

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/23/2024
NAME OF PROVIDER OR SUPPLIER  Prairieview at the Garlands		STREET ADDRESS, CITY, STATE, ZIP CODE  6000 Garlands Lane Barrington, IL 60010	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34117</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident was safely transferred who has a history of multiple falls. This applies to 1 of 8 residents (R13) reviewed for safety in the sample of 8.</p> <p>The findings include:</p> <p>R13's face sheet shows she is an [AGE] year old female with diagnoses including repeated falls, dementia, Alzheimer's and hypertension.</p> <p>On 4/22/24 at 9:28 AM, V4 (RN) said R13 is a very high fall risk and has increased weakness.</p> <p>On 4/22/24 at 12:55 PM, R13 was wheeled to her room. V5 and V6 (Both Certified Nursing Assistant's) lifted R13 with the gait belt and transferred her to the bed. R13 was leaning back and unable to stand upright. The back of her heels were on the floor with her feet and toes pointed upwards. A mechanical lift sling was hanging on her bathroom door.</p> <p>On 4/22/24 at 1:00 PM, V5 (CNA) said R13 is alert to self, confused and transfers with two person assist.</p> <p>On 4/22/24 at 1:28 PM, V2 (DON) said R13 is alert to person only and is high fall risk. She has had multiple falls and requires substantial assistance with transfers. She used to be able to bear weight and walk and has had a decline with increased weakness. Some days staff use the mechanical stand lift to transfer her when she is weak. Staff should ensure a resident is able to stand and bear weight when transferring.</p> <p>On 4/23/24 at 8:58 AM, V3 (MDS Nurse) said R13 has a history of multiple falls. She is getting weaker, and she will need to be re-assessed for her transfer status.</p> <p>R13's Fall Risk Evaluation dated 1/2/24 shows she is HIGH Risk for falls.</p> <p>The facility's Incident Accident Reports provided on 4/22/24 shows R13 had seven falls in the last four months on (1/8/24, 1/17/24, 1/18/24, 2/3/24, 2/5/24 and 3/30/24).</p> <p>(continued on next page)</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Safe Lifting and Movements of Residents Policy dated 2022, states, In order to protect the safety and well-being of staff and residents. and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents .nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents' needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Such assessment shall include the following .weight bearing ability .</p>		