STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145986	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Forest Place	1100 Pembridge Drive Lake Forest, IL 60045

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** Based on observation, interview, and record review the facility failed to ensure R1, who is dependent on the staff for bed mobility, did not fall out of bed while the staff was providing care for 1 of 3 residents (R1) reviewed for falls in the sample of 3.The findings include:On 06/03/2026 at 10:29AM, R1 was lying in the bed on an air mattress.On 06/03/2026 at 10:29AM, R1 stated, the nurse was changing me. I was lying on the edge of the bed, then she grabbed ahold of the sheet underneath me, she pulled it out and it shot me over the side. She was alone, she should have had another staff member, usually there are two assisting me in bed. Luckly I was not seriously hurt, I do have bruises from the fall.On 06/04/2026 at 12:20PM, V4 CNA-Certified Nursing Assistant said, I was changing R1 by myself. I turned the top part of R1's body, I was not able to get to the other side to stop him from sliding off the bed.On 06/03/2026 at 12:52PM, V2 DON-Director of Nursing said, on 05/26/2026 I was told the CNA was changing R1 after an incontinent episode and the resident slid down the opposite side of bed. R1 sustained a bump on forehead with drips of blood on the floor. R1 required an emergency room visit. The CNA said, R1 curled up into a C sliding off and landing on R1's right side and bumping R1's head. On 06/03/2026 at 1:15PM, V3 OT-Occupational Therapist said, the facility does not use side rails, the resident may utilize an enabler to pull to one's side. R1 does not qualify for the use of an enabler. R1 does not have good upper body function. R1's right shoulder is more impaired than the left. R1 is total assistance by staff for bed mobility. It would be harmful to the arm joints to have R1 use a bed enabler for positioning. In addition, R1 is on a pressure reduction air mattress, the mattress overlay creates a less stable platform.R1's MDS-Minimum Data Set, dated [DATE] shows, Section GG, Functional Assessment, Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. Dependent-Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

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