STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145070	A. Building B. Wing	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Zahav of Berwyn	3601 South Harlem Avenue Berwyn, IL 60402

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50519 Based on interview and record review, the facility failed to develop a fall care plan with interventions to prevent a fall of a resident (R1) who was assessed as high fall risk. These failures affected one (R1) of three residents reviewed for falls and resulted in R1 sustaining broken ribs, left shoulder out of socket and fluid in muscle as a result of a fall. Findings include: R1 is a [AGE] year-old male admitted to the facility on [DATE] with medical diagnosis that includes and not limited to Cerebral vascular accident, hemiplegia affecting the left side, respiratory failure, diabetes, and clostridium difficile. According to R1's progress notes dated 01/15/2025 at 9:15PM R1 was found by V3 (Licensed Practical Nurse) on the floor facing down next to the bed with an abrasion to left eyebrow and swelling to left hand. R1 was sent to a local hospital by ambulance for further evaluation. According to R1's progress notes dated 01/16/2025 at 4:16 AM V3 called the hospital and nurse on duty provided report that R1 had broken ribs, left shoulder out of socket and fluid in muscle and was transferred to another local hospital. On 01/21/2025 at 11:00AM V3 (Licensed Practical Nurse) said, R1 had his right leg dangling on the sides of the bed and assisted him back to bed while I finished passing medications for another resident and I parked the cart by the nursing station. About 9:00PM before going to my break time I completed a walking round in the unit. I observed R1 on the floor facing down and between the bed and the wall. I called V4 (Certified Nursing Assistant) who spoke Spanish and translated for me while I was doing R1 assessment. I sent R1 to the hospital and notified the family and director of nursing of the fall. I called the hospital four to five hours later; I received the information that R1's shoulder was out of the socket and had broken ribs. On 01/21/2025 at 11:47AM V4 (Certified Nursing Assistant) said, R1 was restless during the shift I changed R1's brief before the fall. Later while I was doing my rounds, I saw V3 in the room with R1 on the floor. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145070	A. Building B. Wing	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Zahav of Berwyn	3601 South Harlem Avenue Berwyn, IL 60402

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On 01/21/2025 at 1:53PM V2 (Director of Nursing) said, I did not send a report to IDPH (Illinois Department of Health) because there is no report from the hospital, I am not going to report a fracture if I don't have the x-ray results and I am not going to rely on the progress notes from the nurse. On 01/21/2025 at 1:55PM reviewed records for R1 and noted that care plan did not include fall interventions for 01/14/2025 admission. On 01/22/2025 at 11:29AM V7 (Restorative Director) said, a restorative technician usually sees residents and completes an assessment and I will see the resident after the restorative technician. That is when I will add programs that the resident will benefit from. On my assessment for R1, he was lethargic and flaccid on the left side. I did not initiate or update any fall care plan, the nurses are expected to complete a fall evaluation on admission and if the score is above 10, a basic fall care plan should be entered by the admitting nurse with interventions to prevent falls. V7 stated that there is no fall risk care plan, but all residents have the call light within reach. On 01/21/2025 at 11:25AM V2 (Director of Nursing) said, the facility had no falls with injury since December of 2025. I expect the nurses to follow the facility fall policy, first assess the resident, call physician, and the notify family. Resident is placed on monitoring for 72 hours and update care plan and interventions. Any fall with injury I expect the nurses to notify the physician, administrator, and myself immediately. On 01/21/2025 at 1:50PM V2 (Director of Nursing) presented facility Policy Titled, Fall Prevention and Management (date reviewed 08/2024), which reads: General: The facility will identify and evaluate those residents at risk for falls, plan for a preventative strategy, and facilitate as safe and environment as possible. All residents' falls shall be reviewed, and the resident's existing plan of care shall be evaluated and modified as needed. Guidelines: Upon admission: 1-A fall risk evaluation will be completed on admission, readmission, and quarterly, significant change after each fall. 2-Residents at risk for falls will have fall risk identified on the interim plan of care and ISP with the interventions implemented to minimize fall risks.