STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146028	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Estates of Lincolnshire	150 Jamestown Lane Lincolnshire, IL 60069

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 - 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** 40798 Based on interview and record review, the facility failed to ensure resident was assisted and supervised while ambulating to her room for 1 of 3 residents (R3) reviewed for safety and supervision in the sample of 6 residents. This failure resulted in R3 falling and sustaining subarachnoid and subdural hemorrhages. The findings include: On 12/2/24 at 10:16 AM, V14, Director of Nursing (DON) at the time of R3's fall, said V12, Licensed Practical Nurse (LPN), and V13, Nursing Supervisor, called her (on 11/14/24) and said R3 was found on the floor. V14 said V12 and V13 told her R3 was last seen walking toward her room after dinner. V14 said R3's fall was not witnessed, but the nurses had seen R3's drawers were still open, so they assumed she was trying to get something out of them and lost her balance and fell . On 12/2/24 at 11:10 AM, V11, LPN, said she came in to work at 11:00 PM on the night R3 fell . V11 said R3 was already gone to the hospital at that time. V11 said she called the hospital to follow up and see how R3 was doing, and the hospital staff told her R3 was being admitted to the ICU (Intensive Care Unit)with a subarachnoid hemorrhage and a subdural hematoma. V11 said staff know what level of care a resident requires by looking at the resident's care plan and by staff-to-staff report. V11 said R3 had cognitive problems. On 12/2/24 at 12:17 PM, V10, Restorative Director/LPN, said after a resident falls, he works with the DON to come up with interventions for the resident's care plan to prevent another fall/injury. V10 said R3 is a fall risk and needs supervision when ambulating. V10 said R3 previously fell on [DATE]th (2024) and her care plan was updated at that time to include assisting her to her bedroom before and after meals. V10 said staff should walk R3 to her room before and after meals, R3 needs supervision for transfers (moving from the chair to bed, bed to a chair), ambulation, and toileting hygiene. V10 said R3 is not independent; she needs supervision for most of her ADLs (activities of daily living). V10 said supervision is stand by assistance, then he pointed to number 4 on a sign on his office door and said that is supervision. The sign read as follows: Supervision or touching assistance-Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146028	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Estates of Lincolnshire	150 Jamestown Lane Lincolnshire, IL 60069

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 - Actual harm Residents Affected - Few	The facility's Un-witnessed Fall report dated 11/14/24 at 7:00 PM shows R3 was seen walking towards her room with her rolling walker. R3 was later found lying flat on her back on the floor. R3 was assessed and a bump was found on the back of R3's head. The report noted predisposing physiological factors including confusion and impaired memory, and predisposing situation factors including ambulating without assist. The facility's Final Report dated 11/20/24 shows R3's fall was attributed to R3 suddenly losing her balance when she was ambulating. R3's current care plan provided by the facility shows R3 is a high risk for falls related to a history of falling, difficulty in walking, and lack of coordination. The goal is that she will not sustain serious injury. The following intervention was initiated on 7/22/24: Assist R3 to walk to her bedroom before and after meals. She is on supervision for toileting hygiene, transfers, and ambulation. R3's Minimum Data Set (MDS) dated [DATE] shows R3 requires Supervision or Touching assistance for sit to stand, chair/bed to chair transfer, toilet transfer, and walking 10, 50, or 150 feet. The MDS also shows R3 has severe cognitive impairment. R3's eInteract SBAR (Situation-Background-Assessment-Recommendation) Summary for Providers dated 11/14/24 at 10:48 PM shows R3's diagnoses include, but are not limited to, abnormalities of gait and mobility, unsteadiness on feet, and right and left knee arthritis. R3's ED (Emergency Department) to Hosp(Hospital)-admitted d 11/14/24 shows R3 presented to the ED after an unwitnessed fall where she was found lying on the floor beside her bed with her head near the foot of the bed around 7:00 PM. R3 has a history of dementia. R3's head CT shows a subdural hemorrhage and a subarachnoid hemorrhage.