

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Wentworth Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 201 West 69th Street Chicago, IL 60621	

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 - Some</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** 32338</p> <p>Based on observation, interview, and record review, the facility failed to provide the fall prevention interventions as stated in the care plans for residents with Dementia who are also at risk for falls. This failure has the potential to affect 4 residents, R8, R9, R10, and R11, reviewed for proper footwear as a fall prevention intervention.</p> <p>Findings include:</p> <p>On 10/9/24 between 10:45am and 10:55am during observation on the fourth floor, the following were observed: R11 was observed walking in the hallway and by the nursing station with red socks that are smooth on the bottom; V5(Memory Care Director) stated She's supposed to wear non-skid socks. R10 was observed in the day room in the wheelchair with black socks that are smooth on the bottom. R9 was observed in the day room with grey socks that are smooth on the bottom. R8 was observed in the day room sitting with other residents at the table with socks that are smooth on the bottom. The surveyor inquired about R8, R9, and R10, from V14 (CNA/Certified Nurse Assistant) in the dayroom/dining room. V14 stated We will change the socks for all of them.</p> <p>On 10/9/24 at 11:15am, V13 (Restorative Nurse) stated All residents at risk for falls need to wear gripper socks; they can wear nonskid shoes, but they cannot wear regular socks because regular socks are slippery, and they are falls hazard.</p> <p>R8's records reviewed are as follows: Fall Risk assessment dated [DATE] states that R8 is at risk for falls. R8's Care plan dated 8/20/21 states that R8 is at risk for falls related to poor safety awareness. Intervention states to provide proper well-maintained footwear. R8's Basic Interview for Mental Status (BIMS) Score is 0 out of 15(Severe Cognitive Impairment).</p> <p>R9's records reviewed are as follows: Fall Risk assessment dated [DATE] states that R9 is at risk for falls. R9's Care plan dated 10/12/2017 states that R9 is at risk for falls related to poor safety awareness and impaired Cognition. Intervention states provide proper well-maintained footwear.</p> <p>R9's BIMS Score is 9 out of 15(Mild Cognitive Impairment).</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 - Some</p>	<p>R10's records reviewed are as follows: Fall Risk assessment dated [DATE] states that R10 is at risk for falls. R10's Care plan dated 2/11/2018 states that R10 is at risk for falls related to unsteady gait, use of assistive devices, osteoporosis, use of psychotropic medication. My friends Intervention states provide proper fitting nonskid footwear. R10's BIMS Score is 7 out of 15(Moderate Cognitive Impairment).</p> <p>R11's records reviewed are as follows: Fall Risk assessment dated [DATE] states that R11 is at risk for falls. R11's Care plan dated 10/12/2017 states in part that R11 is at risk for falls related to impaired cognition, incontinence of bladder and bowel, cardiovascular disease with hypertensive medications, prediabetes, and depression. Intervention states to provide proper fitting nonskid footwear. R11's BIMS Score of 0 out of 15(Severe Cognitive Impairment).</p> <p>Facility's Fall Management Program dated 08/2020 states in part: While preventing all resident falls is not possible, it is the facility's policy to act in a proactive manner to identify and assess those residents at risk for falls, plan for preventive strategies, and facilitate a safe environment. #5 states: Use standard fall safety precautions for all residents.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the large community shower room on the fourth floor East-Wing is maintained in a sanitary manner free of drain/sewer back-up. This failure has the potential to affect all 37 residents on the fourth floor East-Wing.</p> <p>Findings include:</p> <p>On 10/7/24 at 10am after the entrance conference, V1(Administrator) presented the census that shows as follows: Fourth Floor Unit A - 19 residents; Fourth Floor Unit B - 18 residents; total of 37 residents on the East wing of the fourth floor.</p> <p>On 10/7/24 at 10:40 am, with V10 (Assistant Director of Nursing), observed the East-Wing Community shower room with a wet towel covering the black liquid oozing out of the drain. Surveyor inquired from V10 if it was okay to have the drain like that; V7 stated They used the towel to cover it because they could not use it. I will notify maintenance. The Maintenance logbook did not document anything about the clogged shower room floor drain.</p> <p>On 10/9/24 at 11:22am, V12 (Maintenance Director) stated Somebody told me about it yesterday. I moved the towel away and used a wire to clean out the debris out of the drain. At this time, V12 presented the Maintenance logbook that shows that the drain issue was logged in after the surveyor prompted staff.</p> <p>The facility's job description titled Building Manager states in part: Work involves the coordination of safety and maintenance needs to ensure a comfortable and safe environment.</p> <p>The facility's policy titled Facility Maintenance Request states in part: Staff will put all non-emergency requests for maintenance services in writing on the maintenance and housekeeping log. #4 states: Building manager will check binder and update form periodically during the workday.</p>		