STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146191	A. Building B. Wing	01/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mado Healthcare - Uptown	4621 North Racine Avenue Chicago, IL 60640

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** 41356 Based on review of records and interview, the facility failures are the following: Failed to follow interventions in the care plan, review and/or revised the fall prevention care plan of 1 out of 4 residents (R1) reviewed for accidents and hazards. Failures affected 1 resident (R1) who had an incident of fall resulting to right hip/pelvic fracture that required surgery in the hospital. Finding includes: R1 is [AGE] years old, a resident in the facility since 10/08/2020. R1 has moderate impairment of cognition based on brief interview of mental status (BIMS) dated 10/15/2024, with a score of 12. R1 was not in the facility during review, per V10 (Registered Nurse) nursing notes dated 12/28/2024. R1 was transferred to the hospital due to vomiting. On 12/31/2024, at 11:21 AM. V8 (Licensed Practical Nurse) stated that R1 used to be in the current floor that she is working. R1 was admitted on a different floor after hospitalization . V8 stated that R1 underwent hip surgery. R1 was ambulating without any help before the fall. V8 cannot remember if R1 was using any device like walker when ambulating. R1's notes related to the incident are documented as follows: - V3 (Licensed Practical Nurse) nursing notes dated 11/28/2024, documents that R1 was noted limping while ambulating in the hallway. V5 (Medical Doctor) was informed and ordered an x-Ray to the right hip to pelvic area. - V5 (Medical Doctor) medical notes dated 12/02/2024, documents that R1 has pain in the right hip. R1 does not know what happened but think that she fell . V5 noted right leg showing extended and rotated. V5 documents that he suspects right hip fractures upon examination although portable x-Ray does not indicate fracture or dislocation. - V6 (Licensed Practical Nurse) nursing notes dated 12/02/2024, documents that R1 was scheduled to be transferred to the hospital. V7 (Registered Nurse) nursing notes dated 12/02/2024, documents that hospital nurse called informing her that R1 has been admitted with closed right hip fracture that needs surgery. Per Incident Report of the facility related to R1 fall incident, it documents as follows: (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	During R1's admission to the hospital (12/02/2024), the facility received a call from the hospital that R1 will be undergoing right hip surgery due to fracture and that the R1 said she fell in the facility. On 01/02/2025, at 9:57 AM, V2 (Director of Nursing) stated that a nurse tried to tell her that R1 was supposed to use the walker but did not and got up. When asked who was the nurse that told her? V2 said that she was not sure. She (the nurse) may have mixed R1 from other residents. After reviewing R1's printed progress notes, V2 said (reading the notes), On 11/28/2024, she (R1) was limping when ambulating in the hallway. V2 then said, Yes, she (R1) was allowed to ambulate. V2 was asked about the current status of R1 after the incident? V2 stated that R1 is now chair or bed bound when R1 came back from the hospital after the incident. V2 after review of R1's care plan noted that R1 needs extensive assist during transfer. R1 requires a gait belt. R1 needs to be assessed and evaluated before transfer, and to prompt R1 to stand, pivot and transfer to chair or wheelchair. V2 stated that those questions can be best answered by V12 (MDS Coordinator / Licensed Practical Nurse). V2 stated that she only knew that R1 was verbalizing that she fell when the hospital called and informed her that R1 said she fell here in the facility. V2 was made aware that per V5 (Medical Doctor) physician notes dated 12/02/2024, it was documented that R1 verbalized to V5 that she may have fall. V2 said, I was not aware that R1 verbalizing to V5 that she (R1) may have fall. On 01/02/2025, at 11:16 AM, V12 (MDS Coordinator / Licensed Practical Nurse) stated that R1 ambulates by herself without using any equipment like walker. After review of R1 fall care plan, V12 stated that R1's fall care plan was not reviewed since 2022. V12 stated, Yes, the care plan should be reviewed quarterly. V12 was asked how can R1's fall care plan reflects her current fall prevention needs when it was not reviewed since 2022? V12 stated, I know what you mean. That it needs to be updated. V12 was also asked that R1 has a care plan for extensive assist, to use a gait belt, and assess when being transferred. R1 was also identified in her care plan for decline in physical ability. V12 stated that restorative has their own scope. A He (V12) does not know about R1's decline on physical ability. Currently, the facility does not have restorative nurse. Per R1's care plan it provides as follows: - R1 is unable to transfer independently and requires assistance to supervision as evidenced by R1's medical diagnosis. The goal is for R1 to be able to transfer safely from bed to chair/wheelchair with extensive assist. Intervention for R1 includes application of gait belt, evaluation, or assessment of R1's sitting and standing ability prior to transfer, and prompt R1 to stand, pivot, and transfer to chair/wheelchair. - R1 has decline in physical ability that will affect her (R1's) activity pursuit daily. - R1 is at risk for decreased upper and lower extremities strengthening and range of motion as evidence by R1's medical diagnosis that includes mild cognitive impairment, bipolar disorder, and lack of coordination. - R1 assessment reveals a reasonable risk for falls secondary to difficulty of walking, unsteadiness on their feet, and generalized weakness. R1 was observed with weakness in the legs three (3) to four (4) times a week. R1 is observed and is at risk for fall. Fall care plan for R1 was initiated on 03/08/2022 and was last reviewed/revised on 06/01/2022. After 06/01/2022 there was no record of review/revised of R1's fall care plan. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	MDS (Minimum Data Set) comparison between assessments dated 10/15/2024 annual assessment (prior to fall) and 12/11/2024 significant change (after the fall). R1's functional abilities substantially declined from able to walk/ambulation to dependent or chair bound due to the fall. Hospital documentation are as follows: Dated 12/02/2024, documents, R1 chief complaint: I fell and hurt my hip. R1 sustained a mechanical fall from standing. X-Ray of the right hip reviewed. R1 has a displaced femoral neck fracture. Right hip surgery was done on 12/03/2024. Facility provided Post - Fall Protocol policy and procedure dated 09/01/2023, that focus on guidance related to resident after the fall. After request for policy and procedure of the facility prior to fall or fall prevention. V2 (Director of Nursing) stated that the facility has only post fall policy and procedure that was already provided. V11 (Director of Operation) stated that although facility has no specific policy for fall prevention. The facility has training and in-service related to fall prevention.