STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145706	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Whitehall of Deerfield	300 Waukegan Road Deerfield, IL 60015

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 - Minimal harm or potential for 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 observation, interview and record review the facility failed to ensure fall interventions were in place for a resident at high risk for falls for 1 of 3 residents (R3) reviewed for safety and supervision in the sample of 3.The findings include:R3's Fall Risk Evaluation dated 4/29/26 shows that she is at high risk for falls. R3's Minimum Data Set assessment dated [DATE] shows that her cognition is impaired and requires substantial/maximal assistance to sit to stand, transfer and walk.R3's Incident Report dated 4/29/26 shows, At 2:30 AM patient is sleeping comfortable in bed resting, and when medication pass was for her at around 5:15, nurse observed patient on the floor, head towards the foot of the bed.Resident unable to give description.R3's Fall Care Plan shows an intervention initiated on 5/6/26 for: Please keep high floor mats in place on both sides of bed as appropriate- date initiated 4/29/2026.On 5/6/26 at 11:10 AM, R3 was laying in bed. R3 did not have fall mats next to her bed or in her room. At 12:41 PM, R3 was sitting in bed with the head of her bed elevated. R3 now had fall mats in her room. The fall mat on the left side of her bed was on the floor but it was not parallel to the side of her bed. The fall mat for the right side of the bed was propped up against the wall and not near her bed. At 12:42 PM, V7 (Certified Nursing Assistant-CNA) entered the room to assist R3 with the noon meal. V7 said that he is not sure if R3 is supposed to have fall mats or not. V7 said that R3 did not have the fall mats in place earlier that day and this was the first time he saw floor mats in her room. On 5/6/26 at 11:23 AM, V3 (Care Plan Coordinator-Registered Nurse) said that R3's baseline is agitated and irritated. V3 said that R3 has been getting weaker and does not get out of bed much. V3 said that after R3's fall on 4/29/26, it was implemented to apply a fall mat to the sides of her bed and they should be down at all times when R3 is in bed. The facility's Fall Occurrence Policy shows, Those identified as high risk for falls will be provided fall interventions.The nurse may immediately start interventions to address falls in the unit, even prior to the Falls Coordinator's investigation. The Falls Coordinator will add the intervention in the resident's care plan.

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