STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146187	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Court Nursing & Rehab	1750 Elmhurst Road Des Plaines, IL 60018

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 Note: The nursing home is disputing this citation.	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** Based on interview and record review, the facility failed to follow its safe resident handling and transfer policy by not having two people assist with the transfer of a resident using a mechanical lift. This applies to 1 of 3 residents (R1) reviewed for mechanical lift transfer and safety. These failures resulted in R1 falling during the transfer and had to be transferred to local emergency room for head laceration that required 5 staples.The findings include:R1 was admitted on [DATE] with moderate cognitive impairment as per the Minimum Data Set (MDS) dated [DATE]. The MDS also documented that R1 is dependent on char/bed-to-chair transfer.R1's care plan (date initiated 10/19/23) documents R1 is dependent on the (mechanical) lift for all transfers.R1's care plan updated 3/4/26 documents Neuro checks initiated, resident sent out to ER for further eval; Staff re-educated on steps and procedures involving proper mechanical lift transfers-return from hospital with staples in back of head.A review of the reportable documented an incident of a fall during transfer using a mechanical lift transfer with a head injury, causing 5 staples to be reported to the state surveying agency on 3/4/26.On 4/7/26 at 9:15 AM, V5 (Registered Nurse/RN) stated, I heard V4 (Certified Nursing Assistant/CNA) didn't use the proper sling and transferred R1 by herself. There should be at least two people with a mechanical lift transfer.On 4/7/25 at 10:45 AM, V3 (R1's Nurse on 3/4/26) stated, V4 had been transferring R1 alone using a mechanical lift, despite knowing that at least 2 staff were required. After the incident, I was called by the CNA, and I assessed the resident, who had minor head bleeding and pain after hitting her head on the machine. The resident was sent to the hospital, received five staples, and returned within a few hours.On 4/7/26 at 12:45 PM, V4 (CNA) stated, It was a busy morning. After the sponge bath, I placed a sling under R1 to help her up using the mechanical lift. The lift wasn't working, so I set the bed to the lowest position to make it work with R1. Both shoulder slings broke when I lifted her up, and she was only two feet above the ground as the bed was in its lowest position. I went to get a nurse, and she assessed her and found a little blood on R1's head. We called 911 and sent her out to the local hospital, and came back after 3 hours with 5 staples on her head.On 4/7/26 at 10:45 AM, V2 (Director of Nursing) stated that the V4 was alone while transferring R1 using a mechanical lift. She also didn't use the proper sling to transfer R1. V4 is not working for us anymore.The facility presented the Safe Resident Handling/Transfers policy (2025) statement document: It is the policy of the facility to ensure that residents are handled and transferred safely to prevent or minimize risk for injury and provide and promote a safe, secure, and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines.10. Two staff members must be utilized when transferring residents with a mechanical lift.

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