

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Accolade Healthcare of Savoy		STREET ADDRESS, CITY, STATE, ZIP CODE 302 West Burwash Savoy, IL 61874	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 20892</p> <p>Based on interview and record review the facility failed to ensure two staff were assisting during a mechanical lift transfer for one of four residents (R2) reviewed for falls on the sample list of four. This past noncompliance occurred from 4/20/24 to 4/25/24.</p> <p>Findings include:</p> <p>The Physician's Order Sheet (POS) dated April 2024 documents the following diagnoses for R2: Chronic Obstructive Pulmonary Disease, Unspecified Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure and Morbid Obesity.</p> <p>The Minimum Data Set (MDS) dated [DATE] documents R2 is independent in decision making skills, uses an electric wheelchair for transportation needs, and activities of daily living are completed by staff due to R2's medical diagnoses.</p> <p>R2's care plan dated 3/8/24 documents R2 requires two staff assistance for all transfers. Mechanical lift transfer requires two staff to be present.</p> <p>Facility incident report dated April 20, 2024, documents on April 20, 2024, at approximately 2:00 pm, V12, Certified Nurse Assistant (CNA) attempted to transfer R2 from the wheelchair to the bed using a mechanical lift without the assistance of a second staff member. The report states that during the transfer R2 fell out of the mechanical sling and fell to the floor hitting her buttocks and head on the mechanical transfer base frame. The report states V14, Registered Nurse (RN) was notified and R2 was sent to the Emergency Department. The report documents R2 returned to the facility with no injuries.</p> <p>On 4/30/24 at 11:30 am R2 stated she was being transferred from her electric wheelchair to the bed. R2 stated at first there were two people assisting with the transfer, then one CNA received a phone call stating it was an emergency and left the room. R2 stated V12 decided he would do the transfer by himself and R2 fell out of the mechanical sling and hit the floor on her buttocks and head.</p> <p>The facility's policy on Transfers dated 8/2017 documents under Procedures #3 A minimum of two staff members is recommended when transferring with a mechanical lift.</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V1, Administrator confirmed on 4/26/24 at 10:00 am, One staff member transferred R2 using the mechanical lift and R2 slipped out of the sling and fell . V1 stated two staff members are needed for a mechanical lift transfer.</p> <p>Prior to the survey date, the facility took the following actions to correct the noncompliance.</p> <ol style="list-style-type: none"> 1. All residents that are transferred via mechanical lift have the potential to be affected. All mechanical lift slings were inspected for signs of disrepair. Nursing and laundry staff were educated on mechanical lift sling inspection. All nursing staff were educated on safe use of mechanical lifts requiring two nursing staff for the entire transfer. Action completed 4/22/24. 2. Nursing and laundry staff will be educated upon hire and at least annually on the mechanical lift sling inspection protocols - inspected during laundering and nursing staff to inspect prior to each use. Action completed on 4/22/24 and ongoing. 3. Mechanical lift slings will be inspected by the administrator or designee weekly for four weeks and then bi-weekly for four weeks to ensure slings are in good repair. Action completed on 4/20/24 and ongoing. 4. The facility performed an audit checking the staff using the mechanical lift on 4/25/24. Lift transfers will be monitored/audited on an ongoing basis. 5. The results of these audits will be reviewed by the facility Quality Assurance Performance Improvement (QAPI) committee for patterns, trends, and continued recommendations for process monitoring and improvement. <p>Compliance Achieved 4/25/24.</p>