

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ASL5105595</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/10/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTIS VILLAGE OF PEORIA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8201 N IL STATE ROUTE 91</b> <b>PEORIA, IL 61615</b>		
(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) COMPLETE DATE
A 000	Initial Comment  Original complaint investigation #2429109/IL180512	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng  This Regulation is not met as evidenced by: Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act)  Type 3 Violation  Based on observation, interview and record review, facility staff failed to transfer a resident with a gait belt for safety for R1, one of three residents reviewed for care in a sample of three.  Findings include:  On 10-11-24 at 8:30 am, E9 (Care Manager/Caregiver) attempted to transfer R1 from her bed to her wheelchair. R1 was unsteady and having trouble standing up from the bed during several attempts. E9 pulled R1 up by grabbing her by the top of her pants and putting her arm under R1's arm pit and pulling up. E9 did not use a gait belt for this transfer.  R1's 10-25-24 service plan documents R1 needs assistance of one staff for transfers and most	A3000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A3000	Continued From page 1  activities of daily living. R1's face sheet documents she has dementia, anxiety, hypertension and osteoarthritis.  The facility's Assistance with Transfer and Ambulation policy dated 12-1-23 documents "A gait belt must be used for: all transfers of residents who requires the assistance of one (1) or two (2) Care Staff members." "Always apply belt when resident requires 'hands-on' assistance."  On 11-10-24 at 10:10 am, E3 (Alzheimer Unit Program Director/Nurse) stated a gait belt should be used on any resident needing stand and pivot assistance with transfers/hands on transfers.	A3000			