

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2024
NAME OF PROVIDER OR SUPPLIER Heather Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 15600 South Honore Street Harvey, IL 60426	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51084</p> <p>Based on interview and record review, the facility failed to ensure that bathroom toilet handlebars and sink were properly installed to prevent from falling on a resident. This failure applied to one (R1) of three residents reviewed for accidents.</p> <p>Findings include:</p> <p>R1 is [AGE] years of age and current diagnoses include but are not limited to: Heart Disease with Heart Failure, Anemia.</p> <p>R1's MDS (Minimum Data Set) dated 09/12/2024 documented his BIMS (Brief Interview for Mental Status) score of 15 which indicates he is cognitively intact. R1 was not interviewed because he was discharged to another facility.</p> <p>On 11/04/2024 at 12:24PM, surveyor interviewed V8 CNA (Certified Nursing Assistant) about the fall incident that R1 sustained on 09/15/2024. V8 stated, I have worked here for about 6 six years, it will be six years in January. On the night of the incident, I heard a call light go off. I checked my hallway and there were no lights on there. So, I checked the other hallway and I saw R1's light on. I went to check his room. The nurse was in there already. I observed him on the bathroom floor, laying on his stomach. He said the sink fell on him. He was not observed by the sink. The call light was by the toilet. His legs were by the toilet, and his upper part of the body was in the room. We asked him how the sink fell on him, and he stated he was trying to pull up his pants and that the sink fell on him. His pants were observed to be pulled up and buckled and belted. He said he was in pain, so we did not try to get him up. Ambulance was called.</p> <p>On 11/04/2024 at 2:15PM, surveyor interviewed V4 (Building Manager) about the repairs that needed to be made in R1's bathroom after the fall incident that R1 sustained. V4 stated, I was informed on Monday morning about the broken sink in the room. I went to the bathroom. The sink was on the floor, the toilet rails were broken off. So, I closed the bathroom immediately and called local plumbing company to fix and they got here immediately. They replaced the wall and attached the sink. It took a few hours to fix. No work had been done in that bathroom since I started working here. No other incidences have occurred in the facility since I started working here in December. I put in a new faucet on that sink around February. The sink was stable.</p> <p>(continued on next page)</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V4 provided a picture of the bathroom with the broken toilet bars and the sink on the floor. V4 also provided the work order for the repairs that were done on 09/16/2024.</p> <p>On 11/7/2024 at 11:02AM, surveyor spoke with V7, RN (Registered Nurse) about the fall incident that R1 sustained on 09/15/2024. V7 stated, I was sitting at the nurses' station and heard a loud sound; and I rushed to R1's room. I saw R1 in the bathroom on the floor, lying on his stomach. He was yelling out, complaining of back pain. R1 did not complain of leg pain. R1 did not allow me to touch him. The CNA was in there with me. I observed the sink was partially hanging on the wall. R1 was fully dressed, with a cap on his head. His legs were in the bathroom and the upper part of his body was out of the bathroom. He was not close to the sink. I left the room to call 911. When the paramedics came to pick him up, he made no noises when he was being transferred to the stretcher.</p> <p>On 11/7/2024 at 1:00PM, V2, DON (Director of Nursing) was inquired of her interdisciplinary team note from 09/16/2024. V2 stated, This is the statement that V4 made to me that it was no way the sink could have fell and it had to be dismantled. We brought the outside contractor in. I don't have any evidence of R1 dismantling the sink. I just have what the contractor provided.</p> <p>R1's records were reviewed. The incident was documented as a fall on 09/15/2024 and the report states Resident was observed on the floor, complaining of pain to his back and left arm. Basin was on the floor near the resident but not on any body part. Resident stated bathroom basin detached from the wall causing him to fall and hurt his back. Physical assessment was completed with no obvious injuries. Resident complained of pain to touch on his back. Resident offered pain medication. Ambulance called, MD notified, resident is responsible for self.</p> <p>Note dated 09/17/2024 states R1 is a [AGE] year-old male receiving care in the facility. He is alert, oriented to person, place and time with a BIMS score of 15. (R1) is ambulatory without assistance. Resident is currently admitted with non-acute injuries including lumbar radiculopathy and spinal stenosis.</p> <p>Nurse's note dated 9/16/2024 at 15:28:02 states, Resident to local hospital with Dx of Intractable back pain, lumbar radiculopathy (pain radiating along the sciatic nerve, which runs down one or both legs from the lower back) and spinal spondylosis (a degenerative disease that affects the spine, causing a loss of normal spinal structure and function).</p> <p>On 11/04/2024 V1 Administrator provided the 09/15/2024 nursing schedule for review and stated that V13 CNA was assigned to R1.</p> <p>V7 Registered Nurse post occurrence documentation dated 09/15/2024 at 06:57 documents the following:</p> <p>No.3 - Was a complete body check completed? No.</p> <p>No.4 - Injuries - Are there any injuries? Yes, box 6 checked: c/o Pain.</p> <p>No.5 - Details of checked box - complains of lower back pain with no obvious injury to the site.</p> <p>No.6 - Description of Occurrence - basin detached from the wall and resident was observed on the floor.</p> <p>(continued on next page)</p>		

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