

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50469</p> <p>Based on observation, interview, and record review the facility failed to ensure resident call light is within reach. This deficiency affects two (R68, R78) of three residents in the sample for 25 reviewed for accommodation of needs.</p> <p>Findings include:</p> <p>On 02/25/25 at 11:23 AM, R78 observed in bed, with call light behind curtain on top of dresser.</p> <p>On 02/25/25 at 11:24 AM, R68 observed in room with call light behind curtain on top of dresser, R68 said she could not reach it, said it is usually next to her.</p> <p>On 02/25/25 at 11:27 AM, V25 (Restorative aide) made aware of above findings and said that call lights should be within reach, not sure why they were on top of dresser.</p> <p>On 02/26/25 at 1:25 PM, V3 (Director of Nursing) said her expectations for residents call lights are to be within reach at all times and answered promptly.</p> <p>R68 admitted on [DATE] with diagnosis in part but not limited to encounter for surgical aftercare following surgery on the digestive system, bacteremia, hyperlipidemia, diabetes type 2 mellitus without complications, depression. A focused care plan requires assistance with ADL's (bed mobility, transfers, dressing, walking, personal hygiene, eating and toileting) indicated intervention: keep call lights within reach when in bedroom or bathroom.</p> <p>R78 admitted on [DATE] with diagnosis in part but not limited to aphasia, history of falling, hyperlipidemia, other seizures, essential hypertension. A focused care plan requires assistance with ADL's (bed mobility, transfers, dressing, walking, personal hygiene, eating and toileting) indicated intervention: keep call lights within reach when in bedroom or bathroom.</p> <p>Facility's Policy on Call Light Response revised 9/2024</p> <p>General: To provide the staff with guidance on responding to resident's response and needs.</p> <p>Protocol:</p> <p>3. Ensure call light is within residents reach at all times.</p>

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:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</b></p> <p>Based on observation, interview, and record review the facility failed to provide nail and foot care to dependent resident. The facility also failed to incontinence care to dependent and incontinent resident in a timely manner. This deficiency affects one (R108) of three residents in the sample of 25 reviewed for Activity of daily living (ADL) Program.</p> <p>Findings include:</p> <p>On 2/25/25 at 9:39AM, V18 Family member said that R108 has stroke and one side of the body is partially functioning. He cannot walk, talk nor eat on his own. He has been bed bound since July 2024. V18 said that every time he comes to visit R108 he has to advocate for his needs.</p> <p>On 2/25/25 at 10:14AM, Observed R108 with V15 CNA (Certified Nurse Assistant) and V14 WCN (Wound Care Nurse) lying in bed. V15 and V14 preparing R108 for wound care treatment. Observed bilateral hands with long and dirty fingernails, bilateral toenails are long thickened and discolored. Both said that CNAs are responsible for nails care and for foot care they usually referred resident to podiatrist. V15 CNA then opened disposable brief of R108 soaked with feces. V15 turned him to his left side, observed disposable brief saturated with fecal matters and leak into the bottom sheet. The sacral wound dressing is contaminated with fecal matters.</p> <p>On 2/25/25 at 1:00PM, Informed V3 DON (Director of Nursing) of above observation, V3 said that CNAs are responsible for nail care as needed during daily ADLs care. The social services are responsible for scheduling resident for podiatrist consult.</p> <p>On 2/26/25 at 1:23PM, Informed V3 of above observation made before wound care that R108 was soaked with feces. V3 said that prolong exposure of wetness, urine or fecal matters are factors in impaired wound healing or worsening of wound.</p> <p>R108 is admitted on [DATE] with diagnosis listed in part but not limited to Acute and chronic respiratory failure, Acute kidney failure, Tracheostomy status, Stage 4 Pressure ulcer of sacral region, Gastrostomy status, Cerebral infarction, Intracranial hemorrhage. Comprehensive care plan indicates he has an ADL self-care performance deficit and impaired mobility. Intervention: Personal hygiene and grooming- total assistance. MDS /Resident assessment dated [DATE] indicated Section GG0130 Self-care functional abilities: Toileting and Personal hygiene- 01 (Dependent).</p> <p>Facility's policy on Nail care reviewed 9/2024 indicates:</p> <p>General: To provide care and maintain hygiene the resident's nails.</p> <p>Guideline:</p> <p>6. Nail care is offered and performed on the resident's shower day and as needed.</p> <p>Facility's policy on Foot care revised 9/2024 indicates:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>General: Foot care is given to promote cleanliness, prevent infection, control odor, provide comfort, monitor for skin breakdown, and promote healing.</p> <p>Guideline:</p> <p>1. Foot care is provided routinely with the bath and prn. It may also be done more frequently with a physician or nurse practitioner order.</p> <p>Facility's policy on Incontinence care revision date 4/2024 indicates:</p> <p>General:</p> <p>Incontinence care is provided to keep residents as dry, comfortable and odor free as possible. It also helps in preventing skin breakdown.</p> <p>Facility's policy on ADL (Activities of Daily Living) reviewed 9/2024 indicates:</p> <p>General: A Program of activities of daily living is provided to prevent disability and return or maintain residents at their maximal level of functioning based on their diagnosis.</p> <p>1. The ability of each resident to meet the demands of daily living is determined by licensed Nurse.</p> <p>2. A program of assistance and instructions in ADL skills is care planned and implemented.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</b></p> <p>Based on observation, interview, and record review the facility failed to implement measures to prevent resident from acquiring pressure ulcer in the facility and updated wound care plan intervention. This deficiency affects one (R108) of three residents in the sample of 25 reviewed for Wound/Pressure Ulcer Prevention and management.</p> <p>Findings include:</p> <p>On 2/25/25 at 9:39AM, V18 Family member said that R108 has stroke and one side of the body is partially functioning. He cannot walk, talk nor eat on his own. He has been bed bound since July 2024. V18 said that R108 developed pressure ulcer on sacral area since last year and still not healing. V18 said that every time he comes to visit R108 he has to advocate for his needs.</p> <p>On 2/25/25 at 10:14AM, Observed R108 with V15 CNA (Certified Nurse Assistant) and V14 WCN (Wound Care Nurse) lying in bed. V15 and V14 preparing R108 for wound care treatment. V15 CNA then opened disposable brief of R108 soaked with feces. V15 turned him to his left side, observed disposable brief saturated with fecal matters and leak into the bottom sheet. The sacral wound dressing is contaminated with fecal matters.</p> <p>On 2/26/25 at 1:23PM, V3 ADON (Assistant Director of Nursing) said that he is also the wound care Director. He oversees the wound care management for the residents. He said that R108's Braden scale/skin assessment upon admission and most recent assessment indicated that he is at high risk for skin impairment. He has acquired pressure ulcer on sacral area on 10/29/24 full thickness, measures 7cm x 13cm x 0.10cm, 60% deep maroon and 40% bright beefy red tissue, scant amount of serosanguinous drainage, maceration, and bogginess on peri wound area. Reviewed R108's comprehensive wound care plan. Informed V3 that wound care plan intervention was not updated when there was an acquired new pressure. V3 said that he did the wound assessment on 10/29/24 and did not update the intervention because he has already intervention in placed. Informed V3 that their policy indicated that each new wound identified, after assessment and informing physicians for new treatment orders, care plan intervention has to be updated. V3 said R108's most recent wound assessment dated [DATE] indicated Stage 4 pressure ulcer on sacral area, full thickness, and tissue loss, in- house acquired, measures 5cm x 2.9cm x 0.3cm, 30% epithelial tissue, 20% granulation, 50% slough formation, moderate serosanguinous drainage, attached edges. Informed V3 of above observation made before wound care that R108 was soaked with feces. V3 said that prolong exposure of wetness, urine or fecal matters are factors in impaired wound healing or worsening of wound.</p> <p>R108 is admitted on [DATE] with diagnosis listed in part but not limited to Acute and chronic respiratory failure, Acute kidney failure, Tracheostomy status, Stage 4 Pressure ulcer of sacral region, Gastrotomy status, Cerebral infarction, Intracranial hemorrhage. Comprehensive care plan indicates he has actual and potential for skin impairment. Intervention: Keep skin and dry. Prompt incontinence care. He has an ADL self-care performance deficit and impaired mobility. Intervention: total assistance. MDS /Resident assessment dated [DATE] indicated Section GG0130 Self-care functional abilities: Toileting hygiene and Personal hygiene- 01 (Dependent).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's policy on Skin management: Pressure injury treatment /general wound treatment reviewed date 4/2024 indicates:</p> <p>General: The following treatment guidelines have been developed to serve as a general protocol for selecting the type of treatment or dressing to be used. However, the facility recognizes that the selection of the treatment protocols is individualized based on the resident condition and health care provider practice patterns. Therefore, these are only guidelines and not all inclusive. An order is required for all treatment orders.</p> <p>General guidelines:</p> <ul style="list-style-type: none"> <li>* Implement prevention protocol according to resident needs</li> <li>*Moisture: avoid prolonged periods of wetness</li> </ul> <p>General treatment guidelines:</p> <p>11. When the wound care team assess the resident, they will take a picture, measure the wound, review the orders, and update any notes and care plans as appropriate.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</b></p> <p>Based on observation, interview, and record review the facility failed to ensure ongoing assessment was in place for a totally dependent resident who has limited range of motion (ROM) to prevent contractures. This deficiency affects one (R108) of three residents in the sample of 25 reviewed for Restorative Nursing Program.</p> <p>Findings include:</p> <p>On 2/25/25 at 9:39AM, V18 Family member said that R108 has stroke and one side of the body is partially functioning. He cannot walk, talk nor eat on his own. He has been bed bound since July 2024. V18 said that every time he comes to visit R108 he has to advocate for his needs.</p> <p>On 2/25/25 at 9:58AM, Observed R108 with V3 DON (Director of Nursing) lying in bed. Observed right hand wrist with extension contraction. V16 LPN (Licensed Practical Nurse) said that R108 does not have splint.</p> <p>On 2/25/25 at 1:51AM, Informed V11 Restorative Nurse of above observation made. She said that she just started and have to check her notes.</p> <p>On 2/26/25 at 12:20PM V11 Restorative Nurse said that she cannot find Restorative admission assessment for R108. She did her assessment yesterday after surveyor asked for R108's restorative assessment. She is aware of R108's limited in range of motion at risk for developing contractures. She referred R108 to OT (Occupational therapy) and started on right hand splint yesterday. V11 presented copy of the 108's functional abilities assessment she completed 2/25/25 indicates that R108 is dependent in ADLs and transfers. Range of motion screen completed on 2/25/25 indicates: 4. right elbow, wrist and fingers has severe loss/less than 50% of norm). V11 presented copy of R108's physician order dated 2/25/25 indicated: Apply splint daily to right hand/wrist secondary to decreased muscle tone. On during AM for up to 2 hours as tolerated. When removing splint, assess for CMS and pain. Perform ADL/hygiene care.</p> <p>On 2/26/25 at 1:27PM, V12 Therapy Director said that he evaluated R108 yesterday as requested by nursing for right hand splint due to decrease in range of motion and prevent hand contractures. Reviewed V12 therapy notes dated 2/25/25 indicated R108 has decreased in hand digits and wrist flexion and recommended use of resting hand splint to prevent contractures starting at 2 hours daily as tolerated.</p> <p>R108's therapy notes dated 2/25/25 indicated V12 Therapy Director was made aware of potential need for right hand/wrist. Assessed right hand digits and wrist in slight flexion. Performed hand hygiene and gentle, low load stretching to digits and wrist. Recommended to restorative director to start patient at 2 hours for donning of resting hand splint to right hand wrist in AM with regular checks of any potential discomfort or skin irritation. Will continue to monitor application of hand splint and notify nursing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/27/25 at 11:00AM, V12 Therapy Director presented copy of R108's Occupational therapy (OT) evaluation and plan of treatment for certification period of 2/26/25 to 3/27/25 indicates: Reason for referral: Patient is [AGE] year-old male with history of polysubstance abuse and intracranial hemorrhage ([DATE]), Seizure (7/2024), Left craniotomy (7/2024), Gastrostomy tube (7/2024), and Trach (7/2024). Referral for skilled OT for right hand splint to prevent contracture. He shows decrease in right hand ROM (range of motion). Recommend right resting hand splint to reduce amount of stiffness, prevent muscle from shortening, to maintain neutral positioning and prevent further contractures. Remove daily for hand hygiene and check skin integrity, swelling and positioning. Musculoskeletal assessment indicated: RUE ROM- shoulder, elbow/forearm, wrist, hand, thumb, index finger, middle finger, ring finger and little finger impaired.</p> <p>R108 is admitted on [DATE] with diagnosis listed in part but not limited to Acute and chronic respiratory failure, Acute kidney failure, Tracheostomy status, Stage 4 Pressure ulcer of sacral region, Gastrotomy status, Cerebral infarction, Intracranial hemorrhage. Comprehensive care plan indicates he has an ADL self-care performance deficit and impaired mobility. Intervention: Personal hygiene and grooming- total assistance. MDS /Resident assessment dated [DATE] indicated Section GG0130 Self-care functional abilities: Personal hygiene- 01 (Dependent).</p> <p>Facility's policy on Restorative Nursing Program reviewed date 4/2024 indicates:</p> <p>General: To promote each resident's ability to maintain or regain the highest degree of independence as safely as possible.</p> <p>Policy:</p> <ol style="list-style-type: none"> <li>1. Each resident will be screened for restorative programs by the Restorative Nurse upon admission, quarterly, and with any significant change in function.</li> <li>2. Appropriateness for the restorative program will be determined by the IDT (interdisciplinary team) as needed and may be determined as a continuation of care following a course of physical, occupational and or speech therapy.</li> </ol> <p>Facility's policy on Splints reviewed date 10/2024 indicates:</p> <p>General: Adaptive devices will be used as ordered by the physician to prevent deformities or further contractures.</p> <p>Guidelines:</p> <ol style="list-style-type: none"> <li>1. Residents will be evaluated for the use of splint based on their assessed deformity or contractures.</li> <li>2. A physician order will be obtained for any needed splint.</li> </ol>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39781</p> <p>Based on observation, interview, and record review the facility failed to ensure adequate supervision is rendered to dependent resident who is at high risk and had several unwitnessed falls in his room. This deficiency affects one (R108) of three residents in the sample of 25 reviewed for Fall prevention program.</p> <p>Findings include:</p> <p>On 2/25/25 at 9:39AM, V18 Family member said that R108 has stroke and one side of the body is partially functioning. He cannot walk, talk nor eat on his own. He has been bed bound since July 2024. Facility reported unwitnessed fall out from bed twice. He was placed in the far end of the facility as if being ignored away from the nursing station in case an emergency was to occur. V18 said that every time he comes to visit R108 he has to advocate for his needs.</p> <p>On 2/25/25 at 9:58AM, Observed R108 lying in low air loss mattress. He has tracheostomy tube connected to oxygen at 8LPM (liters per minute). He is awake and nonverbal; he needs total care with ADLs (Activity of Daily Living) and transfers. He has floormat on the left side of the bed.</p> <p>On 2/25/25 at 10:30AM, V16 LPN said R108 jerks and moves to the left side of the bed when he coughs. He worked with him on 2/1/25 when he was found on the floor. He was coughing too much that is why his body moved to the left side of the bed and fell to the floor.</p> <p>R108 is admitted on [DATE] with diagnosis listed in part but not limited to Acute and chronic respiratory failure, Acute kidney failure, Tracheostomy status, Stage 4 Pressure ulcer of sacral region, Gastrotomy status, Cerebral infarction, Intracranial hemorrhage. Fall assessment upon admission (8/28/24) and most recent fall assessment (2/18/25) indicated that he is at high risk for falls. Comprehensive care plan indicates he is at risk for falls related to current conditions. He has an ADL self-care performance deficit and impaired mobility. Fall admission assessment indicated he is at high risk for falls. Fall incident history indicated: 12/29/24 at 4:09AM, Unwitnessed fall in his room. R108 noted hanging off the bed, upper torso on the floor, bilateral legs on the bed. R108 unable to give description. He was sent to hospital for evaluation. Hospital record dated 12/29/24 indicated Chief complaint: Fall. Patient brought in by emergency medical services (EMS) for unwitnessed fall occurred at 4:09AM. Patient nonverbal, non-ambulatory, on trach collar suctioned by EMS, on heparin. 2/1/25 at 3:30PM, Unwitnessed fall in his room. R108 noted on the floor next to bed. Head, neck and shoulder on feeding pole and feet on the bed. R108 unable to give description. He went to hospital for evaluation. Hospital record dated 2/1/24 indicated Patient arrives via EMS due to unwitnessed fall. Per EMS, patient still on the floor upon their arrival. Patient nonverbal, bed bound, trach per baseline. Per EMS, copious amount of secretions suctioned on route. Patient tachypneic upon arrival.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/27/25 at 11:26AM, V3 DON (Director of Nursing) said that she started working in the facility [DATE]. Aside from DON, she is the fall coordinator. She oversees the fall prevention management program. She said that after each fall, fall investigation/ root cause analysis is conducted and developed individualized care plan intervention to prevent fall reoccurrence. Reviewed R108's medical records including fall incident reports with V3. Informed V3 of family concerns that R108 was placed at the far end of the nursing station, and they only moved resident closer to the nursing station as 2 weeks after he fell . Concern also presented to V3 of providing adequate supervision to prevent re-occurrence of 2nd fall. Informed V3 that R108, a totally dependent resident with trach, GT, and stage 4 pressure ulcer, had 2 unwitnessed falls in his room and had visited hospital emergency room for evaluation and undergone with different procedures and X-rays to check for injury. V3 said that they cannot prevent the resident from falling. They provide frequent rounding but did not document it. She added that they cannot document frequent rounding done to all resident at high risk for fall or resident with multiple falls.</p> <p>Facility's policy on fall prevention management reviewed dated 8/2024 indicates:</p> <p>General: This facility is committed to maximizing each resident's physical mental and psychosocial well-being. The facility will identify and evaluate those residents at risk for falls, plan for preventive strategies and facilities as safe an environment as possible. All resident falls shall be reviewed, and resident's existing plan of care shall be evaluated and modified as needed.</p> <p>Facility's policy on Patient monitoring and Safety reviewed 9/2024 indicates:</p> <p>Purpose: To ensure the safety and well-being of patients/residents through effective monitoring and response protocols. Definitions: Patient monitoring: The continuous or period observation of a patient's physical and emotional status, including vital signs and overall condition. Safety protocols: Specific guidelines are designed to monitor patients through various preventive measures. Purposeful rounding: A structured approach where staff routinely check on patients with a specific focus on addressing their needs, reducing fall risk, preventing discomfort and improving.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50469</p> <p>Based on observation, interview, and record review the facility failed to ensure that Medication error rates are not 5 percent or greater. This deficiency affects one (R66) of four residents in a sample of 25 reviewed for medication administration.</p> <p>Findings include:</p> <p>On 2/26/25 at 8:40AM, V19 (Licensed Practical Nurse) during medication administration observation with R66 administered Aspirin 81mg chewable 1 tablet and Senna 8.6mg 1 tablet.</p> <p>On 2/26/25 at 8:45AM, V19 said she follows physician orders from medication administration record.</p> <p>On 2/27/25 at 10:33 AM, V3 (Director of Nursing) made aware of above findings and said nurses should follow physician orders when administering medications.</p> <p>R66 admitted on [DATE] with diagnosis in part of but not limited to hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, type 2 diabetes mellitus without complications, other seizures, gastrostomy status, muscle weakness. R66 Physician order report 2/26/25 Order Summary: Aspirin oral capsule 81mg, give 1 capsule by mouth one time a day and Sennosides tablet 8.6mg, give 2 tablets by mouth one time a day.</p> <p>Facility's Policy on Medication Administration revised 5/2017</p> <p>General: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis</p> <p>Guideline:</p> <p>6. Check medication administration record prior to administering medication for the right medication, dose, route, patient/ resident, and time.</p> <p>9. If there is a discrepancy between the MAR and label, check order's before administering medications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39781</p> <p>Based on observation, interview, and record review the facility failed to ensure appropriate infection control practices to resident on tracheostomy tube and during medication administration. This deficiency affects all five (R19, R66, R93, R108 and R110) residents in the sample of 25 reviewed for Infection Control.</p> <p>Findings include:</p> <p>On 2/25/25 at 9:58AM, Observed R108 with V3 DON (Director of Nursing) lying in bed with Tracheostomy tube connected to oxygen at 8 LPM (liters per minute). R108 is awake, non-verbal and needs total assistance with ADLs (Activity of Daily Living) and transfers. The tracheostomy corrugated tubing and drainage collection bag touching floor. V3 DON said that it should not be touching the floor for infection control.</p> <p>On 2/25/25 at 12:21PM, Observed R110 with V4 ADON (Assistant Director of Nursing) lying in bed with tracheostomy tube connected to oxygen at 8LPM. R110, non-verbal and needs total assistance with ADLs (Activity of Daily Living) and transfers. The tracheostomy corrugated tubing and drainage collection bag touching the floor. V4 ADON said that it should not be touching the floor for infection control.</p> <p>On 2/26/25 at 11:06AM, Informed V9 Infection Preventionist of above observation and concerns. V9 said that the tracheostomy corrugated tubing and drainage collection bag should not be touching the floor for infection control.</p> <p>Facility unable to provide policy.</p> <p>50469</p> <p>On 2/26/25 at 8:24 AM, V20 (Registered Nurse) performed a blood pressure check on R19 when completed with blood pressure check V20 did not disinfect blood pressure cuff. V20 said that she is unaware of disinfecting blood pressure cuff in between resident use if resident is not on any enhance barrier precautions or isolation precautions.</p> <p>On 2/26/25 at 8:40AM, V19 (Licensed Practical Nurse) performed a blood pressure check on R66, when completed with blood pressure check did not disinfect blood pressure cuff.</p> <p>On 2/26/25 at 8:56 AM, V19 also performed a blood pressure check on R93 and did not disinfect blood pressure cuff before or after resident use. V19 said that she should have disinfected between residents to avoid any transmission of infections but forgot to do so.</p> <p>On 2/26/25 at 10:17 AM, V3 (Director of Nursing) made aware of above observations and said that all medical equipment should be disinfected before using on the next resident for infection control purposes, regardless of being on isolation or enhanced barrier precautions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/26/25 at 12:45 PM, V9 (Infection Preventionist) said that all medical equipment should be disinfected between resident use to prevent the spread of infections to other residents.</p> <p>Facility's Policy on Equipment Cleaning revised 10/2024</p> <p>General: To provide guidance on how to clean equipment between residents.</p> <p>Policy:</p> <ol style="list-style-type: none"> <li>1. Obtain bleach or disinfectant wipes.</li> <li>2. Apply gloves.</li> <li>3. Take a pre-moistened disinfectant wipe and clean the entire surface of monitor. Inspect to ensure all areas are clean.</li> <li>4. Allow product to remain on equipment according to manufactures recommendations</li> <li>5. Remove and discard gloves. Sanitize hands.</li> <li>6. Repeat process between resident use.</li> </ol>		