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	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Park Ridge	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide a properly sized mattress to meet the needs of a tall resident, resulting in the resident's foot extending beyond the mattress, affecting comfort and dignity. Findings Includes: R1 is a [AGE] year-old male admitted to the facility on [DATE] with the diagnoses including but not limited to hypertension, peripheral vascular disease, hyperlipidemia, chronic kidney disease, paraplegia, neurogenic bladder status post suprapubic catheter, osteomyelitis status post right below-knee amputation, anemia, decubitus sacral ulcer, and colostomy. On the (MDS) Minimal Data Set assessment of 2/12/2026, section C, the BIMS (Brief Interviewed Mental Status) score was 15/15, indicating cognitive intact. On MDS of 2/12/2026, GG section R1 is dependent for personal hygiene and toileting hygiene. The helper does all the effort. The resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity. Section GG for Roll left and right, sit to lying and lying to sitting on the side of the bed: The ability to roll from lying on the back to the left and right side and return to lying on the back on the bed. The helper does all the effort. The resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity. On 04/27/2026 at 12:00PM R1 said, I have had an air mattress since admission on [DATE]. I want a longer bed with an air mattress that fits the bed without any bed extender because of my wounds. R1 stated that he is 6.6 feet, and the bed is not long enough for him to stretch his leg and be comfortable. R1's bed user manual specifications feature a sleeping surface with a fixed width of 35x80 inches. On record review, the resident's height is 78 inches long, not leaving enough space for the resident to move and reposition. R1 spends the majority of his time in bed. R1 stated not being comfortable and wants a bed appropriate for him. On 4/27/26 at 12:00PM, the surveyor observed R1's head of the bed elevated approximately to 40 degrees, and R1's foot was touching the footboard, and the resident had no room to move. R1 stated that he wanted to be able to stretch his leg without touching the footboard. On 4/28/2026 at 2:53PM, V2(Director of Nursing) said R1 would benefit from having a longer bed so he can move better. On 4/28/2026 2:24PM, R7(Wound nurse) said R1 should have a bigger bed because he is too tall and would benefit from having a longer bed so his foot will not touch the foot board. On 4/28/2026 at 3:40PM, V1 said she ordered a longer bed that is 48X102 inches and it will be delivered soon so R1 will have more space to move. On 4/29/2026, on V1(Administrator) provided facility, Illinois Long-Term Care Ombudsman Program, Residents' rights, date 11/2018, which reads in part (but not limited to),You have the right to dignity and respect.You have a right to make your own choices.Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.Your rights to safety. The facility provided Joerns User-Service Manual dated 2023. Which reads in part (but not limited to),Feature and SpecificationsStandard Features:Sleep Surface:Fixed width 35x80 inches

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 Note: The nursing home is disputing this citation.	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 meet the resident's need to have two staff members assist while being provided with incontinence care, as per the resident's assessed needs. This failure applied to one (R1) of three residents reviewed for falls and resulted in R1 sustaining a fall while being provided incontinence care that resulted in a left knee skin tear and right shoulder pain.Findings Includes:R1 is a [AGE] year-old male admitted to the facility on [DATE] with the diagnoses including but not limited to hypertension, peripheral vascular disease, hyperlipidemia, chronic kidney disease, paraplegia, neurogenic bladder status post suprapubic catheter, osteomyelitis status post right below-knee amputation, anemia, decubitus sacral ulcer, and colostomy. On the (MDS) Minimal Data Set assessment of 2/12/2026, section C, the BIMS (Brief Interviewed Mental Status) score was 15/15, indicating cognitive intact. On MDS of 2/12/2026, GG section: R1 is dependent on personal hygiene and toileting hygiene. The helper does all the effort. The resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity. Section GG for Roll left and right, sit to lying and lying to sitting on the side of the bed: The ability to roll from lying on the back to the left and right side and return to lying on the back on the bed. The helper does all the effort. The resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity. On 4/27/27 at 11:30AM, R1 said, I fell on [DATE], and (V4 - Certified Nursing Assistant) was helping me change because my colostomy was leaking and the linen was dirty. (V4) turned me toward the door, and I held the bar on my right side. (V4) cleaned my back, and I started to fall. I fell on my face, I hit my head on the refrigerator, and I hit my left knee and my right shoulder. I have an air mattress, and I think I was at the edge of the mattress and fell. V4 was by himself assisting me. My left knee was swollen, and I still have pain in my right shoulder, especially if I lift my arm up. I did not go to the hospital during the fall, but I went on Monday, 3/10/2026, because I was having a lot of pain. Hospital records notes of 3/10/2026 by V12 (ARRT) read: R1 states the certified nursing assistant moved him on his side, and then he rolled off the bed and fell on his face. R1 states he has pain in his bilateral shoulders, 9/10, pain in his chest just under his right pectoral muscle, 8/10, pain in his mid-back, 9/10, and it hurts to breathe in, and he has pain in his left leg that feels like it's on fire. There is a wound on his left shin that has blood on the bandage. The resident has a left lower ostomy site, and he has a Foley catheter. On 4/28/2026 at 11:30 AM, V11(Registered nurse) said, I heard a noise, and when I got to the room, (R1) was already on the floor, and I called 911, and when they came to the facility. (R1) refused to go to the hospital and said that he was okay. I cleansed his left knee skin tear. V11 said that V4 was in the room providing care to R1 when the fall happened, and for the surveyor to ask V4 for details of the fall. When the surveyor questioned V11 about how many nursing assistants R1 required for his incontinence care and repositioning care, V11 said R1 requires one assist, and for the resident with an air mattress, V11 said two assists. On 4/28/2026 2:33 PM, V4 said, (R1) called me to empty his colostomy bag and changed the dirty sheets. I turned (R1) towards the door and provided incontinence care because the colostomy was leaking. I removed the dirty linen, and I was next to the bed. I was picking up all the dirty linen when I noticed (R1) turning, and he slid out of bed. (R1) is on an air mattress, and I was not able to stop him from falling. I think (R1) wanted to grab something from the table. I was providing care by myself, like I always do. (R1) is one assist, and I do not know if I was supposed to have 2 assist to care for (R1). On 4/28/2026 at 2:53PM, V2(Director of Nursing) said, I expect the staff to follow the plan of care and provide care with two staff members to resident that are dependent for incontinence care, personal hygiene, and repositioning. I expected the staff to provide care to residents on an air mattress with two assists because the surface is not stable to prevent falls. On 4/29/2026, on V1(Administrator) provided (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	facility Policy Titled, Falls, dated 08/2020. Which reads in part (but not limited to) Policy Statement:The Fall Prevention Program is designed to ensure a safe environment for all residents. Each resident will be evaluated upon admission, quarterly and as needed by an RN/LPN to assess his/her individual level of risk. The Interdisciplinary Team will review the Fall Risk Assessment completed by the nursing department and if appropriate, a fall prevention protocol will be initiated.Objectives1. To identify residents at risk in a timely manner.2. To gather accurate, objective, and consistent data for the purpose of implementing an individualized Plan of Care designated to meet the resident's needs.3. To ensure consistency in the implementation of preventive measures to assist with the reduction of falls.4. To evaluate outcomes.