

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145632	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Warren Barr South Loop		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 South Wabash Chicago, IL 60616	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</p> <p>Based on observation, interview and record review, the facility failed to review the risks and benefits of bed rails, failed to perform a bed rail assessment, and failed to obtain a physician order for bed rails for one of three residents (R11) reviewed for injury of unknown origin.</p> <p>Findings include:</p> <p>On 7/30/24 at 11:41am, R11 was observed lying in bed, on his back, with a soft cast placed on R11's left hand, and with the 2 upper bed rails secured in up position. R11 stated, I broke my left finger because I hit it on the rail (R11 pointed to the right upper bedrail that was secured in the up position). Man did it hurt! I called the nurse, and they sent me to the hospital. That's how I got this cast on my hand. I use the rails to help me get up and move. It's feeling better now. I was never shown how to use these rails. No one told me I could be injured on these rails. I cannot believe I broke my finger on this rail.</p> <p>On 7/31/24 at 9:15am, R11 was observed again, lying in bed, on his back, with a soft cast placed on R11's left hand, and with the 2 upper bed rails secured in up position.</p> <p>R11's Face Sheet, documents, in part, diagnoses of nondisplaced fracture of middle phalanx of left middle finger, gross hematuria, history of falling, cognitive communication deficit, muscle wasting and atrophy. R11's Minimum Data Set (MDS), dated [DATE], shows a BIMS score of 14 which indicates R11 is cognitively intact.</p> <p>R11's Care Plan, dated initiated 6/04/2024, documents, in part, (R11) is at high risk for falls related to history of falling, hyperlipidemia, HTN (hypertension), AFIB (atrial fibrillation) with an intervention of side rails as ordered. There are no orders for side rails, or no assessment done for side rails.</p> <p>On 7/31/24 at 9:32am, while in R11's room, when asked if R11's upper right and left bed rails were up, V6 (Licensed Practical Nurse/LPN) stated replied, Yes. When asked if a physician order is needed for bed rails being up and in use, V6 replied, You have to have an order. Bed rails in use is based on a person's ability and also the person's mental status plays a part.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 145632	If continuation sheet Page 1 of 3

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/31/24 at 10:00am, V2 (Director of Nursing/DON) stated, The best practice for bed rails is using the bed rail assessment. When V2 was asked about the details in a bed rail assessment, V2 replied The restorative nurse is responsible for the bed rail assessment and would know more about it. When asked if there can be a danger to a resident with 2 bed rails up and in use, V2 replied, Yes. Obviously, they can hurt their finger or hand. People's head and necks can get caught in it. Resident should know the risks and benefits for bed rails.</p> <p>On 7/31/24 at 10:48am, when asked if 2 bed rails being up and in use can have a negative impact on a resident, V15 (Assistant Director of Nursing/ADON) replied, 2 bed rails can be a potential risk for injury.</p> <p>On 7/31/2024 at 11:45am, V17 (Restorative Nurse) stated, We use a side rail assessment to determine if they (residents) are appropriate for side rail mobility. The assessment includes the mental and physical status of the resident. The side rail assessment is done upon admission and quarterly and sick changes and PRN (as needed). A physician's order is needed for side rail use. Even 1 side rail needs an order. The risks and benefits of side rails are discussed with the resident. A resident can be injured or trapped in a side rail. There's no policy on side rails. When asked if V17 was familiar with R11, V17 replied, Yes. I am familiar. He's (V17) using side rails. There should be an order and a side rail assessment on R11. This surveyor requested a copy of R11's physician order for bed rails and R11's side rail assessment.</p> <p>On 7/31/2024 at 12:07pm, V17 (Restorative Nurse) stated, We missed it. There is no order or side rail assessment for R11. This surveyor asked if a side rail assessment was ever done on R11 since R11's admission to this facility, V17 replied, Unfortunately not. This surveyor asked if the risks and benefits of bed rails were discussed with R11 and V17 replied, No, that would have been done during the side rail assessment.</p> <p>Facility document signed by V17 (Restorative Nurse), documents, in part, (R11) did not have a side rail assessment completed or an order for side rails.</p> <p>Facility document titled, Side Rail/Other Devices Evaluation, documents, in part, alternatives tried to assist with repositioning prior to side rails and the mental status of the resident. This assessment was not performed on R11.</p> <p>Facility job description titled, RN (Registered Nurse) Floor Nurse, dated 12/01/2019, documents, in part, Administer and supervise all treatments prescribed by physicians. Must be knowledgeable of individual care plans and support care planning process . Follow established safety precautions when performing tasks and using equipment and supplies . Ensure each guest receives person centered care.</p> <p>Facility job description titled, LPN (Licensed Practical Nurse) Floor Nurse, dated 12/01/2019, documents, in part, Administer and supervise all treatments prescribed by physicians . Must be knowledgeable of individual care plans and support care planning process . Follow established safety precautions when performing tasks and using equipment and supplies . Ensure each guest receives person centered care.</p> <p>Facility job description titled, Director of Nursing, dated 12/01/2019, documents, in part, Ensures the nursing department is in compliance with federal, state, and local regulations. Develop, implement, and update department policy and procedures when necessary or as directed.</p> <p>(continued on next page)</p>		

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