

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/30/2024
NAME OF PROVIDER OR SUPPLIER  Medina Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  402 South Center Street Durand, IL 61024	

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 safely control a full body mechanical sling lift resulting in R1 sustaining a laceration to her forehead, for 1 of 4 residents reviewed for mechanical sling lift transfers in the sample.</p> <p>The findings include:</p> <p>On 09/30/2024 at 8:50AM, R1 was lying in bed. R1 had a 5-centimeter wound, that looked like an abrasion, to the forehead area.</p> <p>On 09/30/2024 at 8:50AM, R1 said, they just took the staples out of my head. There was two staff members transferring me when it happened. There was a lot of staff when I started bleeding, I had blood all over me.</p> <p>On 09/30/2024 at 10:45AM, V8 CNA-Certified Nursing Assistant said, when we pulled her (R1) back in the wheelchair it got bent and tilted. I was guiding the resident and V7 CNA was working the mechanical lift.</p> <p>On 09/30/2024 at 11:00AM, V7 CNA-Certified Nursing Assistant said, the other CNA guided the resident as I worked the machine. R1 was sitting in the chair when it tilted. I did not see what part of the lift hit her.</p> <p>On 09/30/2024 at 12:31PM, V3 ADON Assistant Director of Nursing said, as I walked by R1's room I heard a commotion, as I walked into the room, I heard someone saying, 'are you okay?'. I saw V7 CNA with the lift, R1 was in the wheelchair, V8 was with the resident; the lift was tilted. I straighten the lift. The CNA's told me, she was hooked up on the lift and they repositioned her in the wheelchair. This caused the lift to tilt. This was the explanation from V7 and V8 when I asked them what happened.</p> <p>R1's Emergency Department Provider Notes by V10 Medical Doctor dated 09/19/2024 shows, Chief Complaint: Patient presents with Laceration/Wound, Head Injury. Patient was being transferred from a (mechanical sling lift) .and it tipped and a bolt lacerated the head.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/30/2024
NAME OF PROVIDER OR SUPPLIER  Medina Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  402 South Center Street Durand, IL 61024	
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>The facility's Mechanical Lift Policy/Procedure shows, as one staff member manages the mechanical sling lift to raise the resident up, the second staff member provides support to the resident .Once the resident is in position over the wheelchair the staff member operating the mechanical sling lift lowers the resident down into the wheelchair as the second staff member stands behind the wheelchair to help guide the resident as they are lowered onto surface, centering the residents to ensure proper positioning.</p>		