

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>146149                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>04/14/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Westwood Vlge Nrsg and Rhb Ctr                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2444 West Touhy Avenue<br>Chicago, IL 60645 |                                                 |
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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                 |
| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <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> 02569</p> <p>Based on observation, interview, and record review the facility failed to follow a resident's plan of care interventions for fall prevention and failed to provide the resident with a working call light for a resident high risk for falls in one (R1) of three residents reviewed for falls.</p> <p>Findings include:</p> <p>R1 is a [AGE] year-old female with a diagnosis including Schizophrenia, Chronic respiratory failure, Epilepsy, Nondisplaced fracture of seventh cervical vertebra, Subdural hematoma, Drug induced secondary parkinsonism and Type 2 diabetes. R1 was first admitted to the facility on [DATE]. R1 has a BIMS (Brief Interview for Mental Status) of 10/15. R1 uses a wheelchair for mobility. R1 is assessed as a high risk for falls (latest 3/25 fall assessment scored 21). R1 is care planned for including history of multiple falls. R1 is physician ordered to wear cervical collar until follow up appointment for further orders. R1 was placed on 1:1 supervision on 3/20/24.</p> <p>On 4/12/24 at 11AM R1 was observed in R1's room by herself. R1 was sitting up on the edge of bed trying to get up to transfer to her wheelchair. R1's wheelchair was 5 feet from R1's reach next to the wall opposite the side of bed. R1 almost fell to the floor. R1 had to be prompted by surveyor to remain sitting in her bed. R1 stated she had to go to the bathroom real bad. R1 attempted to stand several times and had to be prompted to stay sitting in bed. Help was called from surveyor. R1 did not have a soft helmet on. R1 did not have 1:1 supervision at time of observation. V3 (Licensed Practical Nurse/LPN) was called from office room across from R1's room. V3 had to retrieve R1's wheelchair and place it next to the bed and lock the wheels. V3 assisted R1 from a sitting position to the wheelchair. V3 then transported R1 to the women's bathroom in the corridor. R1's bed is located against the wall. The nurse call box was observed missing the cord and not usable. The square metal conduit leading to the nurse call box was observed pulled apart exposing sharp metal. This sharp metal edge was directly next to the middle of the mattress.</p> <p>On 4/12/24 at 11:05AM V3 (LPN) stated, I did not know that R1 needed assistance. I don't know what happened to the cord for the nurse call. I don't know where the CNA (Certified Nursing Assistant) is.</p> <p>On 4/12/24 V2 (Director of Nursing/DON) was asked to provide the interventions in place to prevent falls of R1. The following list was provided by V2:</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                                                              |
| <hr/>                                                                    |                         |                                                                        |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>146149 | Facility ID:<br><br>146149<br><br>If continuation sheet<br>Page 1 of 4 |

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| F 0689<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>2/23/24 Re orient the resident to her surroundings and ensure that the resident has on proper footwear.</p> <p>2/22/24 Resident to be placed in common area during waking hours to be observed by staff for safety.</p> <p>2/21/24 Resident was provided with a bed that lowers all the way down to the floor. Resident was also provided a padded floor mat.</p> <p>1/27/24 Reeducate the resident to put on the brakes to her wheelchair before transfers. Reeducated resident on pulling call light and asking for staff assistance when necessary.</p> <p>12/28/23 Reorient resident to her surroundings. Reeducate the resident on the importance of rising slowly from a seated position. Refer to physical therapy for evaluation and treatment.</p> <p>12/27/23 Installed nonslip to seat of wheelchair. Resident referred to PT/OT for evaluation.</p> <p>10/25/23 Provide an environment free of clutter and reeducate the resident to not use the bedside table for support.</p> <p>Keep personal items and frequently used items within reach.</p> <p>Keep call light in reach at all times.</p> <p>Provide an environment free of clutter.</p> <p>Encourage to assume a standing position only.</p> <p>The following shows R2's two most recent falls:</p> <p>Progress note dated 3/19/14 at 5:30AM staff member reported that R1 fell in the hallway. NOD (Nurse on Duty) immediately went to the scene. Head to toes assessment done, a laceration noted to left eyebrow with slight bleeding, area cleansed with normal saline, pressure dressing applied. V/S T 97.5, P 73, R 18, BP 143/77 O2 SAT 97% RA. R1 taken to her room and made comfortable in bed, Tylenol 650 mg given for comfort. Neuro checks initiated. At about 5:40AM ambulance called with ETA of 90 mins. Report given to RN (Registered Nurse) at hospital ER. V6 (Physician) notified, message left for family member and emergency contact.</p> <p>R1's Hospital record dated 3/19/24 shows R1 sustained abrasion of left eyebrow and closed nondisplaced fracture of seventh cervical vertebra. R1 returned to the facility on [DATE] with a soft collar around the neck. R1 had 4 sutures above left eyebrow.</p> <p>R1's progress note dated 3/20/24 shows including placed on 1:1 supervision for safety.</p> <p>(continued on next page)</p> |                                                                                          |                                                 |

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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>R1's Progress note dated 3/28/24 12:32PM shows R1 is alert and verbally responsive, R1 was in the day room for lunch. Writer (V9 Licensed Practical Nurse/LPN) left for lunch in the basement, when heard name paged to come to the day room, V9 went immediately to the day room and noted R1 sitting up in her wheelchair. V9 was informed by staff that R1 slid from the wheelchair and hit her head. Where she fell from the previous fall was re-opened and bleeding. V9 then assessed R1, noted that the abrasion cut on the eye lid area of the face is bleeding and reopened. Clean, dry treatment was applied. MD notified with the order to send R1 to hospital for evaluation. Report given to RN (Registered Nurse) at hospital. All the head department made aware. Family member notified. Vital sign as follows BP 141/87, P77, R18, T 99.4, O2 sat 91% R/A.</p> <p>R1's Hospital record dated 3/28/24 showed laceration to left eyebrow requiring 5 sutures.</p> <p>Review of R1's fall care plan dated 3/28/24 includes:</p> <p>R1 provided with a soft helmet Start date 3/28/24.</p> <p>Low bed with padded floor mat on the one side of bed. (Other side is against wall) Start date 2/21/24.</p> <p>Keep call light within reach (assessable) at all times. Start date 7/1/23.</p> <p>On 4/12/24 at 12:40PM V4 (RN) stated R1 fell on [DATE] in the hallway from her wheelchair. We found her in the corridor outside her room. R1 stated she was trying to go to the washroom. No one saw her fall. We assessed her with an eyebrow abrasion and notifications to family and physician were made. R1 was sent to the hospital and returned the same day with a fracture to her neck vertebra.</p> <p>On 4/12/24 at 12:45PM V5 (Certified Nursing Assistant/CNA) stated I went to the corridor from the dining room and saw R1 on the floor next to her wheelchair. I got other staff to help her back to wheelchair. R1 stated she was trying to go to the bathroom. The nurse V4 (RN) also assisted helping R1 back in wheelchair. R1 assessed with an eyebrow abrasion. The doctor was called and ordered R1 to hospital. The emergency service came and took R1 to the hospital.</p> <p>On 4/12/24 at 12:54 PM V6 (Physician) stated R1 has had two significant falls recently. The last fall on 3/19/24 R1 sustained a nondisplaced fracture of the seventh cervical vertebra. R1 also sustained an abrasion of the left eyebrow. R1 will not follow any reeducation for fall prevention. She now has a sitter (1:1) since the last fall with the neck fracture. R1 refuses to follow interventions such as education of asking for assistance before transferring. R1 has a low bed and a floor mat also for interventions. R1 had a lot of strength and falls are not caused by weakness. R1 is reevaluated after each fall. She has had physical therapy for previous falls. We will continue to monitor.</p> <p>On 4/13/24 at 9:20AM V2 (DON) stated R1 has had new interventions after each fall. R1 now has 1:1 added after the 3/19/24 fall.</p> <p>On 4/13/24 at 9:55AM V6 (Physician) stated R1 having a nondisplaced fracture is a serious injury that could result in severe injury with additional falls. However, it is stable and not like a displaced fracture. More importantly is another fall with her previous subdural hematoma could result in a very serious injury. The facility is giving 1:1 which is rare in a long-term care facility. This is the best intervention in preventing additional falls.</p> <p>(continued on next page)</p> |                                                                                          |                                                 |

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| F 0689<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>On 4/13/24 at 10:27AM V2 (DON) stated the following interventions were added after the following falls. On the 3/19 fall R1 was referred to physical therapy. On 3/20/24 1:1 intervention was added. On the 3/28/24 fall in the dining room R1 went to the hospital and sustained 5 stitches to left eyebrow which was a previous injury from 3/19/24 fall. The 3/19/24 fall resulted in an abrasion to the left eyebrow and non-displaced fracture to the neck. The soft helmet was an additional intervention added to R1 on 4/10/24 due to increased agitation and swinging her head. Note: (R1 fall care plan states soft helmet added 3/28/24).</p> <p>On 4/13/24 at 10:45AM V9 (LPN) stated R1 was in dining room. The staff were there, I was in day room to eat lunch. I was paged. They told me R1 fell I don't know how. The staff said she just fell to the floor, and they put her back in the chair. R1's left eyebrow was bleeding. I treated and called doctor. R1 went to the hospital. I don't know if R1 had 1:1 or whether her soft helmet was on her when she fell .</p> <p>On 4/13/24 at 11:05AM V10 (CNA) stated I heard R1 fell , and I came in the dining room. R1 was on the floor. R1 fell because she leaned forward. She didn't have her helmet on. R1 was bleeding from eye. R1 went to the hospital.</p> <p>Facility did not produce a fall prevention/supervision policy when requested on 4/13/24.</p> |                                                                                          |                                                 |