Illinois De	epartment of Public He	alth			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		(X3) DATE SURVEY COMPLETED
		11 6007330	B. WING		C
		IL6007330			04/28/2024
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, S	ATE, ZIP CODE	
TIMBERC	REEK REHAB & HEALTH	ICARE CENTER PEKIN, II	ATE STREET L 61554	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
S 000	Initial Comments		S 000		
	Complaint Investigation	on 2423087/IL172100			
S9999	Final Observations		S9999		
	Statement of Licensu	re Violations (1 of 2):			
	300.610a) 300.1210b) 300.1210c) 300.1210d)1)2)6)				
	Section 300.610 Resi	ident Care Policies			
	procedures governing facility. The written p be formulated by a R Committee consisting administrator, the adv medical advisory com of nursing and other s policies shall comply				
	Section 300.1210 Ge Nursing and Persona	neral Requirements for I Care			
	care and services to a practicable physical, i well-being of the resid each resident's comp plan. Adequate and p care and personal ca resident to meet the t care needs of the res	all provide the necessary attain or maintain the highest mental, and psychological dent, in accordance with rehensive resident care properly supervised nursing re shall be provided to each otal nursing and personal ident.			
	nent_of Public Health DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE	(X6) DATE
Electronic	cally Signed				05/14/24
STATE FORM			6899	7I MI11	If continuation sheet 1 of 18

STATE FORM

If continuation sheet 1 of 18

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED C 04/28/2024	
			A. BUILDING:			
		IL6007330	B. WING			
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
IMBERC	REEK REHAB & HEALT	HCARE CENTER 2220 ST/ PEKIN, I	ATE STREET L 61554			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page	e 1	S9999			
		are-giving staff shall review le about his or her residents' are plan.				
	nursing care shall inc	ubsection (a), general clude, at a minimum, the e practiced on a 24-hour, asis:				
	 Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. All treatments and procedures shall be administered as ordered by the physician. 					
	to assure that the res as free of accident ha nursing personnel sh	precautions shall be taken sidents' environment remains azards as possible. All all evaluate residents to see ceives adequate supervision event accidents.				
	These requirements by:	were not met as evidenced				
	failed to prevent acci supply Physician ord manage pain for one reviewed for acciden three. These failures hospital evaluation a	nd record review the Facility dents/falls and failed to ered pain medication and resident (R1) of three ts and pain in a sample of a resulted in R1 requiring nd treatment for injuries and el of pain and decline in g.				
	Findings include:	-				
	Facility Fall Prevention	on Policy, revised 1/10/18,				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		IL6007330	B. WING		C 04/28/2024		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
IMBERC	REEK REHAB & HEALT	HCARE CENTER 2220 ST/ PEKIN, I	ATE STREET L 61554				
(X4) ID		TATEMENT OF DEFICIENCIES	ID			(X5) COMPLET	
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	documents: to provide for Resident safety and to minimize injuries related to falls, decrease falls						
		Resident's wishes/desires for					
		ence and mobility; all staff					
		r safety; final risk score will					
		e Interdisciplinary Team/IDT ore, history of falls, medical					
		tly impacts on equilibrium					
		nit nurse will immediately					
	assess the Resident						
		and a fall huddle will be					
	conducted with staff	on duty to help identify					
		even and appropriate					
	interventions; unit nurse will place documentation						
	of the circumstances of the event and appropriate						
	interventions; report all falls during the morning						
	_	A meeting; transfer with					
		sist and gait belt; and remind					
		ts to proceed at their own					
	pace.						
	Facility Mechanical L	ift Policy, revised 10/30/18,					
	documents the mech	nanical lift may be used to lift					
		with limited ability during					
		ng safety and security for					
		g personnel; move resident					
		sident, the guidance strap					
		e the resident in to a proper					
	•	nt is being lowered; and assistance needed prior to					
	leaving the area.	assistance needed phor to					
	Facility Patient Lifts	Safety Guide, undated					
	-	atient's condition before					
	- ·	neck patient's physical					
		see if patient can assist with					
	-	nt's weight and physical					
		facturer's guidelines to make					
		e; determine how many					
	caregivers are requir	ed to safely lift the patient;					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		IL6007330	B. WING		C 04/28/2024	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		04	/20/2024
		2220 ST				
TIMBERC	REEK REHAB & HEALT	HCARE CENTER	L 61554			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
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		caregivers needed; most ore caregivers to safely le patient.				
	•	uncil Minutes, dated 3/27/24, "do not like we have too ere."				
	On 4/25/24 at 2:00 pm, the Facility was unable to provide V4's (Agency Certified Nursing Assistant/CNA) in-servicing on the Facility mechanical lifts.					
	through 4/30/24, doc including a History of Congestive Heart Fa Osteoarthritis, Hyper pain and Dependent	ilure, Neuropathy, lipidemia, Diabetes, Left Hip Edema. R1's POS for pain medication (Norco				
		s Note, dated 3/25/24, sfer status as a stand-up lift				
	3/12/24, documents	der Assessment, dated R1's functional assessment and help with toilet transfer				
	documents R1 requir	sment, dated 3/12/24, es assistance to stand and points or more is a high fall				
	documents R1's Brie R1 requiring partial/n	Set/MDS, dated 3/12/24, f Mental Status (11/15) and noderate assistance with b Bed Transfer and Toilet				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
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IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
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(X4) ID		TATEMENT OF DEFICIENCIES	ID			(X5)
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	Transfer as depende more staff.	nt with the assistance two or				
	R1's Care Plan, date as a sit to stand tran	d 12/13/23, documents R1 sfer.				
	R1's current Care Plan, documents on 4/17/24, R1's Activity of Daily Living/ADL's and Transfer status is a full mechanical lift (Hoyer) and requires two staff members.					
	R1's Grievance/Complaint Report, dated 3/28/24, document concerns with "not enough sit to stands."					
	document concerns Nursing Assistants) v bathroom during mea	plaint Report, dated 4/24/24, with "CNA's (Certified will not take people to the als they them they have to " No method of correction				
	document concerns	plaint Report, dated 4/24/24, with "Second and Third Shift fter using the bedpan." No was documented.				
	document concerns	plaint Report, dated 4/24/24, with R1 waiting "thirty to the bathroom, by the time jone."				
	Visit Summary docur "Fall" and the medic bathroom and was o moving (R1) back to not close enough to	mergency Department After ments R1's reason for visit as s state, "(R1) was in the n a sit to stand. They were the recliner when they were the chair. (R1) lost (R1's) lown to the ground in what				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	SURVEY LETED	
			A. BUILDING:	NG:		C	
		IL6007330	B. WING		C 04/28/2024		
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
IMBERC	REEK REHAB & HEALT	HCARE CENTER	ATE STREET L 61554				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)	
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	not hit head or loss o	of consciousness. States it					
		. (R1) complains of back					
	pain and leg pain."						
		ain in both knees and					
	-	in. The Summary reports ites (R1) was on the edge of					
		seat on the sit-to-stand (lift)					
		ng (R1) to slide off the chair					
		R1's) knees tucked towards					
		mmary documents Radiology					
		, Right Knee, and Left Knee)					
	-	in medication as needed for					
	back and bilateral kn	y apply ice and heat to lower					
		lees for pair control.					
	R1's Nursing Progre	ss Note, dated 4/15/24,					
		ent with a transfer from a					
		ecliner. (V4/Certified Nursing					
		performing a one-person					
		fer. V4 misjudged the seat of					
	the recliner and R1 v	g" causing R1 to slip towards					
		ined of pain and was sent to					
		evaluation and treatment.					
		ss Note, dated 4/15/24 at					
	6:30 pm, documents	-					
		ical Nurse/LPN) to assist with					
		ecliner. R1 was dangling in					
	edge of the chair.	as able to seat R1 on the					
	R1's Nursing Progre	ss Note, dated 4/15/24 at					
	7:00 pm, documents	V6 (R1's Daughter) asked					
		's "fall." V6 stated R1 told V6					
		picked up off the floor. V6					
		cruciating pain to hips and					
		feet and lower back" and R1 nospital. R1 told V11 (LPN)					
		A) "dropped me out of the					
oio Denarta	ment of Public Health					<u> </u>	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
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S9999	Continued From pag	e 6	S9999			
	the sit to stand and it	d R1 was still hooked up to t was not on the floor. R1 before" V11 entered the				
	R1's Nursing Progress Note, dated 4/15/24 at 7:05 am, documents R1's transfer to the local Hospital Emergency Department.					
		ss Note, dated 4/16/24 at R1 returned to the Facility. hinistered.				
	•	dated 4/15/24 through ment an assessment of R1				
	4/15/24 at 6:30 pm, o "leaving for the day," with a transfer for R1	rse) written statement, dated documents when V8 was ' V4 (CNA) asked for help . When V8 arrived to R1's in a sling in the sit to stand				
	documents on 4/15/2 use the bathroom an V4 got the sit to stan bathroom and as V4 R1 dropped down an	was taking R1 to the chair, nd said R1's legs gave out.				
	time R1 was still stra R1's "butt" was a "co ground." The Nurse to the chair. V4's wr	t and got help. "The whole pped in the sit to stand" and puple inches from the e (V11) helped me get R1 in itten statement does not ance of two staff performing				
	On 4/25/24 at 2:00 p	m, V12 (Staffing Agency) ormally in-service our staff				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
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IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		2220 ST	ATE STREET				
IMBERCI	REEK REHAB & HEALT	HCARE CENTER PEKIN, I	L 61554				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)	
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S9999	Continued From page	e 7	S9999				
	on mechanical lift for basic training."	the Facility's, we just do					
	leave it to the Staffing	m, V2 stated, "We normally g Agencies to provide on things like mechanical lifts					
	•	nd V2 could not provide ation for V4 (CNA) on the ft usage.					
	stated, "I have not be	am, V10 (Agency CNA) een in-serviced on the e facility got new ones and Id lifts better."					
	of Attorney) stated, "of mom (R1) called me and crying. She told the sit to stand comin being put into her rec	m, V7 (R1's Daughter/Power On the night of 4/15/24, my and was very, very upset me she got dropped while in ng back from the bathroom cliner. (V4/CNA) missed the om slid out. So, I called my					
	sister (V6) because s and is a Nurse Practi ten minutes. My mor and wanted to go the	tioner. She was there within m was in excruciating pain hospital but at first, they ecause they (V11) said she					
	did not even fall. My was doing the sit to s should be two. I am because she does no	mom told me just one Aide stand, and there actually worried about my mom ot have a tailbone and her					
	-	ed, so when she said her cerned more damage was					

	epartment of Public He FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		BENTI TOATION NOMBER.	A. BUILDING:				
		IL6007330	B. WING		04	C 04/28/2024	
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	REEK REHAB & HEALT	LCARE CENTER 2220 ST	ATE STREET				
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From page 8		S9999				
	she has been compla since this happened. medication for her ar now been changed to of a sit to stand. The to use a bed pan beo the bathrooms. This have a decline in cor Nursing/DON) for a r gotten one. We ever and no one would an what happened with On 4/25/24 at 4:49 p stated, "My Sister (V had called her and w so I live five to ten m went immediately the pain. Then apparent medication available back from the hospita	a have chronic pain, but now aining of even more pain They ran out of pain ad since this fall, she has be a (brand name) lift instead ey told her that she now has cause the lift will not fit into pain has caused (R1) to mfort." I asked V2 (Director of eport and I have never in had a Care Plan meeting, uswer my questions about transfer." m, V6 (R1's Daughter) 7) called me to tell me Mom ras in terrible pain from a fall, inutes from the Facility, and I ere. Mom was in horrible y they did not have her a day or so after she came al, so she was in terrible pain sure if they even offered her					
	stated, "I was sitting I saw everything. Lit what she was doing. buttons on the lift. (V enough to reach the went down and slid a (R1's) feet were still (V4) went running ou gosh, help, help!" Th and helped get (R1) were scrambling arou	m, R4 (R1's Roommate) right here in my recliner, and tle Aide (V4) did not know She kept messing with the /4) did not lift (R1) up high seat of the recliner and (R1) all the way to the floor and on the sit to stand. Little girl it of the room yelling, "Oh my nen the nurse (V11) came in back into the recliner. They und to get her off the floor. 1) was not on the floor but					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
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IAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(CTION SHOULD BE	(X5) COMPLET DATE
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S9999	Continued From pag	e 9	S9999			
	to area straight in front of R4's recliner). R1 was screaming and crying and was in pain. Then they					
	did not want to send	her to the hospital because				
	they were saying she	e was not hurt and did not				
		or. (R1) was definitely hurt				
	because you could tell she was so scared and					
	was crying. Ever since that fall, she has been					
	complaining of being in more pain in her back					
		se of that, they now have to				
		echanical lift) to move her				
		use a bedpan, and that hurts				
		alled her daughter (V7) and				
		aughter (V6) up. (V6) had to				
		1) out to the hospital to be				
		e time the slings do not even				
		w days ago we found a				
	-	e strap laying on the floor,				
	we picked them up a	nd they were in shreds."				
	On 4/25/24 at 9:30 a	m, R1 stated, "I was dropped				
	on the floor during a	transfer back from the				
	bathroom. By the wa	ay, (V4/Agency Certified				
	Nursing Assistant/CN	IA) was doing my transfer by				
	, ,	ually are two Aides helping. I				
	•	and lift and (V4) took me to				
		we got back to put me in my				
		have me high enough to go				
		ecliner and my butt dropped				
		nd. My legs were still up on				
		I was dangling, and my legs				
		against my chest, I was like a				
		ate (R4) was yelling really				
		come and help me. (V4)				
		Ip too and left the room to				
		me dangling in the sit to				
		en (V8/Registered Nurse)				
		and yelled 'Oh my God, oh				
		e floor' and then left and did o me. (V8) told me was the				
		V8) was leaving. So then				
	onange of shint and (voj was leavilig. Su liteli	1			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
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TIMBERC	REEK REHAB & HEALT	HCARE CENTER 2220 ST	ATE STREET L 61554			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLETI
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S9999	Continued From pag	e 10	S9999			
	(V11/Licensed Practical Nurse) and (V4/CNA) came and helped me into the chair. I called my					
	daughter (V7), and s	he called my other Daughter				
	(V6) who is a Nurse	Practitioner and lives close,				
		ediately here to help me. I				
		nd hurting all over, they kept				
		not going to send me to the				
		y said 'my butt did not hit the				
		ed to go to the Emergency				
	•	o to make sure nothing was				
		nem call 911, because they				
		II. I got X-Rays at the				
		ise of this, I have been				
		de to be a (full mechanical o-stand, all because (V4) did				
	-	the sit-to-stand. They tell				
		cal lift) will not fit into the				
	-	I have I have to use a				
		them forever to get to me				
	-	ft now and they need two				
		ave pain anyway but now my				
		vorse because of this. They				
	•	edicine to 'Norco' but then				
		co' and I had to go without it				
	for an entire day, and	d I have been in a lot of pain				
		ey did not even offer me				
		rid of my pain. No one has				
		out what happened or even				
		o I have no idea if I have any				
	bruising or anything.	n				
	On 4/25/24 at 10:57	am, V8 (Registered Nurse)				
		y shift nurse day and was				
		Licensed Practical Nurse).				
	V4 (CNA) was transf	erring R1 in a sit to stand				
	back from the bathro					
		own towards the floor. R1				
		staff member with R1 to				
		ses (V8 and V11) were giving				
	report. I walked dow	n to R1's room after V4	1			

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AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
IMBERCI	REEK REHAB & HEALT	HCARE CENTER	ATE STREET			
a	CLIMMA DV C	PEKIN, I		PROVIDER'S PLAN OF		
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	R1's room after but I because my shift wa honest, I did not see honestly cannot say because I was not in went to the doorway hanging in the sit to s was just a few inches On 4/25/24 at 5:04 p Nurse) stated, "I was from (V8/RN) and (V the hallway (V4) was (R1) in to the recliner after the bathroom. (on whole side (100 H and (V4) was my onl no one else to help h room to help, (R1) w sit to stand lift with (R the sit to stand. We into the recliner by p pants and were finall recliner. When I wer about three or four in is a (full mechanical Hoyer's do not fit in o is a (full mechanical We sent (R1) out to the per (V6's / R1's Daug there when (R1) return	or help. I did walk down to did not help get her up, s over. If I were being another CNA helping and I if R1 did land on the floor, there. I do know when I of the room, R1 was still stand sling and her bottom s off the floor. m, V11 (Licensed Practical getting shift change report 4 CNA) came yelling down a having problems getting r during a sit to stand transfer V4) and I were the only two fall, 300 Hall and 400 Hall) y CNA night and there was her. When I got to (R1's) as kind of dangling from the R1's) feet raised up high in then helped get (R1) back ulling on the sling and (R1's) y able to get (R1) into the ht in to (R1)'s room, (R1) was heres off the floor. Now (R1) lift) and uses a bed pan. Our our bathrooms, so everyone lift) has to use a bed pan. the hospital to be evaluated, ghter) request. I was still rned, but I missed the e and heat or Ibuprofen to be				
	upset that day that I medication, I had to	am, R1 stated, "I was so could not get any pain go all day without it, and I am en tried to do anything to				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER: IL6007330		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:			
		B. WING		04	C I/28/2024	
AME OF PF	OVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
IMBERCF	REEK REHAB & HEALTH	ICARE CENTER 2220 ST	ATE STREET			
		PEKIN, I	L 61554			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page	e 12	S9999			
	consider (R1) fell, so investigate it. From v (V4/CNA) was transfe (V4) missed the reclin have been transferrin herself, we usually lik We did send (R1) out sent back a few hours do know she has bee does get a scheduled On 4/25/24 at 1:05 pr stated, "(R1) did expe 4/15/24 and went to t came back from the H complaining of more (Medication or Treath does not document to for 4/16/24 through 4, transcribed from the H look like (R1) did not medication (Norco) e 5:00 am dose and I d was offered. We shou alternative or to at lea Norco was not availa we notified the Physic	, "We did not technically I never looked into the fall to what I understand, was erring (R1) by herself and her. I will say (V4) should not g with a mechanical lift by the two people to do together. the hospital and she was s later with no fractures. I in in a lot of pain, but she				
	Statement of Licensu	re Violations (2 of 2):				
	Section 300.690 Inci	dents and Accidents				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		С	
		B. WING		04	/28/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
TIMBERC	REEK REHAB & HEALT	HCARE CENTER	ATE STREET IL 61554			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pag	e 13	S9999			
	300.690b) 300.690c)					
	Section 300.690 Inci	dents and Accidents				
	any serious incident this Section, "serious	hall notify the Department of or accident. For purposes of " means any incident or physical harm or injury to a				
	the Regional Office w reportable incident of incident or accident of resident, the facility s law enforcement pur notify the Regional C purposes of this Sec Office by phone only Department represer phone that the requir Office by phone has unable to contact the notify the Departmer hotline. The facility s summary of each rep	hall, by fax or phone, notify within 24 hours after each r accident. If a reportable results in the death of a shall, after contacting local suant to Section 300.695, Office by phone only. For the tion, "notify the Regional " means talk with a ntative who confirms over the rement to notify the Regional been met. If the facility is a Regional Office, it shall tt's toll-free complaint registry shall send a narrative portable accident or incident ithin seven days after the				
	failed to report and n of an accident requir two of three Residen accident/incidents no	and record review the Facility otify the local State Agency ing a hospital evaluation for ts (R1 and R2) reviewed for otification. This failure 2 required				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
IL6007330		B. WING		C 04/28/2024		
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
IMBERC	REEK REHAB & HEALT	HCARE CENTER	ATE STREET L 61554			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLET DATE
S9999	Continued From page	e 14	S9999			
	Findings include:					
		ntion Program, revised				
		: the Facility must ensure				
	that all alleged violations are reported immediately to the Administrator of the Facility and to other officials in accordance with State law through established procedures; if the events that cause the reasonable suspicion result in serious bodily injury, the report shall be made to local State Agency (IDPH) immediately, otherwise the					
	report must be made no later than 24 hours after;					
	a written report shall be sent to the Department of					
	Public Health and contain the name, age,					
	-	location and circumstances				
	•	nt, any obvious injures or				
	complaints of injury and steps the Facility has taken to protect the Resident; a Five-Day Final Investigation Report will be sent to the					
		Health; a summary of				
		is involving resident harm				
	-	tment; determine what				
		erioration of the Resident's				
		ondition resulted in failure to				
	provide services not pattern not deliberate	provided because of a				
	carelessness.					
	1. R1's Nursing Prog	ress Note, dated 4/15/24,				
	documents an incide	nt with a transfer from a				
		ecliner. (V4/Certified Nursing				
		performing a one-person				
		er and V4 mis-judged the				
		nd R1 was "dangling in the y" and causing R1 to slip				
	· · ·	complained of pain and was				
		pital for evaluation and				
	treatment.					
	R1's local Hospital E	mergency Department				
ois Departn	nent of Public Health	morgonoy Dopartmont	1			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	LIMBER:		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOWDER.	A. BUILDING:			
IL6007330		B. WING		04	C I/28/2024	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
IMBERCI	REEK REHAB & HEALT	HCARE CENTER	ATE STREET			
		PEKIN, I				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page	e 15	S9999			
	S9999 Continued From page 15 Summary, dated 4/16/24, documents R1's reason for visit as "Fall" and the medics state "(R1) was in the bathroom and was on a sit to stand. They were moving (R1) back to the recliner when they were not close enough to the chair. (R1) lost (R1's) footing and slipped down to the ground in what she explained as a pretzel. (R1) states (R1) did not hit head or loss of consciousness. States it was a witnessed fall. (R1) complains of back pain and leg pain." The Summary also documents that R1 has pain in both knees and bilateral low back pain. The Summary reports that Family at bedside states that (R1) was on the edge of the chair, when the seat on the sit to stand was released, causing (R1) to slide off of the chair onto the floor with (R1's) knees tucked towards (R1's) chest. The Summary documents that Radiology tests (Lumbar Spine, Right Knee and Left Knee) were performed. Pain medication as needed for pain control and may apply ice and heat to lower back and bilateral knees for pain					
	documents R2 was for R2's bed. R2 stated	, dated 4/5/24 at 2:40 am, ound on the floor next to R2 rolled out of bed and hit e, small, reddened area				
	through 4:50 am, do	dated 4/5/24 2:40 am not document R2's transport Emergency Department.				
		ated 4/5/24 at 4:50 am, ed from Emergency Room." ht Eye."				
	documents R2's diag	isit Summary, dated 4/5/24, noses including Ground ne Head, Floaters in Visual				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007330		(X2) MULTIPLE CONSTRUCTION			E SURVEY PLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:			
		B. WING		04	C I/28/2024	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	REEK REHAB & HEALT	HCARE CENTER 2220 ST	ATE STREET			
		PEKIN, I	L 61554			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pag	e 16	S9999			
	Field and Contusion to Left Knee and Right Knee.					
	the side of my bed an by my bed. I believe also, you will have to happened about thre	m R2 stated, "I slipped off nd hit my back on my table that I went to the hospital ask my wife. This e or four weeks ago. I have and legs, and they give me				
	On 4/25/24 at 9:30 am, R1 stated, "I was dropped after a bathroom transfer. By the way, (V4/Agency Certified Nursing Assistant/CNA) was doing my transfer by herself, and there usually are two Aides helping. I was using a sit-to-stand lift and (V4) took me to the bathroom. When we got back to put me in my recliner, (V4) did not have me high enough to go onto the seat of the recliner and my butt dropped and I slid to the ground. My legs were still up on the sit to stand, and I was dangling, and my legs were bent so far up against my chest, I was like a pretzel. My Roommate (R4) was yelling really loud for the nurse to come and help me. (V4) starting yelling for help too and left the room to get help but (V4) left me dangling in the sit to stand by myself. Then (V8/Registered Nurse) came to my doorway and yelled 'Oh my God, oh my God she is on the floor' and then left and did not even offer to help me. (V8) told me that was the change of shift and that (V8) was leaving. So then (V11/Licensed					
	me into the chair. I c she called my other I Nurse Practitioner ar immediately here to I and hurting all over, f were not going to ser	y butt did not hit the floor, so				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		B. WING		04/28/2024		
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MBERC	REEK REHAB & HEALT	HCARE CENTER 2220 ST/ PEKIN, I	ATE STREET L 61554			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLE ⁻ DATE
S9999	Continued From page	e 17	S9999			
	wanted to go to make so (V7) made them of not going to call. I go have been in a lot of On 4/25/24, V2 state Department Reportal incidents when they I On 4/25/24 at 11:12 a Nursing/DON) stated back around Februar using the old Policies the new owners. I no Health if a Resident I that requires more th notify Public Health of technically did not fal only had to notify Pul fracture or were on a not sure how I misse hospitalization. I do	e sure that nothing was hurt, call 911, because they were of X-Rays at the hospital. I pain because of this." d, "I do not have a Health ble for (R1's) or (R2's) had to go to the hospital." am, V2 (Director of I, "We changed ownership y 8, 2024, and I am still s until I get new ones from ormally only notify Public has a head injury, or injury an a band aid. I did not of R1's incident because she I onto the ground, I thought I blic Health if they had a blood thinner. Also, I am d R2's fall and not even think that they told nd I did not notify Public				