STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146102	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Manor Court of Freeport	2170 West Navajo Drive Freeport, IL 61032

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. 34490 Based on observation, interview, and record review, the facility failed to ensure a safe transfer by not using a gait belt for one resident, (R3), and failed to ensure one resident (R1) was safely transferred. This failure resulted in R1 falling during a staff assisted transfer and sustaining multiple lacerations to her head requiring sutures. This applies to 2 of 3 residents (R1 and R3) reviewed for safety in the sample of 3. The findings include: 1. R1's Care Plan shows, Transfer Program: 1. Set up devices for transfer. 2. Encourage [R1] to stand using chair arms or edge of bed to push off from and come to a standing position. 3. Encourage [R1] to turn using walker until back of body is in front of source to transfer to. 4. Encourage [R1] to reach back and place hands on chair arms or edge of bed prior to sitting. 5. Encourage [R1] to sit down slowly. R1's Emergency Department Note, dated 1/3/25, shows, Pt (Patient) states she fell while getting out of bed. Pt has laceration to forehead Patient hit her face on the ground. She presents with a laceration type injury to her left forehead as well as underneath her left orbit. She complains of pain at the laceration site Laceration 1 .Forehead .left .7 cm (centimeters) .7 sutures Laceration 2 .under left orbit .4 cm 4 sutures On 1/9/25 at 8:55 AM, R1 was sitting in a wheelchair in her room. R1 had a laceration to the left side of her forehead, with sutures in place, and a laceration to under her left eye, with sutures in place. There was yellow/purple bruising around both lacerations. R1 stated, I fell out of bed. On 1/9/25 at 9:43 AM, V4, Certified Nursing Assistant (CNA) said she went into R1's room the morning of 1/3/25 to get R1 up to the shower. V4 said she assisted R1 to sit on the side of the bed and put on R1's slippers. V4 said she applied a gait belt on R1, and positioned her wheelchair near her bed. V4 said she positioned herself between the side of the bed and the wheelchair, placed her right hand onto the gait belt, and had R1 stand up. V4 said R1 took one or two steps to turn to sit in her wheelchair when she fell forward. V4 said her hand slipped off of the gait belt due to the force, so she was unable to assist her to the floor. V4 said she fell forward and hit her head on the floor. V4 said R1 was not using a walker during the transfer. (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
	146102	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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	On 1/9/25 at 11:00 AM, V7 (Physical Therapy Assistant) said staff should always use a gait belt when assisting a resident with a transfer for the resident's safety. V7 said if a resident starts to fall, the staff member can either prevent the fall or assist them to the ground in a controlled manner to try and prevent any injuries. V7 said staff should be holding the gait belt during the entire transfer, and should be as close to the resident as they can during the transfer. V7 said if a resident is transferring from the bed to the wheelchair, the wheelchair should be parallel to the side of the bed, and the staff member should be standing in front of them and holding onto the gait belt with both hands during the transfer if they are not using a walker. V7 said R1 should be using her walker and a gait belt during transfers. V7 said it would be safer for her. V7 said if a resident is using a walker for a transfer, the walker should be placed in front of the resident and the the staff should be holding the gait belt standing by the residents side opposite of the wheelchair. V7 said walkers help resident's with balance during transfers. On 1/9/25 at 1:50 PM, V2 (Director of Nursing) said she interviewed V4 about what happened, and she said the resident had slippers on, and she thinks the slippers did not have enough grip on the bottom and caused R1 to slip. V2 said R1 fell forward and away from V4, and she was unable to catch her. V2 said R1 does use a walker. V2 said gait belts should be used at all times when transferring a resident, and the resident should be transferred in the manner shown in their care plan. V2 said staff should be able to use the gait belt to assist the resident to the ground in a controlled manner if they start to fall to prevent injuries. V2 said if a resident uses a walker, that would give them better stability as well. 2. R3's current Care Plan shows that she is at risk for falls related to weakness. R3's Resident Care Information shows, Safe Resident Handling Procedures-Transfer Method: 1 assist with pivot transfers. Level of assistance: staff assist of one . On 1/9/25 at 8:43 AM, V3 (CNA) transferred R3 to the toilet. V3 did not apply a gait belt to R3 before the transfer. On 1/9/25 at 8:50 AM, V3 said she totally spaced out putting a gait belt on R3 for her transfer to the toilet, but should have applied one. The facility's Gait Belts Policy, revised on 12/02, shows, No resident will be transferred or ambulated without the use of a gait belt, unless to do so is contraindicated and this would be identified on resident's plan of care. The facility's Sit to Stand Procedure, revised on 8/14, shows, Apply the gait belt keep a wide balanced stance and the resident close to your body .Have the resident's assistive device (if any) in front of them. Stand on the resident's weak side .Assist the resident by holding onto the gait belt with one hand and the assistive device with the other hand