

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/07/2025
NAME OF PROVIDER OR SUPPLIER Ascension Resurrection Life		STREET ADDRESS, CITY, STATE, ZIP CODE 7370 West Talcott Avenue Chicago, IL 60631	

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>Based on observation, interview, and record review, the facility failed to follow their policy of transferring a resident via a mechanical lift. This failure affected 1 (R1) resident reviewed for supervision in the total sample of 3 residents.</p> <p>Findings include:</p> <p>The 06/06/2025 List of Residents on Sit to stand and/or Mechanical Lift transfer include R1.</p> <p>On 06/06/2025, at 11:18 AM, inside R1's room, V12 (Certified Nursing Assistant/CNA) and V13 (Registered Nurse) transferred R1 from the wheelchair to the toilet seat with the use of the sit to stand lift. After sitting R1 on the toilet seat, V13 washed her hands and informed V12 to call her when R1 is done using the toilet.</p> <p>On 06/06/2025, at 11:30 AM, V12 transferred R1 from the toilet seat to R1's wheelchair with the use of the sit to stand lift all by herself.</p> <p>On 06/06/2025, at 11:32 AM, V13 went inside R1's room. V13 asked V12 Why did you not call me?</p> <p>On 06/06/2025, at 11:33 AM, V12 stated we need two-person assist for transfer via the sit to stand lift. I did not wait for her (V13) to assist me because she (R1) is already getting agitated.</p> <p>On 06/06/2025, at 11:55 AM, V13 stated I was in the dining room talking to the sisters. I did not hear her (V12) calling me. The sit to stand lift transfer should be with two-person assist for the safety of the resident. She (R1) has a cognitive deficit.</p> <p>On 06/06/2025, at 2:03 PM, V5 (Director - Quality Management) stated if the intervention is Sit to Stand lift with transfer, the expectation is to implement the intervention for all transfers. The importance of implementing the intervention is to promote safety to residents and staff.</p> <p>On 06/06/2025, at 3:16 PM, V10 (Restorative Nurse) stated when transferring a resident via a Sit to Stand lift, the expectation is to have two staff transferring the resident because it is a machine and that is the regulation and for the safety of the resident and the staff.</p> <p>R1's (undated) Profile Face Sheet documented that R1's diagnoses (include but not limited to) dementia with other behavioral disturbance, hypothyroidism, type 2 DM, and late onset Alzheimer's disease.</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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(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>R1's (04/26/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 02. Indicating R1's mental status as severely impaired.</p> <p>R1's (Start:11/19/2024) care plan documented, in part has potential for falls related to impaired physical mobility, cognitive impairment - poor safety awareness and lack of insight, dementia with behaviors. (05/02/2025) follow transfer therapy/restorative nurse recommendations/plan of treatment: Transfer with Sit to Stand.</p> <p>The 04/13/2025 Nursing Assistant Certified)- LTC (Long Term Care) documented, in part Job Summary: Assists Patients with tending to personal care, activities of daily living, and transfers/ transport.</p> <p>The 06/06/2025 email correspondence with V5 (Director - Quality management) documented, in part The expectation is to follow the facility policies. 1. Transfer using Mechanical lift- by 2 person staff assist.</p> <p>The 06/06/2025 through 06/07/2025 email correspondence with V5 (Director - Quality Management) documented, in part The mechanical lifts require 2-person assist for transferring at the facility. We have 2 Sit to stand lift and the mechanical lift.</p> <p>The (01/2024) Safe Lifting and Moving of Patients documented, in part In order to protect the safety and wellbeing of associates and residents, and to promote quality care, this community uses appropriate techniques and devices to lift and move residents. Policy Interpretation and Implementation. A. Resident safety, will be incorporated into goals and decisions regarding the safe lifting and moving of residents.</p> <p>The (04/2024) Using a Portable Lifting Machine documented, in part Purpose: the purpose of this procedure is to help lift resident using a manual lifting device. General Guidelines: Two (2) nursing associates are required to perform this procedure.</p>		