

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145748	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/15/2026
NAME OF PROVIDER OR SUPPLIER Montgomery Place		STREET ADDRESS, CITY, STATE, ZIP CODE 5550 South Shore Drive Chicago, IL 60637	
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 - Actual harm Residents Affected - Few	<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** Based on interview and record review, the facility failed to maintain resident safety during a mechanical sit to stand lift transfer and failed to use a two person assist when transferring a dependent resident at high fall risk for one (R1) of three reviewed for safety and mechanical lift transfer. This failure resulted in R1 sustaining a right femoral fracture. Findings Include: R1 is a [AGE] year-old initially admitted to the facility on [DATE] with a diagnosis of fractured tibia/fibula after sustaining a fall. R1's diagnosis include but not limited to Unspecified Fracture of Shaft of Left Tibia, Subsequent Encounter for Closed Fracture with Routine Healing, Fall From or Off Toilet Without Subsequent Striking Against Object, Subsequent Encounter, History of Falling, Pain in Left Lower Leg, Spinal Stenosis, Cervical Region, Polyosteoarthritis, Pain In Left Shoulder, Presence of Artificial Knee Joint, Bilateral, Unspecified Urinary Incontinence, Muscle Weakness (Generalized), Other Reduced Mobility, Need For Assistance With Personal Care, Encounter for Other Orthopedic Aftercare, Pain In Right Hip, Pain In Left Hip, Unspecified Fracture Of Upper End of Right Tibia, Subsequent Encounter for Closed Fracture with Routine Healing. R1's Minimum Data Set (MDS) assessment dated [DATE] indicates R1 has functional limitations in range of motion to one side of upper extremity and both sides of lower extremity and is dependent (the assistance of two or more helpers is required for the resident to complete the activity) for transfers. R1's care plan include that R1 had an actual fall prior to admission during transfer with son, R1 is at risk for falls related to gait/balance problems and has impaired physical mobility. R1's Fall Risk Evaluation completed 08/30/24 indicates R1 is at high risk for falls. Initial facility reported incident with date of occurrence 02/09/26 documents in part, fall with physical harm or injury. V8 (Certified Nursing Assistant) attempted to get R1 out of bed using the sit to stand (lift). V8 stated R1 was strapped in and ready to be moved when R1 pushed forward and began to slip. R1's buttocks (came) off the bed and her feet came off the foot base and (R1) released the handrails causing her to fall down into a kneeling position. R1 sent to hospital emergency room and diagnosis listed as femur fracture. R1 remains in the hospital. R1's hospital records were requested but were still pending receipt upon exit. On 02/14/26 at 11:40 AM, V8 (Certified Nursing Assistant) stated via telephone interview that she has been working in the facility for three years and has been a CNA for eight years. She works at the facility full time and usually works the 3rd shift from 11PM-7AM. V8 stated the overnight shift gets R1 out of bed daily. V8 stated R1 was dependent on care and incontinent bowel/bladder. V8 stated when she first started working with R1, R1 could stand and pivot to transfer but sometime during the summer of 2025 R1 was transitioned to using a sit to stand lift. V8 stated she does not remember the last time she received training on how to use the sit to stand lift and she had no issues using the sit to stand lift with R1. V8 stated R1 does not have very good trunk control, she cannot sit on her own for very long she would lean backwards. V8 stated on Monday, 02/09/26 R1 was up and alert, she changed and dressed her and put the belt</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: 145748	Facility ID: 145748 If continuation sheet Page 1 of 4

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