

Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>         |                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0018275</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>03/10/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>ALPINE FIRESIDE HEALTH CENTER</b> |                                                                                                                                                                                                                                                                                                                                           |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3650 NORTH ALPINE ROAD , ROCKFORD, Illinois, 61114</b>                       |  |                                                 |  |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                              |                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                      |  |
| S0000                                                                | Initial Comments                                                                                                                                                                                                                                                                                                                          |                                                                         | S0000               |                                                                                                                          |  |                                                 |  |
|                                                                      | Complaint # 2612596/2792171                                                                                                                                                                                                                                                                                                               |                                                                         |                     |                                                                                                                          |  |                                                 |  |
| S9999                                                                | Final Observations                                                                                                                                                                                                                                                                                                                        |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |
|                                                                      | Statement of Licensure Violations                                                                                                                                                                                                                                                                                                         |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                      | 330.710c)3)H)                                                                                                                                                                                                                                                                                                                             |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                      | Section 330.710 Resident Care Policies                                                                                                                                                                                                                                                                                                    |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                      | c) The written policies shall include, but are not<br>limited to, the following provisions:                                                                                                                                                                                                                                               |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                      | 3) A policy to identify, assess, and develop strategies<br>to control risk of injury to residents and nurses and<br>other health care workers associated with the lifting,<br>transferring, repositioning, or movement of a resident.<br>The policy shall establish a process that, at a<br>minimum, includes all of the following:       |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                      | H) Fostering and maintaining resident safety, dignity,<br>self-determination, and choice. (Section 3-206.05 of<br>the Act)                                                                                                                                                                                                                |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                      | This requirement was not met as evidenced by:                                                                                                                                                                                                                                                                                             |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                      | Based on observation, interview and record review the<br>facility failed to ensure a resident was transferred<br>safely to prevent multiple injuries. This applies to 1<br>of 3 residents (R1) reviewed for safety in the sample<br>of 5.                                                                                                 |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                      | The findings include:                                                                                                                                                                                                                                                                                                                     |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                      | The facility provided on 3/9/26 skin incidences for the<br>past 6 months shows, R1 had multiple skin incidences on<br>2/28/26, 2/24/26, 1/13/26, 12/4/25, 12/2/25, 11/3/25,<br>10/23/25 and 10/7/25.                                                                                                                                      |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                                      | On 3/9/25 at 11:09 AM, R1 was sitting in a recliner in<br>her room. She stated, she has had multiple incidents<br>where she was hurt while transferring to her<br>wheelchair/bed. The most recent one, happened when the<br>CNA (certified nursing assistant) was getting her out<br>of bed. She had socks on with "bumpy" things on them |                                                                         |                     |                                                                                                                          |  |                                                 |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0018275</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>03/10/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>ALPINE FIRESIDE HEALTH CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3650 NORTH ALPINE ROAD , ROCKFORD, Illinois, 61114</b>                       |  |                                                 |  |
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| S9999                                                                | <p>Continued from page 1<br/>(non-slid socks). When she stood up her foot slipped and went underneath the wheelchair. The shield around the wheel cut her leg. Her right leg was wrapped with a dressing. She stated, they have to change the dressing everyday. A few days before that happened, a CNA was helping her in the bathroom. She transferred to her wheelchair from the toilet. She wasn't sitting in her wheelchair right so the CNA, lifted her up from her back and her arm was cut. She wasn't sure what her arm was cut on but it was cut. She had steri-strips on her left forearm. Another time, V11 CNA was helping her into bed from her wheelchair. She was in a hurry and "flipped" her into bed. Her leg was cut on the bedframe. She pointed to her bedframe and said, that is why that is there. There was an orange pool noodle wrapped around the bed frame. She stated, that is where she cut her leg. When asked about the other times, she stated she wasn't sure and couldn't remember. She also stated, all 3 times she described about being transferred she was not wearing a gait belt. They are supposed too but don't actually use it.</p> <p>R1's progress notes dated 10/7/25 shows, "Resident noted to have a skin tear below R. (right) knee shortly after being transferred out of bed...."</p> <p>On 3/9/26 at 12:01 PM, V8 CNA stated, she was the one that transferred R1 on 10/7/25. She was getting R1 up for the day and transferring her from her bed to her wheelchair. She did not have any pants on when she transferred her. When R1 stood up, she hit her leg on the wheelchair where the foot pedal attaches to the wheelchair. R1 got a skin tear during that transfer.</p> <p>R1's progress notes dated 11/3/25 shows, "CNA reported that resident bumped her leg on the wc (wheelchair) during transfer and obtained a skin tear to RLE (right lower extremity). Skin tear noted below R. knee measures 3.0 x 1.4 cm (centimeters)...."</p> <p>R1's progress notes dated 1/13/26 shows, "Per agency nurse "during transfer, resident started to lose balance, C.N.A. (V11 CNA), turned resident to sit on bed, skin tear occurred...."</p> <p>On 3/9/26 at 3:29 PM, V2 Director of Nursing (DON) stated, V11 CNA was the CNA during the transfer on 1/13/26. V11 CNA was written up because of the transfer. "I wrote her up because she was just not careful in general..." She is trying to create a culture in which staff is more careful because the resident's skin is thin.</p> <p>The facility's concerns and complaints dated 1/13/26</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                | <p>Continued from page 2<br/>shows, a concern made by R1's family.<br/>"Concern/Complaint: Resident received skin tear...."</p> <p>R1's progress notes dated 2/24/26 shows, "nurse was called to resident room observed resident with towel over her left lower arm, upon removing towel observed skin tear skin peel back open with sm (small) amount bleeding, husband and son in visiting aware situation, it occurred when cna was adjusting resident in w/c (wheelchair) d/t (due to) her leaning one side...."</p> <p>On 3/9/26 at 1:33 PM, V10 CNA stated, she was adjusting R1 in her wheelchair after she got her off the toilet. She was behind R1's back under her arms and pulled her over and up in the wheelchair. R1 "scratched" her arm on the arm of the wheelchair. She also stated, she is alert and oriented. She did not have a gait belt on R1.</p> <p>R1's progress notes dated 2/28/26 shows, "At 0705 (7:05 AM) I was called to resident's room by CNA. Observed resident sitting on floor with legs extended out and leaning against bed. Resident was bleeding from RLE (right lower extremity). Laceration noted to lateral RLE above ankle that measured 4.5 cm (centimeters) x 1.5 cm. Area was cleansed with wound cleanser. Xeroform and gauze applied. Wrapped firmly with kerlix to stop bleeding. CNA reported that she was transferring resident from bed to wc and her RLE slid forward and bumped on wheel of wc. Resident was then gently lowered to the floor in a sitting position..."</p> <p>On 3/9/26 at 1:24 PM, V9 CNA stated, she was transferring R1 from her bed to her wheelchair on 2/28/26. R1 stood up and started shuffling her feet forward, her foot got stuck underneath the tire. She eased her to the floor. She cut her leg on the shield covering the wheel on the wheelchair. She stated, she had a gait belt on her, even though R1 said she didn't. She said, she uses the gait belts sometimes but not all the times.</p> <p>R1's care plan date initiated 1/25/26 shows,<br/>"Problems/Strengths: Risk for injuries/skin tear secondary to fragile skin and resident easily getting skin tears. Goals: Resident will not receive skin tears. Interventions: Avoid bumping residents' arms and legs during transfers. Use of gait belt during transfers...."</p> <p>The facility's safe resident handling/transfers policy (no date) shows, "Policy: It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure and</p> | S9999                                                                   |                                                                                                                          |                                                                                                    |  |                                                 |  |

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| S9999                                                                | <p>Continued from page 3<br/>comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines. Policy Explanation: All residents require safe handling when transferred to prevent or minimize the risk for injury to themselves and the employees that assist them. While manual lifting techniques may be utilized dependent upon the resident's condition and mobility, the use of mechanical lifts are a safer alternative and should be used...."</p> <p>(B)</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |