STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145409	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Michaelsen Health Center	831 North Batavia Avenue Batavia, IL 60510

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview and record review, the facility failed to ensure a resident's arms were positioned safely outside the sling during a transfer using a sit-to-stand mechanical lift. This failure resulted in the resident falling through the sling, sustaining a head injury that required five staples. This applies to 1 of 4 residents (R2) reviewed for mechanical lift transfer safety. The findings include:R2's face sheet documents diagnoses of dementia, anemia, major depressive disorder, degenerative disc disease, gastro-esophageal reflux disorder, history of falling, cognitive communication deficit and dysphagia. R2's MDS (Minimum Data Sheet) dated 3/6/26 documents R2 has severe cognitive impairment, requires substantial/maximal assist with transfers, is frequently incontinent with bladder, and is always incontinent of bowel. On 4/9/26 at 9:30 AM, V5 (RN-Registered Nurse) said on 3/22/26 at approximately 10:00 AM, she responded to V4's (CNA-Certified Nurse Assistant) call for help. V5 said she saw R2 was lying on her right side on the floor in her room. V5 said she saw a pool of blood under R2's head and assessment showed R2 had bleeding coming from the right side of her head. V5 said she immediately called paramedics and R2 was sent out to a local hospital where she received five staples on the right side of her head.On 4/9/26 at 10:00 AM, V4 (CNA) said on 3/22/26 at approximately 10:00 AM, she was providing incontinence care to R2 by herself. V4 said R2 was on the sit-to-stand mechanical lift while she was providing care. She said she was on R2's left side and she was bent over fastening the right side of R2's incontinence briefs. V4 said she felt R2's hand hit her head and when she raised her head, she saw R2's arms were inside the sling. She said R2 had her arms raised up and R2 slid in between the belt of the sit-to-stand mechanical lift's sling and fell on the floor. V4 said she did not see R2 take her hands off the sit-to stand's hand grip, did not see R2 put her arms inside the sling and did not see R2 raise her hands, because she was bent over and was providing incontinence care.On 4/9/26 at 9:20 AM, V11 (RN-Registered Nurse) said R2 transfers using a sit-to stand mechanical lift. She said due to R2's cognition, she needs close supervision and constant cueing to keep her hands on the sit-to-stand lift's hand grips.On 4/9/26 at 3:21 PM, V9 (Restorative Nurse) said residents who are cognitively impaired and using the sit-to-stand mechanical lift require close supervision and constant prompting during transfers. V9 said it is not safe to provide incontinence care while on the sit-to-stand mechanical lift. She said sit-to-stand mechanical lifts are used for transfers because residents cannot stand on their own and cannot balance themselves. V9 said providing incontinence care while in the sit-to-stand mechanical lift creates a balance issue and staff will not be able to see if residents are keeping their hands where they are supposed to be for safety.On 4/9/26 at 4:18 PM, V10 (R2's Physician) said staff should watch residents closely during transfers using sit-to-stand mechanical lifts to prevent accidents.R2's hospital record dated 3/22/26 shows she had a laceration repair on 3/22/26.Sit-to-stand mechanical lift's manual documents for standing sling: Ensure that the patient's arms are outside the sling. The facility was unable to provide a policy on toileting.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE