

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2025
NAME OF PROVIDER OR SUPPLIER Irving Park Living & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4340 North Keystone Chicago, IL 60641	

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)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45111</p> <p>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.</p> <p>Findings include:</p> <p>R1 is [AGE] 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 impairment on both upper and lower extremities and requires Substantial/maximal assistance.</p> <p>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.</p> <p>Facility Reported Incident Report (final) dated 3/24/2025, documents:</p> <p>-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.</p> <p>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.</p> <p>(continued on next page)</p>

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
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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 residents who need maximal assist for transfer are transferred using a mechanical lift to prevent injuries and falls.</p> <p>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.</p> <p>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.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>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 [DATE]. On 3/17/2025, during the afternoon shift, (V10 and V11(CNAs) were going to move R1 from the specialized chair to the bed 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.</p> <p>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 injured during transfer because staff are the ones operating the machine and should be monitoring the resident as they transfer to prevent injuries.</p> <p>Policy titled: Hydraulic Lift (Hoyer Lift) no date, documents:</p> <p>PURPOSE</p> <p>-To enable two staff to lift and move a resident safely, with as little effort as possible</p> <p>Nursing progress notes dated 03/17/2025, 5:21 PM document:</p> <p>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.</p> <p>Nursing progress notes dated 03/18/2025, 2:52 AM, document:</p> <p>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.</p> <p>Hospital records dated 3/17/2025, documents:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-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.</p> <p>R1's care plan dated 3/17/2025, documents:</p> <p>Pressure Ulcer/Injury-Laceration Right Toe Incident</p> <p>-Staff Education/Inservice on Resident safety transfer was given to all nursing staff.</p> <p>R1's care plan dated 3/18/2025, documents:</p> <p>-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.</p>		