

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>0058271</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>03/20/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>ARC AT STREATOR</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1525 EAST MAIN STREET , STREATOR, Illinois, 61364</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               |                                                                                                                          |  | 03/25/2026                                      |  |
|                                                              | Investigation of Facility Reported Incident of February<br>22, 2026/2792599                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                     |                                                                                                                          |  |                                                 |  |
| S9999                                                        | Final Observations                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         | S9999               |                                                                                                                          |  | 03/25/2026                                      |  |
|                                                              | Statement of Licensure Violations:                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                              | 300.1210b)5)                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                              | 300.1210d)6)                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                              | Section 300.1210 General Requirements for Nursing and<br>Personal Care                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                              | b) The facility shall provide the necessary care and<br>services to attain or maintain the highest practicable<br>physical, mental, and psychological well-being of the<br>resident, in accordance with each resident's<br>comprehensive resident care plan. Adequate and properly<br>supervised nursing care and personal care shall be<br>provided to each resident to meet the total nursing and<br>personal care needs of the resident. |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                              | 5) All nursing personnel shall assist and encourage<br>residents with ambulation and safe transfer activities<br>as often as necessary in an effort to help them retain<br>or maintain their highest practicable level of<br>functioning.                                                                                                                                                                                                   |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                              | d) Pursuant to subsection (a), general nursing care<br>shall include, at a minimum, the following and shall be<br>practiced on a 24-hour, seven-day-a-week basis:                                                                                                                                                                                                                                                                           |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                              | 6) All necessary precautions shall be taken to assure<br>that the residents' environment remains as free of<br>accident hazards as possible. All nursing personnel<br>shall evaluate residents to see that each resident<br>receives adequate supervision and assistance to prevent<br>accidents.                                                                                                                                           |                                                                         |                     |                                                                                                                          |  |                                                 |  |
|                                                              | This REQUIREMENT is not met as evidenced by:                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |                     |                                                                                                                          |  |                                                 |  |

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>0058271</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>03/20/2026</b> |  |
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| S9999                                                        | <p>Continued from page 1</p> <p>Based on interview and record review, the facility failed to safely transfer a resident from the bed to the wheelchair using a mechanical lift. This failure resulted in R1 falling out of the mechanical lift sling, landing on his head and left shoulder while his right leg was stuck in the sling still attached to the lift. R1 sustained a right distal femur fracture and multiple spinal compression fractures on 2/22/26. This applies to 1 of 3 residents (R1) reviewed for safety during mechanical lift transfers in the sample of 8. This past non-compliance occurred from 2/22/26 to 3/11/26.</p> <p>The findings include:</p> <p>R1's Incident Report dated 2/22/26 states, "Alert resident, with some confusion per baseline was transferring with 2 person assist and the full mechanical lift. Through reenactment and investigation, root cause analysis for fall was determined to be, resident was noted to be fidgeting with sling prior to lifting him in full mechanical lift causing sling to unhook during transfer..."</p> <p>On 3/20/26 at 10:40AM V5 (Registered Nurse/RN) stated, "The family wanted him up and the other CNA (Certified Nursing Assistant) was on lunch, so (V4 CNA) asked me to help her. We hooked (R1) up to the (mechanical lift) and lifted him up and I was pulling him back and (V4) was kind of on the side of him near his feet. The left upper hook came unhooked, and he went to the floor really fast. (V4) ran and tried to hold his head but his left shoulder and his head hit the floor, and his right leg was still in the sling. We lowered the sling to the floor and got him out of it. He did not yell or call out. He was very startled, we all were. He complained of left shoulder pain and right knee pain. I called for help, and the other nurse went into the room, and I came out here and called 911. The family had been in the hall, and they went in right away to see him. They were not upset. Me and (V4) were frantic. We kept saying we didn't do it on purpose. I called the wife, she is the POA (Power of Attorney). The paramedics were here in a few minutes. There was no blood. He was on the floor, and he was like telling a story. They took him to (local) ER. I saw (V4) hook up the sling, so I don't know what happened."</p> <p>On 3/20/26 at 1:00PM R1 was sitting up in his bed in</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                    | <p>Continued from page 2</p> <p>his room. R1 was alert and friendly with slow, clear speech. R1 was asked if he was having any pain. R1 stated, "I have some pain in the back of my head from where they dropped me out of the "foyer"(mechanical lift) onto the concrete floor. I ate all my fish, I like fish, but I am not really a big eater." Surveyor asked R1 about his right leg (from his recent fracture). R1 stated, "I have had trouble with my right leg since my stroke, and I had an amputation of my toes. Right now, it is just kind of numb. Not really painful. I am not crazy about the "foyer" after that fall, but I got up this morning for breakfast. My head has gotten better, and it is not hurting like it was."</p> <p>On 3/20/26 at 2:10PM V4 (CNA) stated, "His daughter asked me to get (R1) out of bed, and my partner was on lunch, so I asked (V5) to help me. We hooked the sling to the machine, and I looked at the loops to make sure they were on the hooks. I then leaned over the bed to get the catheter bag so it wouldn't get caught. We raised him up and (V5) pulled the (Mechanical lift) away from the bed. The (mechanical lift) got hooked on a cord under the bed and it kind of jerked a little bit and the left upper loop came undone, and I don't know what happened, but (R1) went down on the floor on his head. I was between his feet and his bottom ready to guide him to the chair, so when he started to fall, I jolted towards the top of the bed like I was trying to catch him, but it all happened so fast. His head went down first, and his right leg was stuck in the sling. We yelled, but not him. He was not crying out in pain or anything. I gave him a pillow, and he was talking to me and trying to have a conversation with me. He always had a tendency to grab onto the sling or the cross bar, and I remember telling him to put his arms across his chest. His daughter came in and said, 'I saw you hook him up, I know it was an accident'. We were trying to figure out what to do, (V5) called 911 and the other nurses came down and assessed him too. This has never happened before that I am aware of. The (mechanical lift) and the sling and everything was fully intact after- we couldn't figure out what happened. I have worked with him since he came back from the hospital, and he knew me right away when I came into the room. He knew I was the one that sat on the floor with him after the fall. He seems the same now. No change in him other than his leg injury."</p> <p>R1's Face Sheet shows that R1 has diagnoses including Hemiplegia and Hemiparesis affecting the left side, Epilepsy and Anxiety.</p> |                                                                      | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                        | <p>Continued from page 3</p> <p>R1's Progress Notes dated 2/22/26 state, "Family requested staff to transfer resident to wheelchair for visit. Nurse and CNA secured resident into (mechanical lift) sling ensuring that all loops were attached correctly. Resident was being transferred from bed to chair when hook came unlatched and resident fell out of sling onto left side. Immediate care was provided to resident. C spine maintained. Resident speaking and talking with staff. Would move head side to side to look at staff even when requesting resident to lay still. ROM (Range of Motion) limited to lower extremities per baseline. AxO (alert, orientated) x 3 per baseline. C/o (complained of) pain to right knee and left shoulder and back. Resident has pain to legs at baseline. Bump to left lateral side of head. POA was called and notified. 911 called resident sent to (local) E.R (emergency room) for evaluation."</p> <p>R1's Care Plan dated 2/23/26 (day after incident) states, "I have a behavior of grabbing at the sling due to being anxious while being transferred by the (mechanical lift)." Interventions include: "Have resident hold an object to occupy his hands from grabbing the sling."</p> <p>R1's Hospital Documentation dated 3/4/26 states, "Summary of History and Hospital Course: Patient with a history of chronic kidney disease, hypertension, epilepsy, metabolic encephalopathy and prior stroke with left sided weakness, who was admitted following a fall from a (mechanical lift) resulting in a right distal femur fracture and multiple spinal compression fractures. On admission, imaging revealed a displaced right distal femur fracture, chronic right intertrochanteric and left femoral neck fractures, and acute/subacute compression fractures at T12, L1, L2 and L4 with severe osteopenia noted throughout the spine. Orthopedic evaluation determined the right distal femur fracture required surgical intervention, while the chronic hip fractures were managed nonoperatively. He underwent open reduction and internal fixation of the right distal femur using a minimally invasive plate osteosynthesis technique on 2/24/26 with an estimated blood loss of 100 ml and no intraoperative complications. Neurosurgery recommended a TLSO brace for spinal compression fractures when out of bed, with no acute neurosurgical intervention indicated given his baseline bedbound status and chronic deficits..."</p> <p>Prior to the survey date of 3/20/26, the facility had</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                        | <p>Continued from page 4<br/>taken the following action to correct the<br/>noncompliance:</p> <p>Mechanical Lift Audit completed by Maintenance on<br/>2/22/26 and 2/23/26.</p> <p>Sling Audit completed by Housekeeping and Laundry<br/>Supervisor on 2/23/26. Any sling with frayed loops or<br/>seams was removed from use- total of 3 slings.</p> <p>All residents requiring a mechanical lift were<br/>reassessed by licensed nursing staff to ensure safety<br/>and proper care plans completed on 2/23/26.</p> <p>100% of staff (in the building) who provide direct care<br/>were educated on proper use of mechanical lifts on<br/>2/22/26.</p> <p>Training provided to the staff involved on proper use<br/>of mechanical lift with return demonstration on<br/>2/23/26.</p> <p>Any nursing staff that are not available in person have<br/>been contacted via phone. If not reachable, will be<br/>educated prior to taking shift by DON (Director of<br/>Nursing) or designee.</p> <p>Additional Training was provided to all nursing/CNA<br/>staff on 3/10/26 and 3/11/26 from an outside agency in<br/>the areas of resident transfer status assessment,<br/>equipment inspections, gait belt proper transfers, sit<br/>to stand proper transfers, total (mechanical) lift<br/>proper transfers, proper body ergonomics during<br/>transfers, repositions/turning, return demonstration<br/>competencies.</p> <p>"A"</p> |                                                                         |  | S9999                                                                                             |                                                                                                                          |                                                 |                            |