Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005607	A. BUILDING: ______ B. WING ______	C 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME FOR THE AGED	800 WEST OAKTON STREET ARLINGTON HTS, IL 60004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 1913455/ IL#112138.	S 000		
S9999	Final Observations Licensure Violations 300.610a) 300.1210b)5) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005607	A. BUILDING: ______ B. WING ______	C 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME FOR THE AGED	800 WEST OAKTON STREET ARLINGTON HTS, IL 60004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These Regulations were not met as evidenced by:

Based on observation, interview, and record review the facility failed to safely transfer a resident using a mechanical lift and neglected assess resident after a fall. These failures resulted in R1 sustaining multiple fractures and experiencing prolonged pain for seventeen hours and a delay in treatment.

This applies to 1 of 3 residents (R1) reviewed for neglect in the sample of 3.

The findings include:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005607	A. BUILDING: ____ B. WING ____	C 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME FOR THE AGED	800 WEST OAKTON STREET ARLINGTON HTS, IL 60004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		

R1's Minimum Data Set (MDS) dated February 25, 2019 showed R1 had moderate cognitive impairment; required the assistance of two or more staff members for transfers and toilet use; and had functional limitations in the Range of Motion (ROM) on one side, in both the upper and lower extremities.

The facility's Incident Tracking Report dated March 15, 2019 - May 15, 2019 showed R1 had a "Fall - Joint Injury" on May 12, 2019 at 5:30 AM.

R1's Nursing Note dated May 12, 2019 at 3:42 PM showed, "At 7:20 AM resident was screaming/crying d/t (due to) pain to her lower legs. Administered Tylenol... At 9:30 AM resident starts to cry and moan... At 9:45 AM came back wheeled by lady volunteer moaning, Tramadol administered... At 1430 (2:30 PM) starts crying/moaning. Pointing to her legs and right arm. Instructed CFP (CNA) that we will put her to bed for body assessment. It took 3 person assist to transfer her to bed manually using gait belt. Skin check done, swollen right joint shoulder, two size of the dime discoloration to inner arms. Right lower extremities swollen with redness to right shin area. Also resident pointing to right groin area... Notified [V9 - R1's physician] and ordered X-ray of right side... Resident continued crying and moaning..."

R1's Physician Progress Note dated May 12, 2019 showed, "It is 9:12 PM I just finished a phone call from the [facility] with evening shift nurse who advised me that [R1] was having severe pain in her right shoulder and her right hip most of the day it was getting worse. She also told me that she had a fall this morning. My response was to send her to the emergency room immediately. Of note I was called approximately 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005607	A. BUILDING: ______ B. WING ______	C 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME FOR THE AGED	800 WEST OAKTON STREET ARLINGTON HTS, IL 60004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

hours earlier and told that the patient had right shoulder pain and right hip pain that was getting worse all day and there was some swelling and there was no history of trauma or a fall even though I twice tried to elicit that history from the nurse I was speaking to who was caring for the patient... This behavior is reprehensible and should never be tolerated in a professional setting."

R1's X-ray report dated May 12, 2019 showed, "Markedly displaced and overriding impaction fracture of the right distal femoral shaft in respect to the distal femur and condyles (broken right leg). There is associated swelling." The report also showed, "There is an acute impaction fracture through the right humeral neck (broken right arm). There is associated soft tissue swelling."

R1's Interdisciplinary (ID) Note entered May 13, 2019 at 1:11 AM showed, "late entry," 5/12/19, 530am - CNA reported that she lowered the resident to the floor from a [sit-to-stand lift].

The facility's Initial IDPH Notification of Serious Incident form dated May 13, 2019 showed R1 was transferred with a sit-to-stand lift to the toilet on May 12, 2019 at 5:30 AM; R1 became weak, her knees buckled, and R1 started slipping down. This document showed V5 (Certified Nursing Assistant - CNA), attempted to get resident onto the toilet, but it was too high so R1 was lowered to the ground by V5. This document showed, "At 7:20 AM resident complaining of pain and medicated with Tylenol, but pain worsening throughout the morning. Physician notified with orders for X-ray of R (right) side. Results received at 10:15 PM with R Humerus and R femur fx (fracture). Patient transferred and admitted to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005607	A. BUILDING: ______ B. WING ______	C 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME FOR THE AGED	800 WEST OAKTON STREET ARLINGTON HTS, IL 60004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

local hospital for further treatment." This document showed R1 was transferred from the facility on May 13, 2019 at 12:15 AM (17 hours after the resident's fall).

R1's Investigation/Follow-up by V2 (DON) dated May 13,2019 at 5:02 PM showed, "Nurse who responded to fall did not do a complete assessment and failed to notice that resident had injured her R arm and leg, as this resident tends to complain of pain in those areas on and off. Since the resident was lowered to the floor the nurse did not recognize this to be a fall and did not complete a full incident report at the time of the assisted fall., nor contact the physician or family. Both staff put on administrative leave during the investigation and RN (Registered Nurse) termed after investigation completed. CFP (CNA) placed on 3 day suspension/final warning with retraining on safe lifting to be completed on her return to the floor."

R1's hospital Inpatient Discharge Summary dated May 14, 2019 showed R1 was admitted on May 13, 2019 for a right femur fracture and right proximal humerus fracture. This document showed, "RUE (Right upper extremity) in sling, bruising noted to right upper arm... RLE (right lower extremity) shortened, internally rotated, swelling noted to thigh..."

R1's ADL Function Rehab care plan dated May 14, 2019 showed R1's physical mobility is impaired due to a stroke with right hemiplegia (weakness) and vertigo (dizziness), as evidenced by R1's need for extensive assistance with bed mobility, transfers, and Activities of Daily Living (ADLs). This care plan showed, "R1 experienced a fall on May 12 and sustained a right humerus and right femur fracture."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005607	A. BUILDING: ______ B. WING ______	C 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME FOR THE AGED	800 WEST OAKTON STREET ARLINGTON HTS, IL 60004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		

Continued From page 5

R1's Continence care plan initiated May 14, 2019 showed R1 required extensive assistance of two staff members for toilet transfers using standing mechanical lift.

On May 14, 2019 at 10:20 AM, V9 (R1's physician) said on May 12, 2019 around 3:00 PM he was called by V3 (day shift LPN) regarding a sudden onset of severe pain in R1's right upper extremity and right hip. V9 said V3 reported R1 had received Tylenol and Tramadol, but continued to complain of pain. V9 said he asked V3 twice if R1 had fallen or experienced a change in plane, but V3 assured him R1 had not fallen. V9 stated, "Because [V3] assured me there was no trauma, I considered the possibility of an inflammatory process." V9 said I ordered X-rays and labs at this time. V9 said later that night, V4 (night shift RN) called and reported R1's pain was worsening and R1 had a fall at 5:30 AM. V9 stated, "I'm not aware; nobody told me she fell." V9 stated, "I insisted [R1] be transferred to the hospital; she had been suffering all day and needed to go now." V9 stated, "I found out V4 (night shift RN) failed to report the fall to V3 (day shift LPN)." V9 stated, "I'm absolutely appalled by this situation; I feel the whole situation is neglectful and abusive to the resident."

On May 15, 2019 at 10:28 AM, V4 (RN) said V5 (CNA) approached her during the morning medication pass on May 12, 2019 and said that R1 was on the floor. V4 said R1 was lying on her back, on the floor, next to her bed. V4 said she asked V5 what happened and V5 reported R1 was slipping in the sit-to-stand lift during a transfer and V5 assisted R1 to the floor. V4 said R1 complained of pain when assisted back to bed, but V4 thought it was just R1's usual pain.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005607	A. BUILDING: ______ B. WING ______	C 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME FOR THE AGED	800 WEST OAKTON STREET ARLINGTON HTS, IL 60004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

V4 stated, "I don't know why I didn't report this as a fall at the time; I just had a lot going on." V4 said that night she returned for work and during report V3 discussed R1's pain and the ordered X-rays. V4 stated, " I said, 'oh my God!'; at that time I realized I didn't tell V3 about R1 being lowered to the floor that morning." V4 stated, "I called V9 (R1's physician) right away and told him about the fall; he was so mad at me." V4 stated, "I called directly at report because I knew I made a mistake." V4 said she did not identify what happened to R1 as a fall, the morning of May 12, 2019, so she didn't initiate the facility's Fall Procedure, document an assessment after the fall, notify the oncoming nurse, notify the physician, or notify the resident's POA (Power of Attorney).

On May 15, 2019 at 10:49 AM, V5 (CNA) said on May 15, 2019 after 5:00 AM, she was getting R1 up for the day. V5 said R1 told her she needed to use the toilet, so she went to find V6 (CNA) and asked for help. V5 said V6 was helping another resident and R1 insisted on getting up to the toilet, so V5 used the sit-to-stand lift to transfer R1 from the bed to the toilet by herself. V5 said R1's knees bent and R1 started slipping down in the sit-to-stand lift. V5 said R1 was slipping, her knees were bending, and her arms were up in the air. V5 said the toilet was too high and the bed was too high, so she had to assist R1 to the floor. V5 said she reported to V4 (RN) that she had lowered R1 to the floor. V5 said V4 and V6 helped her get R1 off the floor to the side of the bed. V5 said V6 assisted her with transferring R1 to the wheelchair using the sit-to-stand lift; R1 did complain of pain when transferred to the wheelchair.

On May 15, 2019 at 11:43 AM, V3 (Licensed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005607	A. BUILDING: ______ B. WING ______	C 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME FOR THE AGED	800 WEST OAKTON STREET ARLINGTON HTS, IL 60004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7	S9999		

Practical Nurse - LPN) said when she arrived for dayshift May 12, 2019, R1 had her alarm on for pain. V3 said R1 always has pain, so I gave her some Tylenol and she went to breakfast. V3 said R1 went to the church service after breakfast, but left early because she was in a lot of pain. V3 said R1 always does the prayers before and after the prayer meeting; "It's unusual for her to leave the prayer meeting early." V3 stated, "I gave her a Tramadol because I could tell she was in pain." V3 said R1 then went to lunch and seemed okay, but after lunch R1 was crying and moaning. V3 stated, "This was when I started getting concerned." V3 said R1 was transferred back to bed and her clothes were removed, so she could complete a head-to-toe assessment on the resident. V3 said she noticed R1's right leg was a little bigger than her left and R1's right shoulder was swollen. V3 stated, "I called the doctor right away and got orders for X-rays." V3 stated, "[V9 -R1's physician] asked if she fell and I told him no because I didn't know about what happened." V3 stated, "If I had known she fell, I wouldn't have waited that long to call the physician."

On May 15, 2019 at 12:09 PM, V6 (CNA) said she went to R1's room, V4 (RN) and V5 (CNA) were there and R1 was lying on the floor, near the bed. R1 was saying, "oh my shoulder, my shoulder." V6 said she assisted with transferring R1 back to bed, then to the wheelchair.

On May 15, 2019 at 1:09 PM, R1 was lying on her left side in bed with a sling to her right arm. R1 stated, "I fell, but I really don't remember how it happened."

R1's Medication Administration Record (MAR) printed May 15, 2019 at 1:27 PM showed R1's pain scale every shift had ratings of "0" on a 1-10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005607	A. BUILDING: ______ B. WING ______	C 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME FOR THE AGED	800 WEST OAKTON STREET ARLINGTON HTS, IL 60004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8	S9999		

scale May 1, 2019 - May 12, 2019. On May 12, 2019 (the day R1 fell) a pain rating of "5" is documented on the MAR. This MAR showed R1 had an order for Tramadol 50 mg by mouth, every 4 hours as needed for pain; a dose was not administered until May 10, 2019 at 2:10 AM and the next dose was May 12, 2019 at 9:22 AM (after R1 fell). This MAR showed R1 had an order for Tylenol 650 mg by mouth, every 4 hours as needed for mild pain; R1 had no documented doses until May 12, 2019 (the day R1 fell).

On May 15, 2019 at 1:32 PM, V2 (Director of Nursing - DON) said according to the facility guidelines this incident with R1 was considered a fall. V2 said after a resident falls, the nurse should complete an assessment to determine if the resident can be safely moved or should be transferred to the hospital; document assessment and vital signs; complete an incident report; complete all fall documentation; notify the resident's physician, a supervisor, and the resident's representative; and update the care plan with any new interventions. V2 said V4 (night shift RN) should have told V3 (day shift LPN) about R1's fall during report. V2 stated, "If [V3] knew R1 had fallen, she would have called the physician immediately."

On May 15, 2019 at 1:32 PM, V2 (Director of Nursing - DON) said V5 went looking for help because she knew she needed two for the transfer with the sit-to-stand lift. V2 stated, "She (V5) made a mistake, she transferred her (R1) alone."

R1's Facesheet dated May 15, 2019 showed diagnoses to include: somnolence; hemiplegia and hemiparesis (impaired movement on right side); chronic pain syndrome, peripheral vertigo;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005607	A. BUILDING: ____ B. WING ____	C 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME FOR THE AGED	800 WEST OAKTON STREET ARLINGTON HTS, IL 60004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9	S9999		

restless leg syndrome; corneal edema; stroke; and dysphagia.

The facility's Fall Reduction Protocol (rev. 11/28/17) showed, " The intent of the requirement is to ensure the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents." "Fall refers to unintentionally coming to reset on the ground, floor or other lower level... 2. Procedure following fall, outlined in "Incident Reports" policy, includes completion of: A. Incident Report B. Documentation in nurse's notes C. Initiate 72 hour monitoring D. Documentation on 24 hour report E. Fall Risk Evaluation Tool F. Incident Management Investigation Tool G. Review and Update Plan of Care."

The facility's Abuse and Neglect of a Resident Policy (rev. 12/4/17) showed the resident has the right to be free of neglect. This document also showed, "Neglect - failure of the facility, its employees or service providers to provide goods and services to a resident necessary to avoid physical harm, pain, mental anguish, or emotional distress... Examples are but not limited to: not taking action on medical problems... Not calling a physician when necessary..."

The Operator's Instructions for the sit-to-stand lift (rev 8/8/18) showed, "Patients should be able to bear some weight, have upper body strength, and be able to follow simple commands."

(B)