

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2025
NAME OF PROVIDER OR SUPPLIER Resurrection Place		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 North Greenwood Avenue Park Ridge, IL 60068	

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** 46560</p> <p>Based on interview and record review, the facility failed to provide adequate supervision on a resident who has significant risk for falls for one of three residents (R3) reviewed for accidents.</p> <p>Findings include:</p> <p>During record review, R3's incident report dated 05/04/2025 with time of incident at 6:15PM indicated that a resident from another wing alerted V7 (Licensed Practical Nurse) that R3 was sitting on the floor. It indicated a CNA (Certified Nursing Assistant) was in the dining room with R3 sitting by the window and watching on her phone. V7 asked V15 (CNA) what happened when V15 started yelling and screaming at V7 for no reason.</p> <p>On 05/15/2025 at 1:12PM V2 (Director of Nursing) stated staff members should not be on their phones when they are on the unit and when supervising residents in the common area to ensure adequate supervision is provided to the residents.</p> <p>Review of R3's CNA Post Fall Report dated 05/04/2025 indicated R3 was last visually seen at 5:30PM, last toileted at 4:25PM, and given food and fluids at 5:30PM.</p> <p>Review of R3's Fall Risk assessment dated [DATE] indicated R3 had a total score of 43 which indicates significant risk for falls.</p> <p>Review of R3's Fall Care Plan with problem onset date of 05/29/2022 indicated R3 a had a recent fall due to decreased safety awareness most likely attributed to her dementia, impaired standing balance and activity tolerance resulting in unsteadiness, hx (history) of multiple falls, presents with co-morbidities to include DM (Diabetes Mellitus, TIA (Transient Ischemic Attack, dementia, hx of angioplasty with graft, anemia, usage of psychotropic med (medication), BP meds, hypoglycemic agent, (+) with impulsivity, gets up and walks abruptly without assistance, inconsistent with call lights, and approaches including to anticipate toileting needs and offer toileting after dinner, offer to toilet after dinner with date 09/07/2023, and offer to toilet after dinner with date 01/20/2023.</p> <p>Review of V8's Compliments, Suggestions, and Concerns Form dated 05/05/2025 written by V4 (Director of Social Services) indicated V8's concern on the care provided to R3 in the dining area on 05/04/2025. V15 was attending to her cellphone, and V15 was unaware of R3 sliding off the wheelchair.</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>Review of facility's policy entitled Fall Prevention last revised 07/2023 indicated the following:</p> <p>Policy Statement: The intent of this policy is to provide an environment that is free from accident hazards, over which there is control, and provide supervision and intervention to residents to prevent avoidable accidents.</p> <p>I. Fall Risk Evaluation - Residents shall be evaluated by the licensed nurse during the admission process, routinely and as indicated; to identify potential risk for fall. If the resident scores a higher risk for falls, the resident shall be placed on the Falling Star Program.</p> <p>II. Fall Risk Intervention - The Interdisciplinary Team shall identify individualized interventions to reduce risk of falls. If a systematic evaluation of a resident's fall risk identifies several possible interventions, the associates may choose to prioritize interventions (i.e., to try one or a few at a time, rather than many at once).</p>