STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146099	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Manor	1209 21st Avenue Rock Island, IL 61201

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** 31615 Based on observation, interview, and record review the facility failed to ensure a resident was safely positioned in bed for 1 of 3 residents (R2) reviewed for safety in the sample of 5. This failure resulted in R2 falling from her bed and sustaining a laceration requiring staples. The findings include: R2's physician visit form documents she was admitted to the facility on [DATE] with multiple diagnoses including vascular dementia, and history of falling. R2's quarterly resident assessment and care screening of 2/17/25 documents her to have severe cognitive impairment. Her mobility assessment shows she requires substantial/maximal assistance with rolling right to left. Meaning the helper provides more than half of the effort to perform the task. The 2/17/25 care plan for hospice services notes R2 requires extensive to dependent assistance with 1 staff for all cares and uses a mechanical lift for transfers. The facility incident report of 3/26/25 documents R2 had a fall at 4:50 AM in her bedroom by the bedside. The description of the incident was staff preparing resident to get up and resident rolled out of the bed and fell on the floor with head injury and bleeding. Sent to the ER (emergency room) for further evaluation. On 4/9/25 at 10:22 AM, V13 (Certified Nursing Assistant/CNA) said on the morning of 3/26/25, she was getting R2 ready to get out of bed. When she does care for any resident, she has the bed in the high position, so it is easier on her back, and she had R2's bed in the high position, probably to her waist or higher. V13 said during cares, R2 can either be stiff and difficult to move, or she is wiggly. V13 said on that morning, after she had R2 dressed, she rolled her towards the wall, and placed the mechanical lift sling under her and needed to pull it through. V13 said she moved R2's bed out from the wall, and standing between the wall and the bed, she rolled R2 towards the other side, and R2 began moving her legs and fell off the side of the bed. She said the bed had no side rails, so R2 just fell to the floor, landing on the concrete floor on her back. V13 said there was nothing she could do to stop it because she was on the opposite side of the bed. V13 said there was immediately blood present, and she notified the nurse. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146099	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Friendship Manor	1209 21st Avenue Rock Island, IL 61201

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(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 ED (emergency department) report for 3/26/25 documents the reason for the visit was a laceration to the scalp. The physical exam shows a 1 cm (centimeter) laceration to the occipital (back of the head) area. The laceration repair included the placement of 4 staples. On 4/9/25 at 11:00 AM, R2 said she had no pain and forgot she had staples to her head. She was sitting up in her reclining wheelchair visiting with her sister. She had no bruising or signs of any further injury. On 4/9/25 at 2:30 PM, V2 (Director of Nursing) said the incident was reported to her, and she spoke with V13 about the details. She said V13 was by herself when providing care for R2, when she went to the opposite side of the bed, leaving R2 facing the open side of the bed. V13 reported to her, she was placing the mechanical lift sling when R2 put her foot out over the edge of the bed and fell because there was no one there to catch her. V2 said none of the beds have side rails, so there was nothing to catch R2. V2 said she did not know how high the bed was raised at the time of the fall; a lot of staff raise the beds for better body mechanics. She said maybe it was not safe to have 1 person providing care. And R2's fall mat should have been in place. On 4/10/25 at 8:20 AM, V12 (Licensed Practical Nurse/LPN) said on the morning of 3/26/25, V13 had poked her head out of R2's room and notified him of the fall. Upon arrival to R2's room he found her lying on the floor, face up with blood coming from her head. V12 said he immediately called 911 to have her sent out to the emergency room . He said R2 was on the concrete floor and the fall mat was off to the side. He observed R2's bed to be in a higher position, probably about 3 feet up in the air. The facility's 2018 falls and fall risk management defines a fall as unintentionally coming to rest on the ground, floor, or other lower level. Fall risk factors 1. Environmental factors that contribute to the risk of falls include c. incorrect bed height. 2. Resident conditions that may contribute to the risk of falls include: c. delirium and other cognitive impairment.