STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145786	A. Building B. Wing	05/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincolnwood Place	7000 North McCormick Blvd. Lincolnwood, IL 60645

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** 33783 Based on interview and record review, the facility failed to transfer a resident using a mechanical lift to ensure resident safety. This failure applied to one (R1) of three residents reviewed for resident injury and resulted in R1 sustaining a laceration to the leg while being transferred from wheelchair to bed; R1 required emergent hospital transfer and treatment with 12 sutures. Findings include: R1 is an [AGE] year-old woman with a medical history that includes but is not limited to generalized weakness, lymphedema with +4 edema present, chronic kidney disease, and coronary artery disease. Review of R1's medical record documents that R1 is alert, able to make her needs known with forgetfulness. R1's MDS (Minimum Data Assessment) dated 12/18/23 documents that R1 has a BIMS (Brief Interview of Mental Status) score of 6 (severe cognitive impairment) and uses a manual wheelchair/walker. It is also documented that R1 has lower extremity impairment on both sides. Mobility and transfer assistance required is sit to stand - Dependent and on 2/9/24 documented as substantial/max assist (helper does more than half; helper lifts or holds trunk or limbs and provides more than half the effort); chair/bed-to-chair - Dependent; 2/9/24 substantial/max assist. R1's weight is documented as 193 lbs (pounds) on 2/6/2024 in EMR (Electronic Medical Record). Facility reported incident of 2/11/24 documents that at 12:30PM, two staff members were assisting with a wheelchair to bed transfer and R1 sustained a lower left leg laceration. R1 was sent to ER (emergency room) and received 12 sutures. R1 returned to the facility on the same day. Treatment orders and pain management were in place. Facility states on report that a thorough review of medical record, therapy notes, and staff interviewes were conducted with the following findings: Staff reported they positioned the resident next to bed, locked wheelchair, removed leg rests. R1 was able to stand with assist, staff assisting with pivoting to sit on edge of bed. Left lower leg did not pivot as upper body was pivoting, as staff became aware of lower leg not pivoting, resident sat on edge of bed and left leg scraped against wheelchair, resulting in laceration .Interventions included to continue to work with skilled therapy and mechanical lift for all transfers. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145786	A. Building B. Wing	05/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincolnwood Place	7000 North McCormick Blvd. Lincolnwood, IL 60645

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	Facility provided documentation of POC (Point of Care) staff tasks for R1 for the month of February; documentation reads: GG-Chair/Bed-to-Chair Transfer: Extensive Assists with 2 People (Mechanical Lift); task is not marked off as being completed on 2/11/24, date is blank. Interview with V8 (Certified Nursing Assistant/CNA) on 5/26/24 at 2:26PM, V8 stated, I've worked at the facility for a year and four months; I work on both (shelter and skilled) floors. (On 2/11/24) I was working with two agency CNA's that day. I was the only regular staff on the floor that day. I was trying to help everyone out because they don't know the residents, they don't know how they like things, transfers, etc. R1 was not assigned to me that day but the agency CNA needed help transferring her, so I went to help her. If I remember correctly, there were actually two agency plus one trainee (CNA's), but the trainee never came back after that. I think that was her first day. I have worked with R1 before with therapy, so I said I know how to get her up. I went in the room and told her I was going to get her up for lunch. I didn't look at the page because I knew I had done it before with therapy. She usually gets up and we helped her, and she scooted on the side of the bed, we put the belt and the walker in front of her. She would grab the walker and stand and walk a few steps forward. But this time she did everything good but the only thing that went wrong was turning. She did stand and she grabbed the walker. I was in front, and the other CNA was on the side. She did stand and twist her body, but she did not move her legs. So, she failed to pivot. We didn't want her to fall, so she grabbed her from the back and swung her onto the wheelchair. I don't know if the wheelchair was too small, and her legs were too big. We sat her on the chair but then her leg got caught on the wheelchair. Nothing was out of the ordinary but the only thing that failed was the pivot. I didn't know at that moment since I had not worked with her for a while. I didn't know she was supposed to use the mechanical lift and I didn't know because no one told me, and I didn't see any (mechanical lift) pad in her room. I would have done the transfer with the mechanical lift if I had known but they didn't tell me until after the fact. V8 stated that staff normally know the residents' transfer status by looking at the binder at the nurses station but added, that she didn't look at it prior to transferring R1. V8 said that after the incident happened, she looked at the binder and saw that R1 should have been a mechanical lift transfer. V8 said, we need to look in the book to see if there are changes in resident status and ADL (activities of daily living) needs. Interview with V8 confirms information provided in CNA Occurrence Report completed by V8 on 2/11/24. On 5/24/24 at 12:36PM, V9 (Registered Nurse/RN) said that R1 is oriented times one or two with confusion. R1 is extensive assist and uses a wheelchair and mechanical lift for transfers. V9 said, we can't safely transfer her without the mechanical lift. She has needed the mechanical lift for at least two or three months that I can recall. She always requires two persons for transfer. On 5/25/24 at 1:59PM V6 (CNA) was interviewed and confirmed that there was a previous incident with R1, where she obtained an injury during a transfer but there was nothing done incorrectly, the issue was just that her skin is very sensitive. V6 said it was normal for R1's legs to be swollen and that R1's skin is very sensitive and easily to tear. V6 said, we always use a mechanical lift with her. The only incidents with her is her skin. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145786	A. Building B. Wing	05/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincolnwood Place	7000 North McCormick Blvd. Lincolnwood, IL 60645

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	On 5/24/24 at 2PM, V2 (Director of Nursing) said, the incident with R1 in February was a witnessed event, they had removed the leg rest. R1 didn't pivot her leg. She was doing therapy at that time. After this point, we made her a mechanical lift. At that point she would only ambulate with therapy; we (nursing) were no longer cleared to ambulate her due to her lack of consistency. It was a safety issue for her. On 5/25/24 at 2:08PM, V2 confirmed that during the incident with R1 in February, staff were not using the mechanical lift, they were doing a two-person pivot transfer. On 5/25/24 at 12:46PM, V10 (RN) was interviewed and stated that she did not recall much about the incident with R1. V10 said that she recalled that staff were present and that R1 obtained a skin tear. V10 confirmed that R1 requires two staff for transfers. Review of Incident Detail report completed by V10 (RN) for incident of 2/11/24 reads, under Description of Incident: two staff were assisting with a PIVOT transfer from wheelchair to bed. Leg rests were removed, wheelchair locked and positioned next to bed. Staff were able to stand resident and cued resident to pivot transfer and sit on edge of bed. Resident upper body pivoted leaned onto bed, when staff realized that lower extremity did not pivot, she sustained a laceration from the lower part of wheelchair. Staff assisted into bed and immediately notified nurse. Nurse assessed resident and sent out 911. Res returned to facility with 12 sutures to left lower leg. Review of R1's Physical Therapy - Therapist Progress & Discharge Summary dated 2/9/24 reads - Start of Care 12/14/23 and End of Care 2/9/24 Functional Deficits - Current Level for Transfers Mobility, E. Chair/bed to chair transfer requires, Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort; Goal for patient to safely transfer from bed <> wheelchair requiring maximum assistance x 2 (76-99% assist with 2 people) and End of Goal Status as of 2/9/24 is *GOAL NOT MET - on 2/11/24 The patient is able to safely transfer from bed to wheelchair requiring Max A (assist) to Max A x 2; Goal for the patient to safely transition from sit to stand requiring moderate assistance x 2 (26-75% with 2 people) and End of Goal Status as of 2/9/24 is *GOAL NOT MET - on 2/11/24 The patient is able to safely transition from sit to stand requiring Max A to Max A x 2 to Mod A x 2 - Inconsistent; Long Term Goals documents Impact on Burden of Care/Daily Life: Complicating factors, including Decreased cognition prevent the patient from achieving all established goals; Precautions: Fall risk, cog impairments. Discharge Summary is signed off by V3 (Physical Therapist). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145786	A. Building B. Wing	05/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincolnwood Place	7000 North McCormick Blvd. Lincolnwood, IL 60645

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	On 5/25/24 at 12:13PM, V3 (Physical Therapist) was interviewed regarding R1. V3 stated, R1 is a long-term resident. In February she was a max x2 for transfers from the bed to wheelchair. When a person is in PT (physical therapy) we try to manually transfer them to help make them strong. If we need additional help, we get another staff. For safety of the staff and patient we told nursing after the rehab, once they get discharged (from physical therapy) we recommend they use a mechanical lift for transfers. We (PT) communicate during the care plan meetings, and we sit with the patient and the family and let them know. We (PT) work with CNA's as well so they know, and we tell them verbally. Max A means with assistance and Max A times two people, this is more than 75% effort is called Maximal. R1 can fluctuate between Max one and Max two and Mod assist two person, which is 50-75%. These are terminologies for therapy, which is different from nursing terminology. If there is a sudden or urgent change then we have the physician put the order in the EMR so that everyone sees it. Surveyor asked V3, being that R1 was discharged from PT on 2/9/24 and this incident occurred on 2/11/24, would the expectation be that at the time of the incident on 2/11/24, staff should have been using the mechanical lift to transfer R1 from the wheelchair to the bed and V3 said, yes. Review of R1's care plan documents the following interventions: - TRANSFER: (R1) requires Mechanical Lift with 2 staff assistance for transfers. Date Initiated: 5/20/24 - (R1) uses (mechanical) lift for transfer. Date Initiated: 5/20/24 It is noted that there are no interventions listed in R1's care plan regarding transfer status prior to 5/20/24. Surveyor asked for documentation of R1's care plan to show transfer status prior to care plan intervention dated 5/20/24 and it was not provided during the course of this survey. On 5/25/24 at 3:15PM V1 (Administrator), provided facility One Person Transfer Policy and confirmed that while it is for a one-person transfer, many of the steps are the same for two-person transfer. The Facility Policy One Person Transfer - Skilled Last Reviewed: 07/08/21, reads: Protocol: UNLESS OTHERWISE SPECIFIED BY STATE REGULATIONS Residents who have been evaluated/assessed as requiring one-person manual assistance will also utilize a Transfer belt and/or assistive devices to promote safety of resident and employee. See Transfer Belt Policy. Procedure: 1) Review Therapy evaluation, physician order and/or Resident Tasks in Point Click Care for assistance required. 2) Explain procedure to the resident and how he/she could assist and what devices will be used. 3) Never perform a Chicken Wing Transfer . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145786	A. Building B. Wing	05/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lincolnwood Place	7000 North McCormick Blvd. Lincolnwood, IL 60645

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	The facility policy Activities of Daily Living (ADL), Supporting - Skilled Last Reviewed: 3/13/2023, which reads: Policy: Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the assistance necessary to maintain good nutrition, grooming, and personal hygiene. Protocol: 1. Residents will be provided with the assistance and care necessary to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their medical condition(s) demonstrate that diminishing ADLs are unavoidable . 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care); b. Mobility (transfer and ambulation, including walking); c. Bowel and Bladder Elimination (toileting) .