STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145547	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dekalb County Rehab & Nursing	2600 North Annie Glidden Road Dekalb, IL 60115

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 have fall prevention interventions in place for one of three residents (R1) reviewed for safety in the sample of three. This failure resulted in R1 experiencing a fall and injury which required eight staples to the top of his head. The findings include:R1's Face Sheet shows he was admitted to the facility on [DATE], with diagnoses including dementia, malnutrition, repeated falls, need for assistance with personal care, cognitive communication deficit, unsteadiness on feet, weakness, low back pain, anxiety disorder, and unspecified visual disturbance.R1's Care Plan initiated on April 28, 2026, shows R1 has a VERY HIGH RISK for falls & has impaired safety related to his cognition secondary to Dementia w/ Anxiety, history of repeated falls & some w/ major injury, weakness, impulsiveness, vision/hearing problems & unsteadiness on feet. R1 has an extensive history of falls at home & a prior facility, including fall with a major injury where R1 sustained a broken nose & brain bleed. R1 continuously self-transfers despite education. R1 has bed and chair alarms in place for his safety. R1 has been observed to lean back when he is standing at the toilet to urinate but refuses to sit down or use a urinal. R1 is very impulsive and unsteady, requiring staff's supervision/assistance at all times while transferring or ambulating; please remember to utilize a gait belt for my safety. Use extensive 1 assist during transfers/toileting. Use extensive 1 assist during ambulation using a gait belt, 2 wheeled walker & w/c to follow.R1's Fall Risk assessment dated [DATE], shows R1 has a high risk for falling.The facility's State Report form dated June 1, 2026, shows R1 was assisted to a scale when he lost his balance and fell to his right side. Staff noted a hematoma on the right posterior aspect of R1's head and an abrasion to his left lower lip. R1 was sent out to the local emergency room where staples were placed to his head.The ambulance report dated June 1, 2026, shows, Secondary assessment noted a hematoma on back right side of head with laceration. Goose egg approximately 3 centimeters with bleeding controlled. Patient noted to have a laceration to lower left lip with swelling. No signs of infiltration, bleeding, or swelling noted.R1's local Hospital Records dated June 1, 2026, shows, Laceration to the posterior scalp. Five centimeters were anesthetized with 1% lidocaine with epi irrigated. Explored superficial but will require staples and staples were applied X 10 with good approximation tolerated well.On June 3, 2026, at 9:21 AM, V3 Memory Care Unit Manager said V4 (Certified Nursing Assistant/CNA) was taking R1 out of the unit to get his weight. V3 said another CNA came and got her and said that R1 had fallen. V3 said when she got to R1, he was lying on his right side, and both of his hands were behind his head holding it. V3 said R1 was saying, I'm ok, I'm ok. V3 said R1's left bottom lip was also swollen. V3 said there was a small amount of blood, but that the blood had stopped before the ambulance came. V3 said that R1 received staples to his head. V3 said that R1 is back to his baseline. V3 said prior to R1's fall, R1 was transferred with one staff assist, a wheeled walker, and a gait belt. V3 said that V4 did not have a gait belt on R1 but should have. V3 said V4 told her that she was getting R1 off the scale when someone called V4's name and V4 turned her head and that's when R1 fell.On June 3, 2026, at 9:50 AM, V4 CNA said R1 was holding onto the scale when she heard someone call her name and she turned to look at who it was. V4 said (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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(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	that R1's walker was on his left side. V4 said then R1 fell while he was reaching for his walker. V4 said R1 landed on his right side. V4 said there was a small amount of blood. V4 said that R1 was trying to get off of the scale when he fell. V4 said R1 did not have a gait belt on him. V4 said that she was not holding R1 when he fell.On June 3, 2026, at 10:05 am, R1 was laying in his bed on his right side. There were multiple staples to the backside of R1's left side of his head. There was a lemon sized purple area noted to the left side of his chin and lip.June 4, 2026, 11:04 AM V7 Nurse Practitioner said R1 had a fall and hit his head. V7 said she was already in the facility, so she went and assessed R1. R1 had a hematoma to the back of his right head with a small open area with a small amount of blood. V7 said the bleeding was controlled. V7 said R1 had a swollen lip. R1 was sent out due to R1 being on a blood thinner. V7 said the hematoma was about the size of a large marble, but she would not have anticipated R1 coming back to the facility with staples in his head. V7 said R1 received eight staples, not ten. V7 said sometimes hematomas will be to be cut out if they feel like the area need to be investigated or debrided.On June 3, 2026, at 10:13 AM, V5 Restorative CNA said gait belts should be on residents when they are transferring. V5 said all residents should have gait belts on unless they are transferred with a lift or are independent. V5 said gait belts are used so that staff have something to hold onto so staff is not holding onto the residents' limbs or clothing. Transfers are safer when gait belts are used, and it can help prevent a fall or lessen the impact when residents fall. V5 also said that staff should be always holding onto the residents when they are transferring so that if they do fall, the staff can catch them or lower them to the floor.The facility's Transfer/Gait Belts policy reviewed January 2024 shows, Gait belts/transfer belts are to be properly used in the transfer and ambulation of any resident needing assistance with these activities.