STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053967	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOORINGS OF ARLINGTON HEIGHTS	761 OLD BARN LANE , ARLINGTON HTS, Illinois, 60005

(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) COMPLETION DATE
S0000	Initial Comments Complaint Investigation: 2517782/2591559 Investigation of Facility Reported Incident of 07-27-2025/2579546	S0000		
S9999	Final Observations Statement of Licensure Violations: 300.2420j) Section 300.2420 Equipment and Supplies j) A sufficient quantity of resident care equipment of satisfactory design and in good condition to carry out established resident care procedures shall be provided. Resident care equipment shall include at a minimum the following: wheelchairs with brakes, walkers, metal bedside rails, bedpans, urinals, emesis basins, wash basins, footstools, metal commodes, over-the-lap tables, foot cradles, footboards, under-the-mattress bed boards, trapeze frames, transfer boards, parallel bars, and reciprocal pulleys. These requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure R2's reclining wheeled chair was in good condition to carry out established resident care procedures, this resulted in R2 sustaining a 10-centimeter laceration to her leg for 1 of 3 residents (R2) reviewed for medical equipment maintained in good condition in the sample of 3. The findings include: On 08/18/2025 at 9:30AM, R2 was sitting up in a padded reclining wheeled chair. The footrest showed multiple bolts, nuts, screws, steel tubing and steel bars of various size and shape that appeared to retain the footrest to the wheeled chair. On 08/18/2025 at 10:01AM, V2 Director of Nursing (DON)	S9999		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053967	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOORINGS OF ARLINGTON HEIGHTS	761 OLD BARN LANE , ARLINGTON HTS, Illinois, 60005

(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) COMPLETION DATE
S9999	Continued from page 1 said, V3 Certified Nursing Assistant (CNA) repositioned R2. V3 CNA heard a ringing sound. V3 noticed the left side the footrest was dislodged. The facility staff does not inspect the residents reclining wheeled chairs; hospice inspects the resident's chair. On 08/18/2025 at 10:24AM, V4 Nurse Manager said, R2 sustained a laceration to left lower leg. The steel rod that holds the footrest in place came loose. On 08/18/2025 at 12:58PM, V5 Hospice Nurse said, it is believed that R2 cut herself on the reclining wheeled chair. We called the local medical company to look at the equipment. We did not get a report about what was wrong with the reclining wheeled chair that caused the injury. The assessment by the Hospice Nurse on 07/27/2025 shows, the laceration measured 10x1.5x0.1CM (centimeters). We have surmised the chair is most likely the cause of R2's injury. Hospice does not perform any inspections of the resident's chair. On 08/18/2025 at 2:05PM, V3 CNA said, I was repositioning R2, and I heard a click; the left side of the footrest fell off. I saw blood and a metal bar the size of a pencil sticking out. R2 had a scrape on the outside of her leg. On 08/18/2025 at 3:08PM, V7 Registered Nurse (RN) said, at dinner time the CNA brought R2 to the nurse's station. I assessed the wound, cleaned it, applied pressure, and covered the wound with a dry dressing. I called the physician and told him, I think R2 needs sutures. The hospice nurse came to the facility and assessed the wound and said R2 needs to go to the hospital and get sutures. R2's Wound Doctor Assessment dated 08/18/2025 shows, R2's left lateral leg full thickness trauma/injury wound from a chair with more than nine days of healing is 7.5x2.0x0.2 centimeters with moderate clear drainage. (B)	S9999		