

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145739	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Lutheran Home for the Aged		STREET ADDRESS, CITY, STATE, ZIP CODE 800 West Oakton Street Arlington Hts, IL 60004	

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** 34117</p> <p>Based on interview and record review the facility failed to ensure slippery wet floors were dried prior to safely transferring a resident after showering. This applies to 1 of 3 residents (R1) reviewed for safety in the sample of 4.</p> <p>The findings include:</p> <p>R1's face sheet shows she is [AGE] year-old female admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy, cerebral infarction, unsteadiness on feet, difficulty walking, and hypertension.</p> <p>R1's Fall Risk assessment dated [DATE] shows she is HIGH risk for falls.</p> <p>On 8/28/24 at 10:17 AM, V4 (Certified Nursing Assistant/CNA) said on 8/6/24 when she started her shift at 7:00 PM, the day shift staff approached me before she put her bag down and asked if she could give R1 a shower because she did not want a male CNA. She said yes, at that time, there were a lot of call lights going off. She went into R1's room and gathered the supplies. She gave her a shower using a shower chair and dried her up with a towel. R1 stood up from the shower chair and slipped on the wet floor and fell . She did not dry the floor before R1 stood up.</p> <p>On 8/28/28 at 12:00 PM V5 (CNA/Restorative Aide) said she's been a CNA for twenty-nine years. She tries not to stand a resident in the wet shower, if they have to stand, she places a towel on the floor to dry it because the floor is wet and slippery and could cause them to fall.</p> <p>On 8/28/24 at 1:30 PM, V3 (Registered Nurse/RN) said she was R1's nurse when R1 fell in the shower. She was alerted by V4 (CNA) of the fall. When she entered the bathroom, the floor was wet, wet towels were on the floor outside of the shower. R1 is alert and oriented, she was not very steady when standing.</p> <p>The facility's Final Report dated 8/14/24 documents on 8/6/24 R1's statement said the floor was very soapy and wet and her feet could not stop slipping.</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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(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	The facility's Falls and Post-Falls Management Policy revised 8/2023 states, the nursing staff, in conjunction with the attending physician .and other members of the interdisciplinary team, will seek to identify and document resident risk factors for fall and establish a resident-centered fall prevention plan .fall risk factors: 1. Environmental factors that contribute to the risk of falls include: wet floors.		