STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145688	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Princeton Rehab & Hcc	255 West 69th Street Chicago, IL 60621

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32338 Based on interview and record review, the facility failed to ensure a second staff member was present to assist in a mechanical lift transfer for three resident (R1, R2 and R3) reviewed for accidents and incidents in the sample. This failure resulted in R1 sustaining a laceration to the right foot requiring five sutures and a fracture to the right great toe. Findings include: On 6/17/24 at 11:55am, V1 (Administrator) presented the facility's report of injury dated 4/11/24 and 6/3/24 that were sent to the State Agency. The report dated 4/11/24 states in part: On 4/11/24 during transfer with a mechanical lift, resident's foot was inadvertently bumped on the lift. Upon assessment by the assigned nurse, open area was observed to right great toe, bleeding observed, first aid rendered immediately. Primary physician and family made aware. Orders received to transfer resident to the (hospital). Resident returned to the facility with 5 sutures to the right great toe. On 6/17/24 at 11:25am, together with V4 (LPN/Licensed Practical Nurse), the surveyor interviewed R1 about how he (R1) got injured on the right foot. R1 stated that the CNA (Certified Nursing Assistant) was transferring him in the mechanical lift by herself and did not get any help, and she (CNA) bumped his foot on the machine. The surveyor asked R1 how the injury to his foot could have been prevented; R1 stated that there should have been a second staff to help during the transfer. On 6/17/24 at 11:10am, together with V3 (LPN), the surveyor interviewed R3 about how staff transfers R3 with the mechanical lift. R3 stated that only one CNA usually transfers her in the mechanical lift, and there is no second staff to help. R3 stated that she (R3) has bumped her right foot slightly a couple of times, but not painful enough to report to staff. On 6/17/24 at 11:15am, together with V4(LPN), the surveyor interviewed R2 about how staff transfers R2 with the mechanical lift. R2 stated that most times, only one CNA moves her in the mechanical lift by themselves and she (R2) is sometimes scared. (continued on next page)

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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F 0689 Level of Harm - Actual harm Residents Affected - Few	On 6/17/24 at 1:33pm, V9 (CNA) was interviewed about how R1's foot was injured on 4/11/24. V9 stated I waited on another staff to help me with the (mechanical) lift but when they did not come, I did it by myself. His (R1's) foot got caught in the seat belt, and I saw the foot bleeding when he (R1) was in the air. The nurse was outside the room in the hallway close to the door and quickly came to help. Inquired from V9 if V9 attended any training about the use of the mechanical lift; V9 stated that she has been a CNA for 9 years and that she knows that two staff are required to use the mechanical lift. R1's Face sheet documents an admission diagnoses include but are not limited to Flaccid Hemiplegia Affecting Left Non-Dominant Side, Convulsions, Diabetes, Depressive Disorders, and Muscle Spasms. R1's MDS (Minimum Data Set) section C dated 5/13/24 shows BIMS (Basic Interview for Mental Status) score of 15 indicating R1 is cognitively intact. R1's Care plan dated 1/10/2014 with revision date 5/25/2023 states in part: R1 requires the use of a mechanical lift for transfers due to impaired mobility. Intervention states to provide 2 staff assistance for transferring. R1's Progress notes date 4/11/24 at 8:30pm written by V8 (LPN/Licensed Practical Nurse) states in part: Writer was called to room [ROOM NUMBER] by CNA. Upon arrival, writer noted resident bleeding profusely from under the toes of right foot. Bandages and pressure applied to the site. 911 called. R1's Hospital Records dated 4/11/24 written by V14(Hospital Physician) states in part: [AGE] year-old with past medical history as noted above, presenting with right foot bleeding noted to be from laceration sustained from web between first and second toes on the right foot. No active bleeding noted at bedside on examination. Injury concerning for deep laceration potentially involving tendon injury. Will get imaging and talk to orthopedic surgery regarding evaluation and management. Right Foot X-Ray Report 3 Views states under Impression: 1. Intra-articular fracture of the lateral base of the first proximal phalanx. 2. Soft tissue laceration between the first and second digits without evidence of radiopaque foreign bodies. 3. Other chronic findings are described. R1's Acute Episodic Visit Note dated 4/12/24 written by V13 (Nurse Practitioner/NP) states that R1 had laceration to the right great toe and Avulsion fracture of the metatarsal bone of right foot. R2's MDS section C dated 5/13/24 documents a BIMS score of 15 indicating R2 is cognitively intact. R2's Care plan dated 4/13/23 states R2 requires the use of a mechanical lift for transfers with 2 staff's assistance. R3's MDS section C dated 5/17/24 documents a BIMS score of 15 indicating R3 is cognitively intact. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	R3's Care plan dated 4/9/2017 states R3 requires the use of a mechanical lift for transfers with 2 staff's assistance. On 6/17/24 between 10:40am and 10:55am, nursing staff members including V5 (CNA), V6 (CNA), V3 (LPN), and V4 (LPN) were interviewed about the use of mechanical lifts for transfer of residents with mobility issues. All 4 staff stated that mechanical lifts require 2 staff members to operate. On 6/17/24 at 12:35pm, V7 (Restorative Nurse) stated that CNAs and nurses have been trained on the use of mechanical lift and they know to have assistance from another staff before operating the lift. At this time, V7 presented the list of staff that were trained on 4/12/24 and 4/22/24. On 6/17/24 at 2:20pm, V2 (Director of Nursing) stated CNAs and Nurses know to call for a second staff to operate the (mechanical) lift. They know that even I will come up to help them, and they should not do it with only one staff. At this time, V2 presented a facility-wide list of 39 residents who use mechanical lift transfer. This list included R1, R2, and R3. On 6/17/24 at 3:10pm, V13(Nurse Practitioner/NP) was interviewed regarding R1's foot injury 2 times in a row. V13 stated They told me that the resident was injured during transfer. It was a laceration that required 5 stitches and he was on antibiotics. The injury was completely healed in the same area. The second injury happened on a weekend and the resident was not sent to the hospital. But on Monday when we assessed the injury, the wound care team decided to send him to the hospital. The resident was observed and later returned from the emergency room . Inquired from V13 if staff should have followed the resident's care plan and instructions for using the mechanical lift to prevent the injury on 4/11/24. V13 stated that staff should comply with the care plan to reduce injuries, and the interventions in the care plan should be followed. Facility's policy on Total Mechanical Lift dated 1/14/2021 states the purpose is to lift, transfer, and move a resident from one surface to another. #4 states: 2 caregivers are required to operate the mechanical lift. Facility's Competency titled Total Mechanical Lift states in #5a: Safe techniques are demonstrated by placing the equipment in position with the assistance of a second caregiver. Facility's policy titled Incident/Accident Reports dated 09/2020 states in #15: Facility must ensure that the resident environment remains as free of accident hazards as is possible, and each resident receives adequate supervision and assistance devices to prevent accidents.