STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145324	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Resurrection Place	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)
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** Based on interview, and record review the facility failed to ensure resident safety by failure to provide 2 persons assist when transferring resident using a mechanical lift. This affected one resident (R1) of three residents reviewed for falls. This failure resulted in resident (R1) falling from mechanical lift and sustaining a left displaced femoral neck fracture. Findings include: R1 was admitted on [DATE] with diagnosis listed in part but not limited to Displaced fracture of base of neck of left femur, unspecified osteoarthritis, encounter for other specified surgical aftercare, hypothyroidism, hemiplegia, unspecified affecting left nondominant side, unspecified dementia, unspecified severity without behavioral disturbance, difficulty in walking, unspecified fall, subsequent encounter. Admission/Baseline care plan dated 2/14/23 indicated at risk for falls with interventions monitor residents' position when changing in bed, falling star program. ADL care plan dated 2/17/22 indicates requires assistance partial to substantial assist with Activities of Daily Living due to decreased strength and endurance, decrease balance, decrease mobility, unsteady gait, h/o Left sided weakness, CVA's, Dementia interventions include transfer with mechanical lift and 2 persons assist. admission functional mobility assessment dated [DATE] indicated that he needs Dependent assistance with chair/bed-to-chair transfer, sit to stand, toilet transfer. On 6/11/25 at 12:35 PM, R1 observed in dining room, in wheelchair, proper footwear in place, R1 said he does not recall what happened when he fell on 5/23/25. On 6/11/25 at 12:42PM, V8 (Certified Nurse Aide) said she was the certified nurse aide assigned to R1 and was transferring him to bed using the mechanical lift. V8 said she noticed that R1's left foot was not on the base of mechanical lift, and she bent over to place it on the base when R1 let go from the grab bar with his right hand and slid off to the floor. V8 said she assisted R1 back to the bed. V8 said she was the only certified nurse aide in the room with R1. V8 said she is aware that R1 is a two person assist and that when using any mechanical lift two-person assist is also required. V8 said that the other staff were busy and could not get any help. On 6/11/25 at 1:09PM, V9 (Registered Nurse) said he saw call light on and went to R1's room and saw R1 in bed already. V9 asked V8 if she needed any help because the call light was on and V8 said that R1 was a little restless and had assisted R1 to bed. V9 said he assessed R1, and no injuries noted. R1 denied any pain. V9 said V8 was the only certified nurse aide in the room. (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

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F 0689 Level of Harm - Actual harm Residents Affected - Few	On 6/11/25 at 1:49PM, V10 (Restorative Nurse) said she is familiar with R1 and R1 is a two person assist with activities of daily living and transfers. When using any Mechanical lift machine for transfers staff should be a two person assist. V10 said it is the facility policy when using a mechanical lift that two-person assist is implemented. V10 said all staff gets training prior to working the floor with residents upon hire and agency staff is trained as well. On 6/11/25 at 3:07PM, V11 (Evening Registered Nurse Supervisor) said V9 had called him to assess R1 after R1 falling. V11 said, When I entered the room, R1 was already in bed and no injuries were observed. R1 denied pain. R1 is somewhat confused. V11 said V8 told him R1 had slid off the mechanical lift and had assisted him back to bed, V8 was the only one transferring R1. V11 said when transferring with a mechanical lift the staff are supposed to have a two person assist. On 6/11/25 at 3:15PM, V2 (Director of Nursing) said her expectations of staff are to follow the residents care plan for fall interventions. V2 said that when using a mechanical lift, the standard of care should be a two person assist. The staff is trained during orientation prior to start of working the floor. The interventions are in the resident's profile the CNAs and nurses can access them. They also have the Kardex at the nurse's station for the transfer status. On 6/11/25 at 3:20PM, V1 (Administrator) said her expectations when staff is using a mechanical lift should always be a two person assist per facility policy. V1 said she was unaware that only one certified nurse aide was transferring R1, V1 said she knew about the fall incident. R1's fall incident documented by V11 (Evening Registered Nurse Supervisor) on 5/23/25 at 9:30PM indicated: V8 (Agency Certified Nurse Aide) reported to the nurse that the resident was assisted to bed and at that time V8 instructed the resident to use the grab bar to help him ease himself down to the bed. V8 observed the residents' left foot was on the floor. V8 was unable to give support to put the resident back into bed. Assessment at the time of the fall indicated no injury. The staff monitored resident post-fall for any injuries. No signs of injury and no complaints of any pain until 5/24/25, when resident complained of pain to his left hip. X-ray to hip and pelvis showed a fracture to the left femoral neck. Resident was transferred to the hospital for further evaluation. His vital signs at the time of discharge were observed as follows: BP 160/78 mmHg, pulse 72 bpm, temp 97.5 F, RR 18 breaths/min, and O2 sat rate at 94% on room air. R1 fall incident initial report was sent to IDPH on 5/25/25 at 5:19PM. Final report was submitted to IDPH on 5/30/25 at 3:33PM indicated: On 5/23/2025 a CNA reported to the nurse that R1 was put to bed, and at that time the CNA instructed the resident to use the grab bar to help him ease himself down to the bed. The CNA observed R1's right hand had let go of the grab bar, which caused the resident to slide off of the bed. The CNA observed his left foot was on the floor. CNA was able to give support to put the resident back into bed. Assessment at the time of the fall indicated no injury. The staff monitored the resident post-fall for any signs of injuries. No signs of injury and no complaint of any pain until 05/24-/2025, when R1 complained of pain to his left hip. X-ray to hip and pelvis showed a fracture to the left femoral neck. R1 was transferred to the hospital for further evaluation. His vital signs at the time of discharge were as follows: BP 160/78 mmHG, pulse 72bpm, temperature 97.5F. respiratory rate 18 breaths/min, and oxygen saturation rate 94% on room air. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	R1's hospital emergency department records dated 5/25/25 to 5/30/25 discharge summary indicated: Left femoral neck fracture, surgical intervention on 5/27/25, no weight bearing to lower left extremity. Patient had called his wife and said that he was dropped into his bed and then after that was complaining of hip pain. Due to dementia, he is a poor historian. Per wife patient has been non ambulatory at the nursing home, they use a mechanical lift for mobility in and out of bed. Patient was discharged to nursing home facility on 5/30/25 for skilled therapy. Facility Policy on Mechanical Lifts revised 1/2024. Policy Statement- It is the policy of Ascension Living to use mechanical lift(s) according to current standards of practice and keeping with manufacturer's guidelines. B. The use of the mechanical equipment is considered either as a full body lift or sit to stand lift that aids the resident and associate in transfer and/or care procedures. G. Education shall be provided on the proper use of the assistive mechanical lifting equipment prior to the use. Facility Policy on Falls revised 1/2024. Purpose-To prevent and/or reduce the number of falls by providing an individualized, person-centered care approach with Communities managing fall risk through the process of assessment, planning, implementation, and evaluation (APIE). B. Residents who are at risk for falls will have an individualized care plan developed which identifies interventions to reduce fall risk. Facility Policy on Fall Prevention revised 7/2023. Policy Statement- The intent of this policy is to provide an environment that is free from accidents hazards, over which there is control, and provide supervision and intervention to residents to prevent avoidable accidents.