

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER Balmoral Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2055 West Balmoral Avenue Chicago, IL 60625	

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** 49666</p> <p>Based on observation, interview and record review, the facility failed to supervise and monitor a cognitively impaired resident with known behaviors of ingesting non-edible, toxic items from obtaining those items. This failure affects one of three residents (R2) reviewed for supervision in a total sample of three residents.</p> <p>Findings include:</p> <p>03/08/2025, 9:53 AM, R2 was sitting on a chair next to her bed. R2's overbed table was next to her with her personal items within reach. A 4 oz (ounce) baby powder bottle and liquid soap in a clear cup on were her overbed table.</p> <p>03/08/2025, 11:03 AM, with V2 (Assistant Administrator) present, R2's overbed table observed with baby powder. V5 (Certified Nursing Assistant) entered the room. R2 was questioned who gave you the powder. R2 pointed to V5 and stated that young lady. R2 states that she got the liquid soap from someone at the nurse's station but cannot recall who.</p> <p>03/08/2025, 10:51 AM, via telephone, V6 (Certified Nursing Assistant) states that she has worked for the facility for three years. V6 reports that she usually works the morning shifts and usually works on the second floor. V6 states that she is familiar with R2. V6 continues to report that R2 needs reminders to take a shower. We make sure she showers. She likes to hold food, but you can't just take away the old food, when she is around, because she is a fighter. V6 states you need to make sure you don't give her baby powder and lotion because she thinks they are condiments and consume them. V6 says it is salt and pepper.</p> <p>03/08/2025, 11:06 AM, V5 (Certified Nursing Assistant) states that R2 requires minimal assist. Staff provides set up, and gets her the things she needs. She asks for soap. Normally, staff don't give her baby powder. She can do it herself, we just don't give her powder. V5 states that she was changing R1 this morning and R1 had a lot of items on her overbed table. V5 stated I borrowed R2's table. V5 states that the reason R2 cannot have the baby powder within reach is because R2 will probably apply too much powder on herself. V5 states that she denies ever seeing R2 put powder on her food. V5 states I was not made aware that she can put powder on her food. It would be safer for her not to have any powder if that is the case. V5 states I was not aware that she would eat it. I just thought she would sprinkle too much powder on her body. It was a mistake and not intentionally done.</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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>03/08/2025, 12:06 PM, V4 (Director of Nursing) states that it is not safe for an individual to consume soap, lotion, and/or baby powder because it is not to be eaten. V4 states that if she knew R2 had a history of ingesting these certain items, staff should not provide any of those items, unless supervision is provided. V4 states that it is important to not give lotion, liquid soap, or baby powder to the resident without supervision because if there is a history, the resident might take it again and God knows what might happen. V4 stated she might send the resident to the emergency room to check if they are safe to come back. V4 states these items might have a toxic effect or the resident might be allergic.</p> <p>R2's current face sheet documents R2 is a [AGE] year-old individual admitted to the facility on [DATE], and has diagnoses not limited to: paranoid schizophrenia, anxiety disorder, extrapyramidal and movement disorder, unspecified.</p> <p>R2's MDS/Minimum Data Set, dated dated [DATE], documents that R2 has a BIMS/Brief Interview for Mental Status score of 08/15, indicating that R2 has moderate cognitive impairment. R2 presents with inattention and disorganized thinking behavior, fluctuates (comes and goes, changes in severity).</p> <p>R2's current care plan documents in part, R2 has alteration in thought process related to: diagnosis : schizoaffective disorder -paranoid type as evidenced by: Pt. (patient) noted with visual and auditory hallucination. On 8/24/23, R2 was observed sprinkling baby powder on her potato chips. On 9/3/23, Rt (resident) seen by a staff drinking a thick liquid substance from a cup. When asked, resident said it was milk but upon checking staff noted it was body lotion. Staff was able to retrieve cup from resident & discarded it. R2 displays socially inappropriate and maladaptive behavior a mental illness diagnosis of Schizophrenia. Per ADON (assistant director of nursing), resident has been observed washing her hair and body with toilet water. Staff will monitor the resident when she is has possession of cups and is ingesting proper liquids.</p> <p>R2's psychiatric progress note dated 02/11/2025, 9:33 PM, documents in part behavior is manageable. Resident has regular habit of putting stuff on her forehead. Resident has history of pica (Compulsively swallowing non-food items) but the behavior does not show recently.</p> <p>Facility document dated 01/24, titled policy on resident rights, respect and dignity documents in part, a resident has the right to receive services in a facility environment that is safe, clean, and comfortable with adequate space for all activities.</p>		