

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Goldwater Care Spring Valley		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 North Greenwood Street Spring Valley, IL 61362	

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>33973</p> <p>Based on observation, interview, and record review the facility failed to ensure resident safety during transfer, failed to use a gait belt during resident transfer, and failed to follow the facility policy and procedure for mechanical lift slings for one (R4) of three residents reviewed for falls in a sample of four.</p> <p>Findings include:</p> <p>The facility's Fall Prevention Program policy, revised 11/21/17, documents Purpose: To assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. Quality Assurance Programs will monitor the program to assure ongoing effectiveness. Malfunctioning equipment will be immediately reported to maintenance for repair or removed from service.</p> <p>The facility's Transfers - Manual Gait Belt and Mechanical Lifts policy, revised 1/19/18, documents: Purpose: In order to protect the safety and well-being of the Staff and Residents, and to promote quality care, this facility will use Mechanical lifting devices for lifting and movement of Residents .Guidelines: 4. Mechanical lift equipment shall undergo routine maintenance checks by the nursing and maintenance staff to ensure that equipment remains in good working order .9. Use of gait belt for all physical assist transfers is mandatory.</p> <p>1. On 8/16/24, at 12:50 pm, V6 Certified Nursing Assistant/CNA wheeled R4 into his room. V7 CNA arrived to assist in transferring R4 from his wheelchair to the bed. They wheeled R4 next to his bed and while V7 stood beside the wheelchair, V6 had R4 stand and pivot then sit on the bed; no gait belt was used.</p> <p>On 8/16/24, at 2:18 pm, V6 CNA confirmed she did not place a gait belt on R4. V6 stated they do not use a gait belt on (R4) because it bothers his suprapubic catheter if they put it down too low and he says it hurts his abdomen if we put it up higher. We just have him reach and use the bedrail to get into bed and that's why we use two staff.</p> <p>R4's Minimum Data Set/MDS assessment, dated 7/18/24, documents R4 requires partial/moderate assistance for chair/bed-to-chair transfer.</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>R4's current Care Plan documents R4 is at risk for fall/injury from weakness and tiredness.</p> <p>On 8/16/24, between 2:35 pm - 2:45 pm, V5, V8, and V9 CNAs denied ever having a problem using a gait belt on R4 because of his suprapubic catheter or any other reason.</p> <p>On 8/16/24, at 3:41 pm V3 Assistant Director of Nursing/ADON confirmed that if a resident is a one or two person assist staff should always use a gait belt.</p> <p>2. R4's Un-witnessed fall investigation, dated 6/27/24, documents CNA (V5) answered resident's light. Resident was observed sitting on the floor with his back resting against the bed. Resident states he sat on the edge of the bed himself to transfer to the wheelchair but slid to the ground. Resident denied hitting his head, any injury, or pain. Oriented x 3, ROM (Range of Motion) intact. Resident being (mechanically lifted) from the floor to the bed per (V4 Registered Nurse/RN and V5 CNA. The (mechanical lift) sling tore apart from left upper fabric strap where it attaches to sling. Resident was approximately 6 inches off the ground and nurse held the end up preventing resident falling to the ground and then lowered him gently. No injury occurred.</p> <p>On 8/16/24, at 2:26 pm, V3 Assistant Director of Nursing/ADON stated the following: I got called to (R4's) room and he was on the floor and the strap to the mechanical lift sling was broke, the top one on his right side. Not sure of when the sling was last examined. Laundry does that .V3 confirmed that staff should look them over first to be sure they are in good condition and stated, That is common knowledge.</p> <p>On 8/16/24, at 2:35 pm, V5 CNA stated the following: When I walked by, I saw (R4) on the floor. (R4) said he slid out of bed and said that he had wanted to get into the chair. I had the nurse (V4 Registered Nurse/RN) come down to his room. We got the (mechanical lift) and (V4 RN) assessed him and he didn't have any pain he just wanted to go back to bed. We hooked (R4) up to the sling and proceeded to use the (mechanical lift) and the sling busted into two pieces. We lowered (R4) down and he hadn't cleared the bed yet, so he wasn't up very high. (V4) hooked the top parts and I hooked the bottom parts for his legs. The sling was the one in his room, so it had been used already. I didn't really inspect it before using it.</p> <p>On 8/16/24, at 2:58 pm, V4 RN stated the following: The CNA (V5) came and got me cause (R4) slid out of bed. We went and put a (mechanical lift) sling on. (R4) was only few inches off the floor when one of the slings had broken so we lowered him back to the floor. I held onto it while (V5 CNA) lowered him back to the floor. We hooked it up like we always do. I don't recall if (V5) looked the sling over first, I didn't.</p> <p>On 8/20/24 at 9:50 am, V2 Director of Nursing/ DON stated laundry staff is responsible for checking all the mechanical lift slings when they are laundered, and the CNAs should be checking prior to each use.</p> <p>On 8/20/24 at 9:57 am, V11 Housekeeping/Laundry Supervisor stated the mechanical lift slings are all checked by whoever is in charge of laundry that day.</p> <p>On 8/20/24 at 11:14 am, V13 Maintenance Director stated he does not check the mechanical lift sling and has nothing to do with them. V13 stated laundry staff checks all the slings.</p> <p>(continued on next page)</p>		

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