

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/03/2022
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NAME OF PROVIDER OR SUPPLIER ALPINE FIRESIDE HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3650 NORTH ALPINE ROAD ROCKFORD, IL 61114
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation Survey 221 5930/IL149526	S 000		
S9999	Final Observations Statement of Licensure Violations 330.710c)3)A) Section 330.710 Resident Care Policies c) The written policies shall include, but are not limited to, the following provisions: 3) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following: A) Analysis of the risk of injury to residents and nurses and other health care workers, taking into account the resident handling needs of the resident populations served by the facility and the physical environment in which the resident handling and movement occurs. These regulations were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident was safely transported for 1 of 7 residents (R1) reviewed for falls in the sample of 7. The findings include:	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>On 8/3/22 at 8:45 AM, R1 was sitting in her wheelchair with her left hand resting in her lap. R1 has a faint yellowish bruise under her left eye. R1 stated "I fell out here (pointing out the window to the sidewalk outside). We were going to sit outside and I was propelling myself down the sidewalk and went down the incline and lost control. I couldn't stop. I went went off into the parking lot and fell out of the wheelchair. I landed on my left side. I had a black eye and a egg like bump on the left side of my forehead. My left side is sore now. The activity girl was at the door helping residents out, but there was no one else. If they would have helped me I wouldn't have gone for a ride."</p> <p>On 8/3/22 at 11:11 AM, V6 Activity Aide stated "I was taking residents outside for an activity and I was holding the door open. I didn't take the residents out one by one and secure them (park and lock the brakes) like I'm supposed to, that is protocol. That is how R1 went rolling down the sidewalk and fell. The sidewalk slopes down toward the parking lot. I was by myself that day."</p> <p>On 8/3/22 at 11:02 AM, V5 Registered Nurse said R1 went outside for an activity and rolled down the sidewalk, hit a bump at the end and fell forward out of the wheelchair into the parking lot hitting her left side. V5 said she assessed R1 and found a bruise on her left forehead, and a scratch on her left hand. V5 said they sent R1 to the hospital for evaluation. V5 said R1 would not be able to stop herself, R1 has only one good arm and one good leg from the stroke.</p> <p>On 8/3/33 at 8:58 AM, V3 Certified Nursing Assistant said R1 had a stroke on one side and is weak on the left side. V3 said R1 went out for an activity and fell out of the wheelchair. V3 said</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>usually when the residents go outside, the residents are positioned sideways on the sidewalk and the brakes are put on for safety so they don't roll down the sidewalk.</p> <p>R1's Occurrence Report dated 7/18/22 shows "resident rolled down the sidewalk that is downhill and fell over into the pavement/parking lot."</p> <p>R1's Hospital After Visit Summary dated 7/18/22 shows "Reason for visit: fall, Diagnoses: fall, facial contusion, multiple abrasions, closed head injury, and contusion of left knee and lower leg."</p> <p>R1's Care Plan dated 11/29/21 shows "R1 is at risk for falls related to left sided hemiparesis and weakness...will receive extensive assistance with locomotion."</p> <p>The facility's Fall Policy dated 1/12/22 shows "Interventions will be implemented for those residents assessed at risk for falls."</p> <p>(B)</p>	S9999		