STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146029	A. Building B. Wing	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franciscan Village	1270 Franciscan Drive Lemont, IL 60439

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** Based on interview and record review, the facility failed to ensure a resident was provided adequate assistance during bed mobility to prevent injury. This failure resulted in R1 requiring hospitalization for treatment of a femur fracture. This applies to 1 of 3 residents reviewed for skin impairments in the sample of 5.The findings include:R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on [DATE], with multiple diagnoses including chronic kidney disease, morbid obesity, right hip osteoarthritis, dementia, and fracture of right fibula. The EMR continued to show R1 was transferred to the local hospital on March 27, 2026, and had not returned to the facility. R1's MDS (Minimum Data Set) dated January 13, 2026, showed R1 had moderate cognitive impairment. The MDS continued to show R1 required supervision from facility staffing with eating, R1 was dependent on facility staff for transfers to and from a bed to a chair and required substantial assistance from facility staff for rolling side to side in the bed. R1's self-care care plan dated October 13, 2022, showed Decrease self-care deficit: bathing, dressing, feeding, transfer/mobility. The care plan continued to show multiple interventions dated February 20, 2026, including [Mechanical lift] transfer times two; toilet hygiene: dependent; shower/bathing: dependent; roll left and right: substantial/maximal assistance; chair/bed-to-chair transfer: dependent. On April 9, 2026, at 2:36 PM, V11 (RN/Registered Nurse) said on March 23, 2026, close to 10:00 PM, the CNA (Certified Nursing Assistant) called V11 and reported a skin tear on R1's right leg. V11 said the CNA thought it happened when she was trying to pull a sheet out from underneath R1's leg. V11 said when he went to treat R1's skin tear, he noticed bruising by the skin tear and under R1's right knee. On April 9, 2026, at 4:13 PM, V8 (CNA/Certified Nursing Assistant) said she was changing R1 and R1's bed sheets by herself and R1 sustained a skin tear. V8 said she was standing on the right side of R1's bed, R1 was lying away from V8 and V8 pulled the sheets out from under R1's legs. V8 said that is when she saw the skin tear on R1's right shin, below her knee. V8 said there was bruising present as well. V8 said she also used the mechanical lift by herself to reposition R1 in bed. V8 said she would always utilize the mechanical lift by herself to reposition residents in bed who could not assist her with repositioning. V8 said she thought it was okay to use the mechanical lift by herself because she used the mechanical lift by herself at other nursing home facilities she has worked at. V8 said she did not have anyone help her with R1's bed mobility and repositioning. On April 9, 2026, at 2:08 PM, V7 (LPN/Licensed Practical Nurse) said on March 26, 2026, she went to see R1 and R1 was moaning and groaning in pain. V7 said R1's pain was located by the dressing of her skin tear. V7 said R1 also had a blister behind her knee and bruising around the bister and the skin tear. V7 said she received orders for an x-ray and administered R1's as needed acetaminophen. On April 9, 2026, at 2:24 PM, V6 (R1's NP/Nurse Practitioner) said she saw R1 on March 24, 2026, due to a skin tear she experienced the day before. V6 said on March 24, there was some slight bruising around R1's skin tear visible around the dressing. V6 said on March 26, 2026, V10 (R1's Family) reached out to V6 about the bruising. V6 said she told V10 some bruising is expected from the skin tear, but V10 sent a picture of the bruising. V6 said the bruising was significantly extensive since March 24, much more than would be expected. V6 said she ordered an x-ray of R1's (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0689 Level of Harm - Actual harm Residents Affected - Few	right leg to rule out a fracture, and the results showed a right femur fracture. V6 said fractures are not typically idiopathic. On April 9, 2026, at 1:34 PM, V3 (ADON/Assistant Director of Nursing) said he completed the investigation of R1's femur fracture. V3 said on March 27, 2026, an x-ray showed R1 had a femur fracture and R1 was sent to the hospital via emergency medical services. V3 said R1 had experienced a skin tear on her right shin below her knee a few days before and had extensive bruising below and above her knee. V3 said there was also a blister behind R1's right knee. R1's x-ray results dated March 27, 2026, showed .Findings: There is a fracture involving the proximal femur with 2.3 cm (centimeter) displacement. The remainder of the femur is intact. There is osteopenia. On April 9, 2026, at 3:46 PM, V3 said V8 used the mechanical lift by herself to reposition R1 in bed. V3 said staff are to use two staff members anytime they are using the mechanical lift. On April 9, 2026, at 3:36 PM, V12 (R1's Doctor) said there was suggestion R1 had bone loss, but R1 had not had a formal bone density scan. V12 said R1's femur fracture could have been caused from being moved in bed by one staff member. V12 said she doesn't think staff would be able to safely perform R1's bed mobility by themselves due to R1's obesity and inability to assist with care. V12 said there should be two staff members when utilizing a mechanical lift. On April 13, 2026, at 1:17 PM, V2 (DON/Director of Nursing) said R1 required two staff members for bed mobility. V2 said V8 should have had a second staff member present to assist V8 with R1's bed mobility and changing R1's linens. V2 said staff are to use two people when operating the mechanical lift, including with bed mobility. V2 said the purpose of two staff members assisting with the mechanical lift is for resident and staff safety and to prevent injury to the resident and staff. V2 said the facility does not train staff they can use the mechanical lift by themselves. The facility's undated final report showed Details of the Incident/Initial: On March 26, 2026, an x-ray was ordered to follow up with pain and bruising to the right knee above an area where a skin tear had occurred a few days prior. On March 27, 2026, x-ray results indicated an acute right femur fracture with osteopenia. The NP (Nurse Practitioner) and POA (Power of Attorney) were notified and the resident was transferred to [local hospital] via [Emergency Services] transport. The resident denies falling and does not remember any events that lead to the fracture. There is no evidence or report of a recent fall. An investigation has started. The final investigation is pending. Resident Details: [R1] is a [AGE] year-old long-term resident at [the facility]. She was admitted on [DATE]. [R1] is alert and oriented times one to two, with frequent confusion and is a poor historian. She is able to make her basic needs known. She has a historical BIMS (Brief Interview for Mental Status) score range of 6 to 12, with her last documented BIMS score being 11 (moderate cognitive impairment). [R1] is incontinent of bowel and bladder, requires maximum assistance for all ADLs (Activities of Daily Living), and is dependent for all transfers. [R1] is unable to ambulate, self-propel in a wheelchair, and reposition herself in bed. She is a set-up for meals. Investigation: Corresponding factors: The resident has general weakness, joint stiffness, and a history of osteoarthritis to the right hip. [R1] has had poor physical therapy performance in the past with the inability to perform adequately related to morbid obesity, physical limitations, and impaired cognitive function. [R1] prefers to spend the majority of her time in bed and often refuses to be transferred to her recliner chair. She is not a fall risk and has had no falls in the last four years. Interviewing was conducted with multiple nursing staff who had worked with the resident in the last several days of the noted right hip fracture. None of the nurses or aides had reported a fall or a transfer from bed to chair during this period. The resident had remained in bed, per her preference at the time, in the days preceding the notification of the fracture. There was a skin tear incident that occurred on March 23, 2026, during the evening shift. A shear type, skin tear to the right upper shin of the resident was caused when the assigned aide has attempted to reposition the resident up in the using the bed sheet as support. There was no bruising immediately after the skin tear. However, the next day and in the following days, bruising and blistering had appeared over the superior portion of the skin tear up to the lateral aspect of the right knee. The resident is alert and oriented times one to two at baseline and is a poor historian. At no point in time, did she ever report a fall/impact trauma, and she denied knowing how or (continued on next page)

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