STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0005090	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME FOR THE AGED	800 WEST OAKTON STREET , ARLINGTON HTS, Illinois, 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) COMPLETION DATE
S0000	Initial Comments Investigation of Facility Reported Incident of: 8/25/25 2604682	S0000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective	S9999		

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

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S9999	Continued from page 1 resident care plan. 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. These Requirements were not met as evidenced by:Based on interview and record review the facility failed to safely reposition a resident during care. This failure resulted in R1 falling from her bed and sustaining a right patella fracture. This applies to 1 of 4 residents (R1) reviewed for safety in the sample of 6. The findings include: R1's face sheet shows she has diagnoses including Cerebrovascular Accident, hemiplegia of the right side, dysarthria and pain in right leg. R1's active care plan initiated on 5/29/23 she has impaired cognitive and decision making, limited physical mobility, is at risk for falls, and requires staff assistance for turning and bed mobility with instruction cues and hand guidance. A nursing progress note completed for R1 on 8/25/25 at 10:00 PM states, "@ 9:15 pm someone calling this writer's name. I immediately attended to the room where the name calling coming from and upon entering the room noted resident (R1) on her back lying on the floor with both legs extended with {V6) holding resident's head. Per {V6} she's giving a bed bath and resident rolled off the bed and fell on the floor." A nursing progress note completed on 8/26/25 at 6:40 PM, shows that R1 had continued to complain of pain to her right knee and an X-ray was ordered which confirmed a patellar fracture. A Radiology Results Report dated 8/26/25 confirms that R1 has a mildly displaced fracture of the superior margin of her patella. R1's Physician Order Summary shows an order dated 8/28/25 for R1 to be non-weight bearing and use an immobilizer for her right lower extremity at all times for her Patella fracture. On 9/15/25 at 10:53 AM, R1 said she was getting a bed bath and when the staff person rolled her to her right	S9999		

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S9999	Continued from page 2 side she fell from the bed. R1 said she hit her right knee, and it still hurts. R1 said she cannot use her right arm at all and needs help to turn from side to side and that day she felt close to the edge of the bed. R1 said she has a big bed now but her bed before was much smaller. On 9/15/25 at 11:04 AM, V6 (Certified Nursing Assistant/CNA) said when they are changing R1 in bed they have been using 2 people because she cannot use her right side to help turn. V6 said R1's former bed was small and R1 would come close to the edge. On 9/15/25 at 12:45 PM, V14 (CNA) said she was the only person in the room giving {R1} a bed bath and she had a basin of water that R1 wanted to feel the temperature of in the process of that she spilled the basin of water over the bed and the mattress. V14 said she did not have enough towels to get everything dry, so she was going to change her sheets. V14 said when she had R1 turn to her left side everything was fine, and then she had R1 turn to the right side and would be facing her, but everything was wet and "slippery" and R1 could not hold the side rail and lost her balance and started falling off the bed. V14 said she also lost her balance trying to prevent R1 from rolling off the bed. V14 said she did not physically see R1 hit her knee during the fall, but she must have because she has a fracture from the fall. V14 said R1 cannot use her right side at all and needs staff help to turn and R1 had a much smaller bed before the fall and now her bigger bed it is much better. V14 said she does feel that the mattress being wet "slippery" contributed to R1 rolling off the bed. V14 said R1 can make her needs known and uses her call light but she can be forgetful. On 9/15/25 at 2:19 PM, V2 (Director of Nursing) said she would expect a CNA to go get a second person to assist in turning a resident if water had spilled on the mattress and it was slippery. The facility provided Fall Prevention and Post Falls Management policy last revised on 9/6/24 shows factors that could contribute to a residents fall include, wet surfaces, cognitive impairment and poor grip strength. (B)	S9999		