

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WENTWORTH REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET CHICAGO, IL 60621
--	--

(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
S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2: 300.1810m) 300.1810n) 300.3210v) Section 300.1810 - Resident Record Requirements m) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all Colbert Class Members voluntarily or involuntarily discharging from the facility at the time of completing the discharge paperwork, informing them of their rights and services under the Colbert Consent Decree, as prescribed by the Colbert Lead Defendant Agency. All Cook County facilities shall provide written verification of educational materials and information given to the Colbert Class Members, as requested by a Colbert Defendant Agency n) All Cook County facilities shall notify any agency providing transition services to a Colbert Class Member of such Class Member's discharge at least 48 hours prior to the discharge taking place. Section 300.3210 General v) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all newly admitted Colbert Class Members within one to three days of admission, informing them of their rights and services under	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
06/24/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WENTWORTH REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET CHICAGO, IL 60621
--	--

(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
S9999	<p>Continued From page 1</p> <p>the Colbert Consent Decree, as prescribed by the Colbert Lead Defendant Agency. All Cook County facilities shall provide verification that the educational materials and information were given to the Colbert Class Members, as requested by a Colbert Defendant Agency.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide Colbert Class Members with educational materials at the time of discharge informing the resident of their rights and services under the Colbert Consent Decree for one (R285) resident and failed to provide educational materials for newly admitted Colbert Class Members within one to three days informing them of their rights and services under the Colbert Consent Decree for two (R131, R133) residents in a total sample of 35 residents.</p> <p>Findings include:</p> <p>On 05/29/2024 at 9:18AM, V9 (Psychosocial Coordinator) stated the Colbert Agency will outreach to all Medicaid eligible residents and those who do not have a dementia diagnosis exclusion. V9 stated the Colbert Agency will request Face sheets and other clinical information. V9 stated once the Colbert Agency reviews the resident's information, they decide who could potentially be a candidate to be admitted to the Colbert Program. V9 stated once a Medicaid eligible resident is educated about the program and decide that they are interested in the Colbert program, then the resident move to the next step in the process. V9 stated then a liaison from the Colbert Agency comes to the facility to assess residents for admission to the Colbert Program. V9 stated R131 and R133 was</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WENTWORTH REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET CHICAGO, IL 60621
--	--

(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
S9999	<p>Continued From page 2</p> <p>recently admitted to the Colbert Program within the last couple of months. V9 stated residents are provided with Colbert Program information during the initial admission and then on a quarterly basis.</p> <p>Surveyor inquired to V9 about educational materials and verification of educational materials that was provided to R131, R133 and other Colbert Class Members informing them of their rights and services for residents who are newly admitted to the Colbert Program. V9 stated she believes that the Colbert Program information is included with the resident's Admission Packet. V9 stated the Social Services Department also provides residents with a handout of paperwork informing them about the Colbert Program. V9 stated she has to check to see if Colbert Program information is included in the admission paperwork because she is not sure.</p> <p>V9 stated R285 was enrolled in the Colbert Program and transitioned from the facility to the community last year in 2023.</p> <p>Surveyor inquired to V9 about educational materials and written verification of educational materials that was provided to R285 at the time of completing discharge paperwork, informing R285 of her rights and services under the Colbert Consent Decree.</p> <p>V9 stated if a resident is interested in discharging from the facility, they are provided with discharge information. V9 stated R285 was enrolled in the Colbert Program and was provided with a ton of information about the Colbert program and resources. V9 stated she is not sure and would have to check to see if R285 has written verification of education provided to R285.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WENTWORTH REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET CHICAGO, IL 60621
--	--

(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
S9999	<p>Continued From page 3</p> <p>Surveyor inquires to V9 about notifying the agency who provides transitioning services to Colbert Class Members of their discharge from the facility prior to the discharge taking place.</p> <p>V9 stated the Colbert Agency is responsible for helping to transition the resident from the facility so they are already made aware during the discharge process.</p> <p>R131 was admitted to the facility on 09/23/2022 and enrolled in the Colbert Program on 03/10/2024. Facility did not provide documentation of resident education provided within one to three days informing them of their rights and services under the Colbert Consent Decree.</p> <p>R133 was admitted to the facility on 02/18/2022 and enrolled in the Colbert Program on 07/31/2022. Facility did not provide documentation of resident education provided within one to three days informing them of their rights and services under the Colbert Consent Decree.</p> <p>R285 was admitted to the facility on 09/08/2021 and discharged from the facility on 01/31/2024. Facility did not provide documentation of resident education at the time of discharge informing R285 of her rights and services under the Colbert Consent Decree.</p> <p>On 05/30/2024 at 9:45AM, V9 (Psychosocial Coordinator) stated that the facility does not have any written documentation that verifies that the facility provided educational material to R131, R133, and R285 about their rights and services under the Colbert Consent Decree.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WENTWORTH REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET CHICAGO, IL 60621
--	--

(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
S9999	<p>Continued From page 4</p> <p>Facility policy, undated, titled "Colbert Consent Decree Program" documents in part, "Policy: Skilled nursing facilities in Cook County shall cooperate with the Colbert Consent Decree Program and their contracted Prime Agencies to facilitate a discharge from the facility to a lower level of care for eligible residents. 7) Facility to assess resident's desire to explore possibility of discharge upon admission and on a quarterly basis, at minimum, and may provide resident with information about the Program and may submit a referral to the Prime Agency, if not already referred."</p> <p style="text-align: center;">(C)</p> <p>Statement of Licensure Violations 2 of 2: 300.610a) 300.1210b) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WENTWORTH REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET CHICAGO, IL 60621
--	--

(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
S9999	<p>Continued From page 5</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>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:</p> <p>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.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observations, interviews, and records review, the facility failed to ensure a safe environment that is free from accidents and hazards for one (R85) of 5 residents reviewed in a sample of 35. This failure resulted in R85 falling and sustaining a fracture of the 2nd left finger.</p> <p>Findings include:</p> <p>R85's current face sheet documents R85 is a 73-year-old individual with medical conditions that include but not limited to: End stage renal disease, hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side, displaced fracture of shaft of second metacarpal bone, left hand, subsequent</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WENTWORTH REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET CHICAGO, IL 60621
--	--

(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
S9999	<p>Continued From page 6</p> <p>encounter for fracture with routine healing, history of falling, type 2 diabetes mellitus without complications. R85's MDS (Minimum Data Set) dated Mar 18, 2024, documents R85 has a BIMS score of 15/15, indicating R85 has intact cognition, MDS section GG -Functional Abilities and Goals documents R5 needs supervision or touching assistance and partial to moderate assistance with Activities of Daily Living (ADL) care.</p> <p>On 5/28/2024 at 11:35am, R85 was observed in her room sitting at the edge of the bed and was only wearing incontinence underwear with no other clothes on. R85 stated she come this morning from the hospital after falling last night, and she was very hungry and was trying to get out of bed to get her clothes from her dresser and she was having difficulties getting out of bed into her wheelchair. R85 stated staff have not been to her room since assisting her to bed after she come from the hospital this morning, and she was trying to get out of bed, get dressed and go out ask for food because no one had given her food and she was feeling very hungry. R85 stated she did not know where her call light was. R85 fumbled with her hands around her bed looking for the call light but she did not find it. R85's side table was observed pushed on the side of her bed away and out of reach of R85.</p> <p>On 5/28/2024 at 11:40am, Surveyor and V4 (Certified Nursing Assistant-CNA) went to R85's room and found R85 sitting on her wheelchair next to her bed near her dresser and stated she was trying to get her clothes so that she can dress up. V4 told R85 that she is not supposed to get out of bed without calling staff for assistance because R85 fell last night. R85 stated she does not know where her call light is, and no staff has</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WENTWORTH REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET CHICAGO, IL 60621
--	--

(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
S9999	<p>Continued From page 7</p> <p>checked on her since she came back from the hospital to the facility this morning. R85 stated she was very hungry, and no one offered her food when she got here this morning.</p> <p>V4 stated she assisted the paramedics to put R85 on the bed when she was brought back to the facility at between 9:00am to 9:30am. V4 stated she checked R85 and R85 was not wet, but she did not ask R85 if she was hungry, and she had not checked on R85 since she assisted the paramedics to put R85 in bed. V4 also stated she does not know how R85's call light was placed on R85's bedside table, which was placed far from R85. R85's bed was observed to on normal position. V4 stated R85 is a fall risk and she fell last night and was sent to the hospital. V4 stated R85's bed cannot be lowered but can be adjusted and raised on the head and feet of the bed but cannot be lowered. V4 stated since R85 was a fall risk, her bed should be able to be adjusted to low position to prevent falls. V4 demonstrated how R85's bed can only be adjusted on front (by the head) and lower part (feet) by raising/lowering the head of the bed and the foot of the bed.</p> <p>On 05/30/2024 at 10:15am V23(Assistant Director of Nursing-ADON) stated R85 had multiple falls in the last one year and was sent to the hospital several times related to falls for further evaluations. 5/27/2024 injuries abrasions to left knee. V23 stated R85 is at risk according to her fall risk assessment. V23 stated anytime a resident falls, a fall risk assessment, pain assessment, and post fall occurrence is completed and these assessments help develop interventions in the care plan. R23 stated some intervention for R85 include fall mats, call light within reach, bed in lowest position. V23 stated</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WENTWORTH REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET CHICAGO, IL 60621
--	--

(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
S9999	<p>Continued From page 8</p> <p>when R85 come back from the hospital on the 5/28/2024, her call light should have been placed within reach so R85 can call for help/assistance, and safety. V23 stated the floor mats are important prevent R85 from getting injured because the last fall of 5/27/24, R85 rolled out of bed.</p> <p>On 05/30/2024 at 11:20am, V23 said she does not know where V6 (Maintenance Director) is as she has a tape measure, and she can measure the height of R85's bed. V23 and surveyor went to R85's room to measure the height of the bed which used to be R85's bed and now R85's roommate's bed. V23 measured the bed, and it was 25 inches in height. V23 stated this type of bed cannot be adjusted (lowered or raised) for height, and nursing staff should have called the maintenance department to bring an adjustable bed for R85 because R85 has had several falls.</p> <p>On 5/28/2024 at 11:38am, V5(Licensed Practical Nurse-LPN) stated she checked on R85 after R85 was brought back to the facility by paramedics at about 9:30am, and she has not checked on R85 again because she was busy passing morning medications. V5 stated she should have made sure R85's bed was in low position, and her call light was near her because R85 fall last night and was taken to the hospital related to the fall. V5 further stated she should have asked R85 if R85 wanted something to eat because R85 got back to the facility as breakfast time was ending. V5 stated the kitchen always has snacks and could have prepared something for R85 to eat as she waited for lunch.</p> <p>On 5/28/2024 at 12:05pm, V2(Director of Nursing) stated all staff are supposed to check resident equipment to make sure it is the right</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WENTWORTH REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET CHICAGO, IL 60621
--	--

(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
S9999	<p>Continued From page 9</p> <p>equipment for the resident, and it is in good working condition and should notify the maintenance department of any equipment needs.</p> <p>On 5/28/2024 approximately 30 minutes after observed and brought attention to staff R85's bed height, the bed was exchanged/swapped with R85's roommate's bed which could be lowered and/or raised up.</p> <p>On 5/28/2024 at 12:30pm, V6 (Maintenance Director) and surveyor observed model of R85's bed before her bed was changed and V6 stated that model of bed's height cannot be adjusted, and the only adjustments that can be done is to raise or lower the head or foot of the bed. V6 further stated that model of the bed does not come with the half rails that assist residents from coming in and out of bed by offering something to hold on to as they exit on get into bed. V6 stated he thought the height of the bed is the standard height, but stated he did not have a tape measure to measure the height of the bed.</p> <p>On 05/28/2024 at 12:45pm, V7 (Assistant Administrator) stated she is the one who changed/swapped R85's bed after surveyor observation, and V7 swapped the bed with the roommate's bed because R85 is a fall risk and requires a bed that can be lowered to prevent falls. R85's previous bed's height was up to surveyor's mid-thigh. V7 stated R85 should have been on a low bed to prevent falls.</p> <p>On 5/30/2024 at 2:49pm, V29(Nurse Practitioner) R85 should have had floor mats, call light within reach and bed in low position to prevent falls with injuries because R85 is at risk for fractures due to weak bones related to her medical comorbidities.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WENTWORTH REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 201 WEST 69TH STREET CHICAGO, IL 60621
--	--

(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
S9999	<p>Continued From page 10</p> <p>Facility policy titled Management of Falls, dated 08/2020 documents: -The facility will assess hazards and risks, develop a plan of care to address hazards and risks, implement appropriate resident interventions, and revise the president's plan of care in order to minimize the risks for fall incidences and/or injuries to the resident.</p> <p>R85's medical records dated 5/27/2024 document: Visit Information-Fall, Finger fracture, left, Discharge Instructions for Finger Fracture. A finger fracture is a crack or break in any of the bones in a finger. Your finger may need to be kept still for about 3 weeks. It may take a few more weeks before it feels or works like it did before. Radiographs of the left hand (3 views). May 28, 2024, 0012 hours. Clinical history: FALL. Findings: fracture in the shaft of the distal phalanx of the 2nd digit.</p> <p>R85's care plan dated 5/11/2022 documents: Keep frequently used items within reach in room. Promote call light within reach. 5/28/2024-floor mats while in bed.</p> <p>(B)</p>	S9999		