

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145887	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2024
NAME OF PROVIDER OR SUPPLIER Alta Rehab at Wauconda		STREET ADDRESS, CITY, STATE, ZIP CODE 176 Thomas Court Wauconda, IL 60084	

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>35119</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident was transferred in a safe manner for 1 of 3 residents (R2) reviewed for safety in the sample of 3.</p> <p>The findings include:</p> <p>On 12/9/24 at 12:55 PM, R2's room had handwritten signs above her bed and on the wall by the bathroom that said, Fall Risk, Use Gait Belt.</p> <p>On 12/9/24 at 12:57 AM, R2 was sitting in her wheelchair at the dining room table. R2 stated when she first got to the facility she walked to the bathroom with her walker. R2 stated when she was coming out of the bathroom, V13 Certified Nursing Assistant (CNA) was with her, and she started to fall. R2 stated V13 assisted her to the floor. R2 stated V13 did not put a gait belt on her. R2 stated they should use a gait belt, now I make sure!</p> <p>On 12/9/24 at 1:34 PM, V13 stated R2 had walked with the walker to the bathroom by herself. V13 stated she assisted R2 to walk out of the bathroom with the walker and R2's legs got weak. V13 stated she assisted R2 to the floor. V13 stated she was holding R2's pants and did not have a gait belt on R2.</p> <p>On 12/9/24 at 11:17 AM, V3 Assistant Director of Nursing stated R2 had a fall where she was assisted to the floor. V3 stated V13 was helping R2 walk with a walker out of the bathroom and R2's knees gave out. V3 stated V13 did not use a gait belt.</p> <p>R2's IDT Fall Committee Meeting Note dated 11/29/24 shows R2's knees gave out as she was ambulating back to her bed from the bathroom with assist of one CNA and use of a walker and was lowered to the ground by the CNA. No injuries observed. R2 fell during ambulation due to knees giving out as well as weakness, impairments in strength, mobility, and balance likely due to recent illness.</p> <p>The facility's Ambulation Assistance Policy dated 1-15-18 shows Place transfer belt around resident's waist and hold securely with one hand.</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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