

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Forest View Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 535 South Elm Itasca, IL 60143	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39182</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were assisted to reposition in bed. This applies to 3 of 6 residents (R3, R4 and R5) reviewed for ADLs (activities of daily living) in the sample of 6.</p> <p>Findings include:</p> <p>1. On 10/24/24 at 10:00 AM, R3 is observed to be in supine position. R3 is alert, oriented X 3.</p> <p>On 10/24/24 at 11:30 AM, R3 is observed to be in supine position.</p> <p>On 10/24/24 at 12:30 PM, R3 is in supine position. R3 stated he does not get re-positioned on his side at any time. R3 stated he is always lying on his back and that he is turned only to change his incontinent brief or linen. R3 stated he would love to lie on his side for some time.</p> <p>R3's face-sheet showed R3 was admitted on [DATE] with diagnoses to include Parkinson's Disease, depression and difficulty in walking. R3's MDS (Minimum Data Set) dated 10/4/24 showed R3 had no cognitive impairment. R3's Care plan dated 10/9/24 showed he is at increased risk for alteration of skin integrity and the interventions included reposition resident frequently when in bed/chair/Geri chair and/or wheelchair. Progress Notes for October 2024 do not show that R3 refused changes of position at any time.</p> <p>2. On 10/24/24 at 10:15 AM, R4 is observed to be in supine position.</p> <p>On 10/24/24 at 11:00 AM, R4 is in supine position. R4 stated, staff does not re-position him on his side at any time.</p> <p>On 10/24/24 at 12:00 PM, R4 is observed to be in supine position.</p> <p>On 10/24/24 at 1:45 PM, R4 is observed to be in supine position in bed and is not interested to talk.</p> <p>R4 stated he gets turned only to bathe, or to change his incontinent brief and bedsheets. Then again, he is lying on his back. R4 stated he would love to lie on his side for some time.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Forest View Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 535 South Elm Itasca, IL 60143	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's face-sheet showed R4 was admitted on [DATE] with diagnoses to include Rheumatoid Arthritis, Congestive Heart Failure, Ischemic Heart Disease, Schizoaffective Disorder and Chronic Pain Syndrome. R3's MDS dated [DATE] showed R4 had no cognitive impairment. R4's Care plan dated 7/10/24 showed that he is at increased risk for alteration of skin integrity and the interventions included reposition resident frequently when in bed/chair/Geri chair and/or wheelchair. Progress Notes for October 2024 do not show that R4 refused changes of position at any time.</p> <p>3. On 10/24/24 at 9:30 AM, R5 is observed to be in supine position.</p> <p>On 10/24/24 at 11:45 AM, R5 is observed to be in supine position watching television.</p> <p>On 10/24/24 at 12:35 PM, R5 is observed to be in supine watching television. R5 stated, she is positioned on her back most of the time.</p> <p>R5's face-sheet showed R5 was admitted on [DATE] with diagnoses to include Cerebral Palsy, Diabetes Mellitus, Bipolar Disorder and Depression. R5's MDS dated [DATE] showed R5 had no cognitive impairment. R5's Care plan dated 6/11/24 showed that she is at increased risk for alteration of skin integrity and the interventions included reposition resident frequently when in bed/chair/Geri chair and/or wheelchair. Progress Notes for 10/2024 does not show that R5 refused change of position at any time.</p> <p>On 10/23/24 at 12:10 PM, V6 (RN-Registered Nurse) stated that the residents who need extensive assist for ADLs are supposed to be turned at least every two hours and as needed.</p> <p>On 10/24/24 at 9:26 AM, V7 (CNA-Certified Nursing Assistant) stated, routinely resident position is supposed to be changed every couple hours and as needed. On 10/24/24 at 9:57, V8 (CNA) stated, bedridden residents are re-positioned every 2 hours and as needed and that she was in-serviced on this requirement. V8 stated that if residents are not repositioned, they would get bedsores.</p> <p>On 10/24/24 at 1:10 PM, V2 (DON-Director of Nursing) stated, all residents are supposed to be turned every two hours and as needed.</p> <p>Facility policy on 'GUIDELINES FOR TURNING/ REPOSITIONING' dated 6/23/23 showed, 'Guidelines for positioning may include, but are not limited to: Choosing a turn schedule, usually every 2 hours on odd or even hours'.</p>		