

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/28/2024
NAME OF PROVIDER OR SUPPLIER  Zahav of Des Plaines		STREET ADDRESS, CITY, STATE, ZIP CODE  9300 Ballard Road Des Plaines, IL 60016	

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** 45000</b></p> <p>Based on observation, interview and record review, the facility failed to implement fall precaution interventions for two (R3, R4) residents identified as a fall risk in a sample of three residents reviewed.</p> <p>Findings include:</p> <p>1. On 10/27/2024 at 10:32AM, R3's bed observed to not be in the lowest position. R3 observed in a supine position with head of bed elevated at 45 degrees. R3's bed observed in a high position that reaches surveyor's mid upper thigh measuring approximately 2 feet, 8 inches in height. R3's floor mats were also observed leaning against a wall underneath R3's window in R3's room. R3 observed with a tracheostomy in place. R3 is verbally able to make his needs known. R3 stated he does not remember the last time he fell .</p> <p>On 10/27/2024 at 10:53AM, V2 (Licensed Practical Nurse/LPN) stated she is the nurse responsible for caring for R3. V2 observed R3's floor mats were not in place and R3's bed was not in the lowest position. V2 stated R3 is at high risk for falls and is supposed to have floor mats on both sides of the bed while in bed. V2 stated R3's bed should also be kept in the lowest position. V2 was observed operating R3's bed and lowering R3's bed to the lowest position. R3's bed is now in a position that reaches the middle of surveyor's calf muscles measuring approximately 1 foot, 1 inch in height. V2 was observed taking R3's floor mats from against the wall underneath the window and placing them on the floor on the right and left sides of R3's bed. V2 stated if R3's fall precaution interventions are not implemented, R3 could potentially fall out of bed and hurt himself while in the facility.</p> <p>2. On 10/27/2024 at 11:20AM, observed R4 in a supine position with head of bed elevated at 30 degrees. R4's floor mats were observed leaning against the radiator and a wall underneath R4's window in R4's room. R4 stated he does not remember the last time he fell .</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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(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 10/27/2024 at 11:23AM, V3 (Certified Nursing Assistant/CNA) stated she is responsible for caring for R4. V3 observed R4's floor mats are not in place. V3 stated R4 is at high risk for falls and is supposed to have floor mats on both sides of the bed while in bed. V3 stated she recently was inside of R4's room changing R4's incontinence briefs. V3 stated she must have forgot to replace R4's floors mats after she was done changing him. V3 observed taking R4's floor mats from against the wall underneath the window and the radiator and placing them on the floor on the right and left sides of R4's bed. V3 stated she should not have forgotten to replace R4's floor mats and need to pay more attention to that next time. V3 stated if R4's fall precaution interventions are not implemented, R4 could potentially fall out of bed and hurt himself while in the facility.</p> <p>On 10/27/2024 at 2:27PM V5 (Restorative Nurse/Fall Coordinator) stated R3 and R4 are at high risk for falls. V5 stated R3 and R4's fall precaution interventions are to have floor mats in place and the bed in lowest position. V5 stated if fall precaution interventions are not implemented, R3 and R4 could potentially fall and injure themselves in the facility. V5 stated the purpose of implementing fall precaution interventions is to maintain resident safety and to prevent any injuries from occurring.</p> <p>R3's fall risk assessment dated [DATE] documents R3 is at high risk for falls with a fall risk score of 15.</p> <p>R3's care plan dated 09/23/2024 documents R3 is at high risk for falls with interventions to include floor mats.</p> <p>R4's fall risk assessment dated [DATE] documents R4 is at high risk for falls with a fall risk score of 14.</p> <p>R4's care plan dated 09/17/2024 documents R4 is at high risk for falls with interventions to include bed in the lowest position and floor mats while in bed.</p> <p>Facility policy dated 02/13/2024 titled, Fall Prevention and Management documents in part, Policy statement: The facility is committed to its duty of care to residents and patients in reducing risk, the number and consequences of falls including those resulting in harm and ensuring that a safe patient environment is maintained. Fall interventions: a. Fall Precautions will be implemented for residents as appropriate.</p>		