

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0005868		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/08/2026	
NAME OF PROVIDER OR SUPPLIER GIBSON COMMUNITY HSP ANNEX				STREET ADDRESS, CITY, STATE, ZIP CODE 430 EAST 19TH , GIBSON CITY, Illinois, 60936			
(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) COMPLETION DATE	
S0000	Initial Comments		S0000				
	Annual Licensure Survey						
S9999	Final Observations		S9999				
	Statement of Licensure Violations: 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide safe and effective supervision of R1 during a transfer to prevent a traumatic fall. This failure resulted in R1 falling from a mechanical lift to the floor resulting in a laceration to R1's head requiring emergency medical treatment. R1 is one of one resident reviewed for accidents in the sample of five. Findings include: The facility Manual Lift Safety Procedure reviewed 3/2026 documents to provide a safe, comfortable transfer for a resident for who manual transfer poses the potential for resident or staff injury; to establish mechanical lifts sling guidelines in an effort to provide a resident environment as free of accident hazards as possible. The facility Online Education Mechanical Lifts Training (current) documents the following: Safety Interventions to prevent patient fall or injury; ensure correct positioning of sling loops.						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0005868		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/08/2026	
NAME OF PROVIDER OR SUPPLIER GIBSON COMMUNITY HSP ANNEX				STREET ADDRESS, CITY, STATE, ZIP CODE 430 EAST 19TH , GIBSON CITY, Illinois, 60936			
(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) COMPLETION DATE
S9999	Continued from page 1 R1's Medical Diagnosis list (4/7/2026) documents the following diagnoses: Cerebrovascular Disease, Depressive Disorders, Glaucoma, Polyosteoarthritis, Dementia, Overactive Bladder, and Major Depressive Disorder. R1's Annual Assessment (3/4/2026) documents R1 is severely cognitively impaired and dependent on staff for all transfers. R1's Care Plan (current) documents R1 has ADL (Activities of Daily Living) self-care performance deficit related to confusion, impaired balance, and limited mobility. TRANSFER: The resident requires mechanical lift at most times for transfers, with two staff assistance for transfers. This same record documents, R1, had an actual fall, revised on 4/3/2026 with a new fall intervention "Staff education provided (mechanical lift)." The facility fall report (4/2/2026) documents on 4/2/2026 at approximately 4:20am, V11 Certified Nursing Assistant (CNA) and V12 CNA were transferring R1 from R1's bed to R1's wheelchair using a sling and mechanical lift. The report further documents one of the four main straps attaching the sling to the lift slipped free from the lift causing R1 to fall abruptly to the ground striking R1's bottom and back of head on the floor. The same report documents upon assessment, R1 was bleeding profusely from the back of R1's head after the fall; complained of head pain, and R1 was sent to the hospital emergency department for evaluation and treatment. R1 received ten staples to close a two-centimeter laceration to the back of R1's head. R1's Hospital Emergency Department Report (4/2/2026) documents R1 presented to the emergency department from the nursing after a fall from a mechanical lift causing R1 to fall back, hitting R1's head on the floor causing a laceration with severe bleeding to the back of R1's head. R1's POA (V9) does not want any images or tests done for R1, just control the bleeding. The same record documents R1 has a two-centimeter laceration to the occipital area involving the skin severely bleeding with a hematoma subsequently closed with 10 staples and R1 discharged back to the nursing home. On 4/7/2026 at 1:56pm, V2 Director of Nursing (DON) stated we think that the sling strap was not seated all the way down in the lift loop and when V11 CNA and V12 CNA raised R1 for transfer, the strap slid out of the lift spreader bar causing R1 to			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0005868		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/08/2026	
NAME OF PROVIDER OR SUPPLIER GIBSON COMMUNITY HSP ANNEX				STREET ADDRESS, CITY, STATE, ZIP CODE 430 EAST 19TH , GIBSON CITY, Illinois, 60936			
(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) COMPLETION DATE
S9999	Continued from page 2 slide out of the lift sling causing R1 to hit the back of R1's head onto the floor. On 4/7/2026 at 4:50pm, V11 CNA stated, "it happened so fast!" V11 stated V11 and V12 CNA were transferring R1 via mechanical lift from bed to wheelchair. V11 stated V11 was using the lift controls to open up the lift legs and turning R1 in the lift when the left bottom sling strap fell off the lift hook. V11 stated R1 slid out of the sling to the floor onto R1's bottom and then hit R1's head on the floor. On 4/7/2026 at 4:56pm, V12 CNA stated V11 and V12 were using a mechanical lift to transfer R1 from R1's bed to wheelchair. V12 stated V11 hooked the sling loops to the lift and ran the controls of the lift. V12 stated V12 was grabbing onto R1's wheelchair to put underneath R1 when R1's legs slipped out of the lift sling. V12 stated R1 landed on R1's bottom first then hit R1's head on the floor and started bleeding. V12 stated the bottom left sling strap came out of the loop. On 4/7/2026 at 5:00pm, V10 Registered Nurse stated V10 was notified by CNA's of R1 falling out of mechanical lift. V10 stated V10 entered R1's room and R1 was on the floor with the mechanical lift beside R1 and two CNA's (V11 and V12) in R1's room. V10 stated V10 was advised by the CNA's (V11 and V12) that R1 slipped out of the lift sling during the transfer and hit R1's head on the floor. V10 stated V10 assessed R1 and the back of R1's head was bleeding profusely. V10 stated unable to determine exactly where the blood was coming from, applied pressure, and did vital signs. V10 stated R1 complained of pain stating, "my head" and would move head side to side as if uncomfortable. V10 stated R1 was transferred to local emergency department for evaluation and treatment. V10 stated R1's family did not want any other testing/imaging done on R1 while at the emergency department. V10 stated R1 returned to the facility with staples to back of head to close the laceration. V10 stated, "It was traumatic. I hope I don't see anything like it again." On 4/8/2026 at 2:38pm, V2 DON stated all nursing staff are required to take mechanical lift training upon hire and annually. V2 stated prior to lifting a resident with a mechanical lift, staff are to check to ensure the lift sling straps are seated down [in the loop spreader bar]. (B)			S9999			