

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  11/12/2024
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37232</p> <p>Based on observation, interview, and record review the facility failed to safely transfer residents by not using a gait belt and by pulling the emergency release of a full body mechanical lift for 2 of 3 residents (R1 and R2) reviewed for safety in the sample of 3.</p> <p>The findings include:</p> <p>1. On 11/7/24 at 10:45 AM, V6 (Certified Nursing Assistant- CNA) said on 11/5/24 she was asked by V7 (CNA) to help transfer R2 from bed to wheelchair with a full body mechanical lift. V6 said she was guiding R2 into the wheelchair and V7 was controlling the mechanical lift. V6 said R2 was just about sitting in the wheelchair, and she was repositioning R2 when V7 pulled the emergency release on the mechanical lift. V6 said some of R2's weight was still being supported by the mechanical lift when the emergency release was pulled by V7. V6 said she was not sure why V7 pulled the emergency release. V6 added staff only pull the emergency release when there is an emergency and there was no emergency when V7 pulled the emergency release. V6 said R2 had her glasses knocked off her face as part of the mechanical lift hit R2 in the face.</p> <p>On 11/7/14 at 1:10 PM, V7 said while lowering R2 into the wheelchair she dropped the controller for the mechanical lift and without thinking she absentmindedly pulled the emergency release. V7 said the bar where the sling attached, hit R2 on the bridge of her nose.</p> <p>On 11/7/24 at 10:55 AM, R2 said during a transfer she was hit in the face by the mechanical lift. R2 indicated the lift hit the right side of her face and nose knocking off her glasses. R2 said the bar that the sling attached to was the part of the lift that hit her face. R2 said she, plopped down into her wheelchair. R2 said the transfer was not smooth.</p> <p>On 11/7/24 at 12:31 PM, V2 (Director of Nursing) said it was not the facility's practice to pull the emergency release.</p> <p>The facility's Mechanical Lift Policy/Procedure with a revised date of 10/2/24 showed mechanical lifts are used to enable staff to safely transfer a resident from one surface to another.</p> <p>2. R1's facility assessment dated [DATE], showed R1's mental status was intact.</p> <p>R1's Progress Notes dated 11/2/24, showed R1 fell and hit her head on the toilet.</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>On 11/7/24 at 8:25 AM, R1 said a few days ago she fell in the bathroom hitting the back of her head. There was a small visible pea size bump on the back of R1's head. R1 said she was transferring from the toilet to the wheelchair when she fell . R1 said staff were with her at the time of the fall. R1 said staff pulled on her pants as she fell . R1 said she did not know if there was a gait belt on her at the time of the fall but said if one was on her staff were not using it because staff were pulling on her pants as she fell .</p> <p>On 11/7/24 at 9:00 AM, V3 (CNA) said on 11/2/24 she was transferring R1 from the toilet to the wheelchair and R1 fell . V3 said she was supporting/assisting R1 to transfer by placing her hands on R1's hips. V3 said she did not use a gait belt. V3 said she never used a gait belt when transferring R1 from the toilet to wheelchair because it was a short distance. However, V3 said she did use a gait belt when transferring R1 from the bed to the wheelchair.</p> <p>R1's Fall Care Plan with an initiated date of 6/18/24 showed R1 was at risk for falls. Listed under interventions was to use a gait belt when transferring.</p> <p>On 11/7/24 at 10:27 AM, V5 (Physical Therapist) said if a resident requires a gait belt it should always be used when transferring the resident for safety reasons. V5 added gait belts are used to allow staff to stabilize and to help lower the resident to the floor if needed.</p> <p>The Facility's Gait Belt Policy (undated) showed gait belts are used as a safety measure.</p>