

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145639	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER Chicago Ridge Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 10602 Southwest Highway Chicago Ridge, IL 60415	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33975</p> <p>Based on interview and record review the Facility failed to follow Care Plan interventions and implement appropriate fall prevention interventions to prevent repetitive falls for one of three Residents (R2) reviewed for falls in a sample of four.</p> <p>Findings include:</p> <p>Facility Fall Prevention Program Policy, dated 2/28/14, documents: it is the policy of the Facility to have a fall prevention program to assure the safety of the all residents in the facility; the program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary; and the fall prevention program includes methods to identify risk factors, identify residents at risk, use and implementation of professional standards of practice, changes in interventions that were unsuccessful, documentation requirements and Care Plan incorporates identification of all risk/issue and interventions with each fall.</p> <p>R2's Minimum Data Set/MDS, dated [DATE], documents a Brief Interview for Mental Status of mild cognitive deficit (score 12/15) and that R2 requires substantial staff assistance with sit-to-stand, standing, sitting in a chair or side of the bed.</p> <p>R2's current Care Plan documents R2 has diagnoses including Cerebral Vascular Attack and Hemiplegia. The Care Plan also documents that R2 has had multiple falls related to general weakness, poly-pharmacy, poor coordination, use of anti-hypertensive's, use of psychotropic medications, and a history of falls, incontinence of bowel and bladder.</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 - Few</p>	<p>R2's Care Plan interventions include: call light within reach and remind to ask for staff assistance with all transfers (date initiated 01/19/2024); remind to use the Call light for assistance with transfers and Physical Therapy evaluation (date initiated 03/10/2024); footwear checked to insure proper fitting (date initiated 06/08/2023); will be placed on the early get-up list (date initiated 11/29/2024); Physical Therapy evaluation and non-slide padding placed in wheelchair for safety (date initiated 10/17/2024); Physical Therapy evaluation and frequent rounds to assist with activity of daily living and transfers (date initiated 02/06/2024); Physical Therapy evaluation and an extension piece to assist with left wheelchair brake (date initiated 11/06/2024); Physical Therapy evaluation, restorative evaluation and call light placed in reach and encouraged to use for all transfers (date initiated 05/15/2024); reminded to lock brakes prior to transfers (date initiated 11/13/2023); room change, closer to the nursing station (dated initiated 02/07/2024); gather information on past falls and attempt to determine the root cause of the fall; anticipate and intervene to prevent recurrence (date initiated 06/08/2023; be sure call light is within reach and encourage to use it for assistance as needed and staff to respond promptly to all requests for assistance (date initiated 06/02/2023); and anticipate and meet individual needs of the resident.</p> <p>R2's Physician Order Sheet/POS, dated 2/22/25, documents an order (dated 10/17/24) for Physical Therapy evaluation on admission, re-admission, and/or as needed and may evaluate as needed. The POS also documents a specific Physical Therapy order, dated 10/17/24, for Physical Therapy for three to four times a week for balance and gait training. The POS does not document Physical Therapy orders for 11/6/24, 1/5/25 or 2/13/25.</p> <p>R2'S Electronic Medical Record does not document Physical Therapy evaluations for 11/6/24, 1/5/25 or 2/13/25.</p> <p>R2's Fall Report (Fall #1143), dated 11/6/24, documents R2 fell on the floor in R2's room, during an unassisted transfer from R2's bed to R2's wheelchair. No injuries were noted. The intervention was for a Physical Therapy evaluation and to place an extension piece to R2's left wheelchair brake.</p> <p>R2's Fall Report (Fall #1207), dated 1/5/25, does not document a mental status for R2. The Fall Report documents R2 fell on the floor in R2's room, during an unassisted transfer from R2's bed to R2's wheelchair. No injuries were noted. The Fall Report documents that R2 had on improper footwear and had predisposing fall factors (impulsive, resistive to cares, gait imbalance, weakness and receives anti-psychotic medications). The intervention documents a Physical therapy evaluation and to remind R2 to use the call light.</p> <p>R2's Fall Report (Fall #1239), dated 2/13/25, documents R2 fell on the floor in R2's room, during an unassisted transfer from R2's bed to R2's wheelchair. No injuries were noted. The Fall Report documents that R2 had on improper footwear and had predisposing fall factors (incontinent and decreased safety awareness). The intervention documents for staff to ensure call light in place, a Physical Therapy evaluation and to continue interventions.</p> <p>On 2/22/25, the Facility could not provide Physical Therapy evaluations or treatment for 11/6/24, 1/5/25 or 2/13/25 fall.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/22/25 at 12:30 pm, V2 (Director of Nursing/DON) stated, Fall interventions should be followed and should be appropriate. V2 verified that R2's 11/6/24, 1/5/25 and 2/13/25 falls all occurred in R2's room, during unassisted self transfers from R2's bed to the chair and the Care Plan interventions and proper footwear should have been followed.</p> <p>On 2/24/25 at 9:47 am, V1 (Administrator) stated, Our Director of Nursing (DON) is new, my old DON and Restorative Nurse, they used to be responsible for fall interventions and review of Resident falls. (R2) is a challenge and non-compliant. V1 verified that interventions need to be Resident specific and fall interventions need to be followed.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33975</p> <p>Based on observation, interview and record review the Facility failed to maintain an effective pest control program to effectively exterminate pests (cockroaches) in the Facility. This failure has the potential to affect all 205 Residents residing in the Facility.</p> <p>Findings include:</p> <p>Facility Midnight Census Report, dated 2/22/25, documents 205 Residents residing in the Facility.</p> <p>Facility Resident Rights for People Living in Long-Term Care Facilities Policy, revised 11/2018, documents your Facility must be safe, clean, comfortable and homelike.</p> <p>The Facility Pest Control Agreement, dated 12/1/2002, documents targeted pest control for roaches and twice a month service, with additional services at a cost.</p> <p>Facility Grievance Opportunity Resolution Form, dated 1/7/25, documents concerns of a pest problem and the action taken was to deep cleaning.</p> <p>Facility Grievance Opportunity Resolution Form, dated 2/4/25, documents concerns of a would like pest control to spray his room and the action taken was pest control will be out on 2/10/25.</p> <p>Facility Grievance Opportunity Resolution Form, dated 2/11/25, documents concerns of a pest control to treat room and the action taken was the room was treated on 2/12/25.</p> <p>On 2/22/25, at 11:22 am, a live cockroach was observed on the floor, by a dresser in room [ROOM NUMBER] and on 2/22/25 at 11:26 am, a live cockroach was observed on the floor near the corner of the wall in room [ROOM NUMBER].</p> <p>On 2/22/25 at 8:40 am, R9 stated, I had a cockroach in my room last night.</p> <p>On 2/22/25 at 8:42 am, R10 stated, I see roaches once in a while.</p> <p>On 2/22/25 at 9:04 am, R11 stated, I see roaches occasionally. A few days ago, I told them and they came in and killed them.</p> <p>On 2/22/25 at 9:08 am, R13 stated, Oh they know about the cockroaches. I see cockroaches every day.</p> <p>On 2/22/25 at 11:02 am, V8 (Third Floor Housekeeping) stated, I see cockroaches every day and they are alive and moving. I see them in bathrooms and rooms. I sweep them up.</p> <p>On 2/22/25 at 11:18 am, V9 (Second Floor Housekeeping) stated, I see live roaches every day.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/22/25 at 10:22 am, V4 (Activity Director) stated, There are complaints about roaches, a couple times a week. Its not one particular Resident complaining, they all complain. I do report the concerns to management, and I think pest control comes out, but I am not sure they are getting rid of all of them.</p> <p>On 2/24/25 at 9:47 am, V1 (Administrator) stated, Our pest control comes every time we call them and on scheduled visits, but I have no answer why they are not getting rid of the roaches.</p>		