STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145781	A. Building B. Wing	06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Generations at Applewood	21020 Kostner Avenue Matteson, IL 60443

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781 Based on observation, interview, and record review the facility failed to apply anti-embolism (TED) elastic stockings to prevent swelling of bilateral lower extremities as ordered by physician. This deficiency affects one (R73) of three residents in the sample of 22 reviewed for providing treatment as ordered by physician. Findings include: On 6/26/24 at 11:01AM, R73 is observed sitting in wheelchair. She is alert and oriented, and can verbalize needs to staff. She said that staff elevate both legs when she is lying in bed to reduce her swollen leg. Observed bilateral ankle swollen. She said that the staff is not applying anti-embolic (TED) stocking. She is not aware that she has to use anti-embolic stockings during the day and remove at bedtime. On 6/26/24 at 11:18AM, V14 RN (Registered Nurse) said that R73 has an order for anti-embolic stockings to be applied every morning and off at bedtime, but he has not been able to apply it because R73 is up and about, and he cannot catch her when she is in bed to apply it. On 6/26/24 at 12:30PM, Informed V2 DON (Director of Nursing) of above observation. V2 said that they should implement treatment as ordered by physician. R73 is readmitted on [DATE] with diagnosis listed in part but not limited to Chronic diastolic congestive heart failure, Hypertensive heart and chronic kidney disease with heart failure and stage 1 to 4 chronic kidney disease, Morbid obesity. Active physician order sheet indicates Anti-embolism stockings to both legs. Special instructions: have stockings put on every morning and taken off at bedtime. Care plan does not indicate that R73 is refusing anti-embolic stockings as ordered. Facility's policy on Elastic Stockings-Anti-Embolism (TED) revised May 2017 indicates: Objective: 1. To provide support for lower extremities 2. To aid return circulation from lower extremities Procedure: (continued on next page)

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. In accordance with physician's order, obtain elastic stockings, thigh, or knee length, according to circumference at the top of thigh. Check guide for standard sizes. 3. Explain purpose of elastic stockings to resident. Screen resident. Apply in morning before swelling occurs. Facility's policy on Physician's orders revised May 2017 indicates: Objectives: 1. All residents' medications and treatments must be ordered by licensed physician or Nurse Practitoner.

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NAME OF PROVIDER OR SUPPLIER Generations at Applewood		STREET ADDRESS, CITY, STATE, ZIP CODE 21020 Kostner Avenue Matteson, IL 60443	

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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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781 Based on observation, interview, and record review the facility failed to follow physician orders and implement care plan interventions to apply splint to prevent contracture to resident who has limited range of motion. This deficiency affects one (R86) of three residents in the sample of 22 reviewed for Restorative Nursing Program. Findings include: On 6/25/24 at 12:40PM, Observed R86 up in wheelchair by the nursing station. Observed flexion contraction of left elbow, left wrist and fingers. Called V14 RN (Registered Nurse) and showed observation. V14 said that R86 has contractures and flaccid to her left arm because of her history of CVA (Cerebrovascular accident), and has left sided weakness. V14 said that R86 does not have a hand splint. R86 is on a ROM (Range of motion) exercise program. R86 is readmitted on [DATE] with diagnosis listed in part but not limited to hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side, and dysarthria following cerebral infarction. Active physician order sheet indicates: Restorative splint/sling- use of left-hand splint and sling to left arm when up in chair. Splint to be on in am and off in pm. Care plan indicates is at risk for developing/has actual contractures related to hemiplegia/hemiparesis, cognitive impairment. Left resting hand splint and left arm sling. Application schedule: Left hand splint on in am /off in pm/left arm sling on when up in chair. MDS (Minimum date set) assessment dated [DATE] indicated Section 00500 Restorative program marked 0 for Splint or brace assistance. On 6/25/24 at 2:30PM, V2 DON (Director of Nursing) said that they are expected to follow physician orders and implement care plan interventions. On 6/26/24 at 12:31PM R86's medical records were reviewed with V21 (Restorative Nurse). R86 does not have a restorative assessment documented when she was readmitted on [DATE]. Most recent Restorative assessment that was done on 4/1/24 indicated: Functional limitation in ROM (Range of motion): R86 has impairment on one side of upper extremity (shoulder, elbow, wrist, and hand). No risk for development/worsening of contractures. Not using splint. Restorative nursing program- Active ROM (Range of motion) and transfer. V21 said that she has not assessed R86 yet because she just recently started. V21 said that she is not aware that R86 has order for left hand splint and sling. V21 said that R86 is not on the splint program. V21 said that she will assess R86 today. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/26/24 at 2:30PM, V21 (Restorative Nurse) presented a copy of R86's restorative assessment dated [DATE] indicating functional limitation in ROM (Range of motion): R86 has impairment on one side of upper extremity (shoulder, elbow, wrist, and hand). Risk for development/worsening of contractures- impaired cognition/lethargy and existing contractures/joint limitations (complete joint mobility assessment). Restorative Nursing Program- Splint or brace assistance and bed mobility. Notes: R86 unable to follow simple directions while assessing her. V21 assessed BLE (bilateral lower extremity)/BUE (bilateral upper extremity) and did a joint mobility assessment. R86 was unable to do AROM (active ROM) on LUE (left upper extremity)/LLE (left lower extremity). R86 has severe joint mobility to left elbow, wrist, and hand. R86 has moderate/severe to left knee. V21 assessed R86 for left hand splint and will benefit from the splint. R86's Occupational Therapy evaluation and plan of care for certification period of 2/17/24 to 3/31/24 indicated: Musculoskeletal system assessment: LUE (left upper extremity) ROM (Range of motion)- Shoulder-impaired; Elbow/forearm-impaired; Wrist-impaired due to CVA (Cerebrovascular accident) Facility's policy on Restorative Programming indicates: Objectives: 1. All residents will be assessed upon admission, quarterly and with any significant change of condition to determine their Activity of Daily Living (ADL) level of functioning. Residents will be placed in restorative programming based upon their abilities in order to provide the necessary treatment and services to maintain or improve their individual level of functioning. Facility's policy on Splint/Brace Assistance Revised 8/2022 indicates: Objectives: Resident's who use a splint or brace will be provided with care and services to maintain function, alignment, skin, and circulation. Procedure: 1. Splint or brace can be one of two types. These include the following: b. Staff have a scheduled program of applying and removing a splint or brace, assess the resident's skin and circulation under the device and reposition the limb in correct alignment. 2. When splint and other contracture devices are part of the plan, therapy will instruct nursing staff on their use and recommend a schedule for applying and removing the device.

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F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	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** 40001 Based on observation, interview, and record review the facility failed to implement and ensure effective interventions were in place to reduce the risk of falls/falls with injury for three of three residents (R58, R69 and R80) in the sample of 22 reviewed for fall prevention program. This failure resulted in R80 being sent to the local hospital sustaining a left femoral fracture. Findings include: On 6/26/2024 at 9:40am R80 was observed in bed with one floor mat on the right side of the bed only. On 6/26/2024 9:45am V13 (Licensed Practical Nurse-LPN) observed with surveyor R80 with one floor mat and said R80 is a high fall risk and should have two floor mats, one each side of the bed. On 6/26/2024 at 10:10am V2 (Director of Nursing-DON) said R80 is a high fall risk and should always have bilateral floor mats down while in bed. A face sheet indicated R80 was admitted to the facility on [DATE] and has a diagnosis of repeated falls, syncope and collapse. An initial fall risk assessment dated , 3/12/2024 had a score of 7 that indicated R80 was low risk. Admission care-plan dated 3/13/2024 problem: History of falls. On 3/13/2024 a BIMS (Brief interview of Mental status) score was documented of 99-no resident was unable to complete interview. On 3/13/2024 a fall intervention was put in place, bed in a low position while in bed. On 3/17/2024 R80 had a fall, complained of hitting the back of his head and right wrist pain. An intervention of bilateral floor mats while in bed was put in place. On 3/23/2024 R80 had an unwitnessed fall and complained of left shoulder pain, an intervention of bed bolsters was put in place. On 4/5/2024 R80 was found on the floor with wheelchair turned over. No fall intervention was in place. On 4/14/2024 R80 had an unwitnessed fall, found lying on the floor next to his bed on his left side. R80 was unable to verbalize what happened. No fall intervention was put in place. On 4/14/2024 an x-ray of left humerus anatomic neck and multiple left ribs were observed. A portable x-ray dated on 4/26/2024 for pain and guarding, indicates R80 sustained a faint lucent line across the neck of the left femur, a subtle shortening of the femoral neck noted. Impression acute nondisplaced left intertrochanteric femur fracture. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	On 5/20/2024, most recent, R80 had a BIMS-score 99-no resident unable to complete interview. A physician order sheet dated 5/27/2024, no fall orders. On 5/29/2024 R80 had a fall, was observed on the floor in front of his wheelchair. R80 said he slid out of his wheelchair and was observed guarding his left lower extremity near his hip. No fall intervention was put in place. On 6/12/2024 R80 was observed on the floor in a laying position next to bed, could not verbalize what happened. A fall intervention was put in place for a safety appliance to elevate heel while in bed with a cushion. 39781 2. On 6/26/24 at 10:48AM, With V14 Registered Nurse (Registered Nurse-RN) R69 was observed in bed in semi-Fowler's position leaning to the right side of the bed with her head hanging from the bed. V14 repositioned R69. R69 is alert and responsive but confused. No floor mat on the right side of the bed, only on the left side. R69's bed is not in the lowest position. V14 took the bed control on top of bedside drawer and placed R69's bed in the lowest position. V14 said that R69 is at high risk for falls. R69 should have a floor mat on both sides of the bed and the bed should be in the lowest position when in bed. V17 (Certified Nurse Assistant-CNA) said that she is the assigned CNA for R69. V17 said that she received R69 with only one floor mat on the left side of the bed when she came to work this morning. V17 said that R69 should have a floor mat on both sides of the bed and R69's bed should be in the lowest position. On 6/26/24 at 10:55AM, Informed V4 (Assistant Director of Nursing-ADON) of above observation. V4 said that R69 should have bilateral floor mats on each side of the bed and the bed should be in the lowest position while in bed. On 6/26/24 at 12:30PM, Informed V2 (DON) of above observation. V2 said that R69 is at risk for falls. She should have a floor mat on both sides of the bed and the bed should be in the lowest position while in bed. V2 added that they should implement fall preventive interventions in place. R69 is readmitted on [DATE] with a diagnosis listed in part but not limited to repeated falls, history of falling, abnormalities of gait and mobility, unsteadiness of feet, muscle wasting and atrophy, osteoarthritis. Fall assessment done on 4/20/24 indicated she is at high risk for falls. Fall care plan indicated that she is at risk for falls related to impaired cognitive status, impaired functional status, weakness/deconditioning cellulitis of left lower limb. Intervention: Keep bed in lowest position with brakes locked. 3. On 6/26/24 at 11:56AM, R58 was observed with V10 (Concierge/CNA unit manager) lying in bed not in lowest position with only 1 floor mat on right side of the bed. V10 took the bed control located on top of his bedside drawer and placed R58's bed in the lowest position. V10 said that R58's should have bilateral floor mats on each side of the bed and bed should be in the lowest position when resident is in bed. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	On 6/26/24 at 12:30PM, Informed V2 (DON) of above observation. V2 said that R58 is at risk for falls and on a fall prevention program. He should have floor mats on both sides of the bed and the bed should be in the lowest position while in bed. V2 added that they should implement fall preventive interventions in place. R58 is readmitted on [DATE] with diagnosis listed in part but not limited to history of falling, cognitive communication deficit, muscle weakness, osteoarthritis. Fall assessment done on 4/16/24 indicated he is at high risk for falls. R58's fall care plan indicates that he is at risk for falls related to difficulty with balance and gait, dependent on assistive device for locomotion, requires assist for toileting, use of medications that can cause weakness or lethargy, history of falls, and diagnosis including cardiac, vision impairment, incontinence, acute and chronic medication conditions. Interventions: Provide resident with safety device/appliance: Bilateral floor mats when in bed. Fall prevention program protocol. Keep bed in low position with brakes locked. Facility Policy: Fall Prevention and Management revised 2/2023 Purpose: The purpose of this policy is to support the prevention of falls by implementation of a preventive program that promotes the safety of residents based on care processes that represent the best ways we currently know of preventing falls. The falls prevention and management program are designed to assist staff in providing individualized, person-centered care. The falls prevention and management program provide a framework and tools to identify and communicate about a resident's risk for fall. Additionally, the program addresses a safe process to follow for supporting a resident who has experienced a fall event. Fall prevention Practices: Fall prevention and management practices include separate activities. . universal fall precautions Universal fall precaution: . universal fall precautions are safety measures that are taken to reduce the chance of falls for all residents regardless of individual fall risks.