

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145923	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr North Shore		STREET ADDRESS, CITY, STATE, ZIP CODE 2773 Skokie Valley Road Highland Park, IL 60035	

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** Based on observation, interview, and record review the facility failed to ensure fall interventions were in place for 1 of 3 residents (R1) reviewed for safety in the sample of 3.</p> <p>The findings include:</p> <p>R1's Face Sheet printed on 6/11/25 showed R1 was [AGE] years old and had the diagnosis of lack of coordination and had an abnormal gait.</p> <p>The May 2025 Incident report had R1's name listed with a date of 5/29/25.</p> <p>R1's Progress Note dated 5/29/25 showed R1 had an unwitnessed fall and found next to her bed.</p> <p>R1's Care Plan with a last reviewed date of 5/19/25 showed R1 was at high risk for falls. Listed under interventions was to provide floor mats at bedside.</p> <p>On 6/11/25 at 9:10 AM and 1:26 PM, R1 was in bed. There were no floor mats in place. No floor mats were visible in R1's room.</p> <p>On 6/11/25 at 1:19 PM, V12 (Restorative Nurse) said after a fall occurs, they do an investigation and come up with fall interventions. V12 said the interventions are listed in the care plan. V12 added the care plan interventions should be in place.</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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