STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145739	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lutheran Home for the Aged	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)
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** 35174 Based on observation, interview, and record review the facility failed to safely transport a resident in their wheelchair. This applies to 1 of 5 residents (R1) reviewed for safety in a sample of 5. The findings include: R1's Facility assessment dated [DATE] showed R1 is an eighty-year-old female with severe cognitive impairment. R1 admitted to the facility on [DATE] with diagnoses which include severe dementia with agitation. The facility's Final Incident Report dated 5/12/25 showed on 5/6/25 at 6:15 PM R1 had fallen forward from her wheelchair which resulted in R1 receiving 3 sutures above her right eye. On 5/14/25 at 10:30 AM, R1 was sitting with V5, (R1's Power of Attorney-POA), at the end of the hallway. R1 was in her wheelchair with her legs behind the leg rests with her feet flat on the ground. R1 had 3 sutures along her outer right eyebrow closing a laceration approximately a half to one inch long. R1 had a bruise approximately 3-4 inches around the laceration, in various stages of healing. On 5/14/25 at 10:35 AM, V5 stated R1 will put her feet on the ground when R1 is at the table. (R1) sometimes will put her feet down when you are trying to push her in her wheelchair. (R1) did it this morning when we were coming down the hall to sit here (end of the hallway). On 5/14/25 at 10:45 AM, V8 Licensed Practical Nurse (LPN) stated they were the nurse taking care of R1 when she fell . R1 was in her wheelchair waiting to be brought to the shower. V11 Certified Nursing Assistant (CNA) went to push R1 in her wheelchair toward the shower room. R1 put her feet down to the floor when the chair was moving forward, and R1 fell out of the wheelchair. R1 will sometimes put her feet on the floor when you propel R1 in the wheelchair. R1 did it earlier this morning when V5 was taking R1 down the hall, and when R1 was being moved to the dining room for lunch. V8 stated We had to put R1's legs back on the footrests. V8 stated R1 does self-propel with her feet on the unit. R1 has had the behavior of putting her feet down on the floor when being pushed in the wheelchair as long as R1 has been on the unit. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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	On 5/14/25 at 11:30 AM, V9 CNA stated they were working on 5/6/25. V9 said they heard V11 yell out for help. When they looked R1 was on the floor. V9 stated in the past when they have pushed R1 in the wheelchair R1 has put her feet on the floor. V9 stated R1 has done that for a long time. On 5/14/25 at 2:15 PM, V11 CNA stated they usually work night shift. V11 has taken care of R1 before, but on night shift R1 is usually in bed. V11 stated they went to push R1 toward the shower room, R1 planted her feet on the floor, and R1 fell forward out of the wheelchair. R1 was bleeding from a cut on her face. V11 stated they were not made aware R1 would put her feet down to the floor when being pushed in the wheelchair. R1's Fall assessment dated [DATE] showed R1 is at a moderate risk for falling. R1's current Care Plan printed 5/14/25 showed no focus, goals, or interventions related to R1's behaviors of noncompliance with wheelchair leg rests until 5/7/25. The facility's Fall Prevention Policy dated 1/27/25 showed The nursing staff, in conjunction with the attending physician, consultant pharmacist, therapy staff, and other members of multidisciplinary team, will seek to identify and document resident risk factors for falls and establish a resident-centered falls prevention plan based on relevant assessment information.