed, the same thing happened, she got weak and fell. Her knee hit the floor and that's where the other skin tear came from. The nurse applied a dressing and she wasn't complaining of pain but a few hours later she complained about pain and asked for Tylenol. From my experience working with her she was okay with a one-person transfer, I have helped her get dressed before ...Prior to me coming here, there were concerns about her drinking. Once she has finished rehab, then I will go out and assess her to make sure that she is still appropriate for her to come back. We don't have a discharge date for her yet but I'm hoping to go next week to see her ... The RA that was with her when it happened, this was her last day, so she is no longer with the company.<br><br>During subsequent interview with E2, when asked about R6 needed a gait belt with transfers, E2 said she would have to review the record to confirm. No additional related information was provided during the survey to document why the gait belt was not used during the above incident. | A4010 | | |