STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	145887 B. WING			C 08/15/2013			
NAME OF PROVIDER OR SUPPLIER WAUCONDA HEALTHCARE AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 176 THOMAS COURT WAUCONDA, IL 60084	1 00/	13/2013	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 323	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 using the same pieces of equipment, the total body lift and the shower chair. E3 stated R1 was placed in the sling while in her bed, lifted and moved toward the shower chair. E3 demonstrated how R1 was in the lift, directly over the shower chair with E4 behind the chair, guiding R1. Suddenly, the overhead bar holding the sling dropped. The lift then tipped backwards and the overhead bar hit R1 on the back occipital area causing a laceration. Other staff were immediately called and assisted in lifting the lift off of R1. On 8/15/13 at 11:45am, R1 stated she did recall the incident and that it happened so fast. R1 stated it was not anyone's fault and she does not currently have any discomfort from the accident. Review of facility's weekly lift and ceiling hoist maintenance log shows this lift, #2, (the facility has 3) was taken out of order from 6/4/13 through 6/11/13 for a " lift replacement handle." E7 (Activity/Rehab aide) stated this is the same piece of equipment that failed on 8/10/13. E7 said the lever that locks the base slipped due to a worn locking mechanism, causing the overhead bar to drop. E1 (administrator in training) stated on 8/15/13, the mechanical lift has been permanently taken out of service. FINAL OBSERVATIONS LICENSURE VIOLATIONS LICENSURE VIOLATIONS		F 32				
	300.3240a)						

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F9999	Section 300.1210 C Nursing and Person b) The facility shall and services to attapracticable physica well-being of the reeach resident's complan. d) Pursuant to subscare shall include, and shall be practic seven-day-a-week 6) All necessary preasure that the resident nursing personnel sthat each resident nursing personnel sthat each resident nursing personnel sthat each resident rand assistance to personate to personate the state of the section 300.2420 E j) There shall be a scare equipment of scondition to carry of procedures. This shall be deside rails, bedpersonate the lap tables, foot mattress bed boards the lap tables, foot mattress bed boards boards, parallel bar section 300.3240 An owner, licens	General Requirements for hal Care provide the necessary care hin or maintain the highest I, mental, and psychological sident, in accordance with hiprehensive resident care section (a), general nursing at a minimum, the following hed on a 24-hour, basis: becautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision where the accidents. Equipment and Supplies sufficient quantity of resident satisfactory design and in good but established resident care hall include at a minimum the hirs with brakes, walkers, metal ans, urinals, emesis basins, cools, metal commodes, over cradles, footboards, under the lis, trapeze frames, transfer is and reciprocal pulleys.		99			

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NAME OF PROVIDER OR SUPPLIER WAUCONDA HEALTHCARE AND REHAB				17	REET ADDRESS, CITY, STATE, ZIP CODE 6 THOMAS COURT AUCONDA, IL 60084	<u> </u>	10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F9999	resident. (Section 2 These requirements Based on observation interview, the facility mechanical lift in sa residents reviewed failure resulted in Robeing sent to the er 13 sutures. Finding includes: Review of facility's facted 8/13/13 show from her bed to a solift by two nurse's and dropped suddenly vinto the shower charesident resulting in remained alert and consciousness. R1 returned a few hour scalp. E3 and E4, nurse's this transfer, were in 12:50pm and a reseausing the same piece body lift and the shower charesident resulting in remained alert and consciousness. R1 returned a few hour scalp. E3 and E4, nurse's this transfer, were in 12:50pm and a reseausing the same piece body lift and the shower charesident resulting the shower charesident resulting the shower charesident resulting dropped. The shower charesident resulting dropped and the overhead by a real causing a lace.	s are not met as evidenced by: on, record review and y failed to maintain a afe condition for 1 of 3 for resident transfers. This 1 receiving a head laceration mergency room and receiving final report submitted to IDPH is R1 was being transferred hower chair using a total body ides, E3 and E4. The lift while R1 was being lowered air. The lift hit the head of the in a laceration of 6 cm. R1 oriented with no change in was sent to the ER and its later with 13 stitches to the maides who were involved in interviewed on 8/15/13 at enactment was performed on 8/15/13 at enactment was performed on R1 was in the lift, directly air with E4 behind the chair, only, the overhead bar holding the lift then tipped backwards are hit R1 on the back occipital eration. Other staff were	F99	999				
	scalp. E3 and E4, nurse's this transfer, were i 12:50pm and a re-e using the same piece body lift and the she E3 stated R1 was ped, lifted and move E3 demonstrated hover the shower changuiding R1. Sudder the sling dropped. The sling dropped and the overhead bearea causing a lace immediately called off of R1.	aides who were involved in interviewed on 8/15/13 at enactment was performed ces of equipment, the total ower chair. Diaced in the sling while in her ed toward the shower chair. Ow R1 was in the lift, directly air with E4 behind the chair, aly, the overhead bar holding the lift then tipped backwards ar hit R1 on the back occipital						

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F9999	the incident and that stated it was not an currently have any of Review of facility's imaintenance log ships has 3) was taken or 6/11/13 for a "lift re (Activity/Rehab aided piece of equipment the lever that locks worn locking mechabar to drop. E1 (administrator in	ge 4 at it happened so fast. R1 yone's fault and she does not discomfort from the accident. weekly lift and ceiling hoist lows this lift, #2, (the facility ut of order from 6/4/13 through eplacement handle. " E7 e) stated this is the same that failed on 8/10/13. E7 said the base slipped due to a anism, causing the overhead a training) stated on 8/15/13, has been permanently taken (B)	F99	99			