

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Allure of Zion		STREET ADDRESS, CITY, STATE, ZIP CODE  3615 16th Street Zion, IL 60099	

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>35178</p> <p>Based on observation, interview, and record review the facility failed to transfer a resident according to the resident's care plan. This failure applies to 1 of 5 residents (R1) reviewed for falls in the sample.</p> <p>The findings include:</p> <p>On 04/24/24 at 10:33AM, R1 was in her room sitting in a wheelchair. R1 had two staples in the top posterior area of her head.</p> <p>On 04/24/24 at 10:33AM, R1 stated, I cannot remember what happened.</p> <p>On 04/24/24 at 10:40AM, V8 R1's family stated, my sister and I were concerned about the staff using a mechanical stand lift for the transfer. My mom does not use a mechanical lift.</p> <p>On 04/24/24 at 2:49PM, V3 ADON-Assistant Director of Nursing stated, R7 CNA-Certified Nursing Assistant reported that the resident was weaker that night and needed the mechanical stand lift. The CNA did not use the mechanical stand lift appropriately. The mechanical stand lift is not part of R1's plan of care. The CNA should not have used the mechanical stand lift. R7 CNA should have reported to the nurse before attempting the transfer.</p> <p>On 04/25/24 at 10:30AM, V9 Restorative CNA stated, there is a list provided to the CNAs that show how a resident is transferred. R1 has always been a two-assist transfer.</p> <p>The resident Transfer List dated 04/07/24 to 04/13/24 shows, R1 two (person) extensive assist with gait belt.</p> <p>R1's Progress Notes dated 4/11/2024 at 10:18PM, shows, Post Fall Evaluation, Time of Fall: 04/11/2024 7:00 PM Fall was witnessed. Who witnessed fall: V7 CNA.</p> <p>Fall occurred in the Resident's room.</p> <p>Activity at the time of fall: Resident was being transferred in mechanical stand lift. The reason for the fall was not evident.</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>Did an injury occur as a result of the fall: Yes. Injury details: Resident had a small scrape to back of head with a small amount of blood noted.</p> <p>Did fall result in an ER visit/hospitalization : Yes. ER Visit/hospitalization .</p> <p>Provider: NP Time notified: 04/11/2024 Notified of: Fall, injury and sent out.</p> <p>Fall Details Note: Blood visible to back of head ordered to send resident out via 911.</p> <p>Facility Safe Resident Handling/Transfers Policy dated 11/01/22 shows, two staff members must be utilized when transferring residents with a mechanical lift. Resident lifting and transfer will be performed according to the Resident's individual Plan of Care.</p>