

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146099	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Friendship Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<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 interview and record review the facility failed to follow their policy and use two staff members to perform a mechanical lift transfer for one of three Residents (R1) reviewed for Falls in a sample of six. Findings include: The Facility Lifting Machine, Using a Mechanical Lift Policy, revised 7/2017, documents: to establish general principles of safe lifting using a mechanical lifting device; at least two people are needed to safely move a Resident with a mechanical lift; and before the Resident is lifted, double check the security of the sling attachment; check the stability of the straps. The Facility Safe Lifting and Movement of Residents Policy, revised 9/17/25, documents: to protect the safety and well-being of staff and Residents to promote quality care, this Facility uses appropriate techniques and devices to lift and move Residents; Resident safety, dignity, comfort and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of Residents; staff responsible for direct Resident care will be trained in the use of mechanical lifting devices; mechanical lifting devices (total lifts) shall be used for heavy lifting, including lifting and moving Residents when necessary; and mechanical lifting devices require two-to-one staff assistance. The Certified Nurse's Aide Job Description, undated, documents: to assist with lifting, moving and transporting Residents into and out of beds, chairs and lifts; and to follow established safety precautions in the performance of all duties. The Facility Fall Incident Report, dated 11/2025, documents R1 sustained a witnessed fall on 11/27/25 at 5:00 pm and sustained an abrasion to the ear. R1's Minimum Data Set/MDS, Section C (Cognitive Patterns), dated 9/11/25, documents severe cognitive impairment (rarely/never understood) and dependent on staff for Activity of Daily Living/ADL assistance with transfers. R1's current Care Plan documents: that R1 is receiving Hospice End of Life services for a diagnosis including Alzheimer's; alert with confusion and mumbled speech; and extensive two-person assistance with mechanical lift transfer. R1's Fall Risk Assessment, dated 9/11/25, documents R1 is at a high risk for falls and requires a two-person assist with ambulation. The Facility's Final Incident Report, dated 12/1/25, documents R1 sustained a fall from a mechanical lift on 11/27/25. The Incident Report documents that on 11/27/25 at 5:00 pm, V7 (R1's Private Caregiver) and V5 (Certified Nursing Assistant/CNA) placed R1 into a mechanical lift for transfer from R1's bed to R1's recliner. During the transfer, R1 slipped out of the bottom of sling and fell onto R1's buttocks onto the floor. Due to R1's Alzheimer's and inability to verbalize pain, R1 was sent to the local hospital for evaluation. The hospital Comminuted Tomograph/CT (spine and head/brain) and Pelvic X-ray were negative for fractures/injury. R1 sustained a Left Ear superficial abrasion. R1's local Hospital Emergency Notes, dated 11/27/25, document negative results Comminuted Tomography/CT (spine and head/brain) and Pelvic X-ray for fractures/injury. V5 (Certified Nursing Assistant/CNA) Employee Human Resource Records/File, documents: hire date of 4/8/25; completion of mechanical lift training on 4/14/25 and 11/20/25; and a Performance Correction Notice (dated 12/1/25) for improperly placing a mechanical lift sling. On 1/29/26 at 11:00 am, V7 (R1's Private Caregiver) was</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 146099	Facility ID: 146099 If continuation sheet Page 1 of 2

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>providing care to R1 in R1's room and stated, On 11/27/25 around dinner time, I was assisting (V5 CNA) with a (mechanical lift) transfer from (R1's) bed to (R1's) recliner. (V5) was the only CNA available to help with (R1's) transfer, so I helped (V5). I attached the two top loops onto the mechanical lift and (V5) attached the bottom loops. When we were transferring (R1) from the bed, we were almost done and ready to place (R1) into the recliner, and (R1) slipped out of the sling and fell on buttocks onto the floor. We realized that the sling was not properly placed between (R1's) legs and that caused (R1) to slip onto the floor. I am not a CNA, and I did not have any training with the mechanical lift, I provide private duty general care for (R1). I was told that I should not help with transferring (R1) because I am not trained. They always used to use just one CNA, so I would help them. Now they have to use two Facility CNAs. I have been (R1's) private caregiver for over two years, so I rode with (R1) to the hospital, and we were back to the Facility by about 8:00 pm. (R1) did not have any injuries except a small little minor scratch on (R1's) left ear from it hitting the side of the lift. On 1/29/26 at 12:04 pm, V5 (CNA) stated, My other co-worker had gone to lunch, so (V7 R1's Private Caregiver) assisted me with the mechanical lift transfer. I am a fairly new CNA and (R1) had a different kind of sling that I was not familiar with. I did not have the loops placed correctly between (R1's) legs and the sling slipped and caused (R1) to slip onto the floor. I did get counseled about the fall and they did educate me on how to use the mechanical lifts correctly. On 1/29/26, V2 (Director of Nursing) stated, On 11/27/25, (V5 CNA) was using a mechanical lift to transfer (R1) from the bed to the recliner. (V7 R1's Private Caregiver) should not have been helping with the mechanical lift transfer because (V7) is not a Facility employee and had not been trained on our mechanical lifts. I counseled (V5) on proper use of the mechanical lift and the placement of the sling. We now make sure to use two of our own CNAs for mechanical lift transfers.</p>