STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145751	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PA Peterson at the Citadel	1311 Parkview Avenue Rockford, IL 61107

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 - Minimal harm or potential for 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** Based on observation, interview, and record review the facility failed to ensure a resident was transferred using a mechanical lift in a safe manner for 1 of 3 residents (R1) reviewed for safety in the sample of 7.The findings include:R1's electronic face sheet shows that R1 has diagnoses that include chronic respiratory failure, morbid obesity, and anxiety disorder.R1's facility assessment dated [DATE] shows R1 has no cognitive impairment.R1's fall risk assessment dated [DATE] shows R1 is high risk for falls.R1's incident report dated 3/28/26 documents, this writer heard a loud noise and a scream, ran into the room and assessed resident. Upon entering the room, this writer observed [R1] in the [mechanical lift] sling while still in her wheelchair. The leg straps on the lift were still elevated in the air and the top sling straps were off the lift. R1 was found on her head at this time.On 4/3/26 at 10:00 AM, R1 was in bed alert and pleasant. R1 showed this surveyor a large purplish discoloration (bruise) on R1's anterior mid upper arm. R1 said she fell while being transferred in the mechanical lift because the sling came off. R1 said she ended up on the floor with her wheelchair. R1 said she was very nervous and hoping this won't happen again. R1 said she was sent to the hospital but came back [to the facility.] On 4/3/26 at 12:30 PM V3 (License Practical Nurse-LPN) said on 3/28/26, she heard a loud noise coming from R1's room. Upon entering the room, R1 was observed on the floor in her wheelchair which had tipped over. Both of R1's legs remained in the sling of the mechanical lift while the arm slings were already detached. R1 was being transferred from wheelchair to bed using the mechanical lift when the incident happened. On 4/3/26 at 11:10 AM, V4 (Certified Nursing Assistant-CNA) said she was R1's CNA. It was after lunch and R1 requested to be put back to bed. V4 said her and V5 (CNA) transferred R1. V4 said she applied the leg straps while V5 applied the arm sling. During the transfer, she was in front of R1 in her wheelchair while V5 remained behind R1. While R1 was being lifted, R1 was pushing back, stating something was hurting her. Then suddenly R1 tipped backwards in her wheelchair ending up on the floor. The arm slings became loose and detached; we yelled for help. V4 said when R1 was saying something was hurting her, the transfer should have been stopped and R1 checked to make sure she was OK. They should have checked all the straps to make sure they were secured and R1 was safe.On 4/3/26 at 11:46 AM, V5 (CNA) said during the mechanical lift transfer, she was behind R1. R1 was agitated and pushing back. V5 said she noticed the arm sling was loose, but it happened so fast. The arm slings came off causing R1 to fall backwards with her wheelchair. V5 said all slings should be secured for residents' safety.R1's care plan dated 2/5/26 states: R1 requires the use of the mechanical lift for transfers. Intervention to include, Place the sling under the patient and secure it properly before initiating the lift. Position the sling under the patient's body, ensuring the sling fits securely and comfortably. Communication clearly with the residents to ensure they are comfortable and reassured during the process.

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