STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	08/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Terrace	2829 South California Blvd Chicago, IL 60608

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** 44103 Based on interviews and record reviews, the facility failed to provide adequate supervision to a severely cognitively impaired resident with unsteady balance while walking who wanders in the unit to prevent her from falling for 1 (R1) of 3 residents reviewed for falls. This failure resulted in R1's having a fall incident on 7/12/22 while wandering in the unit unsupervised and was found lying on left side in the hallway. R1 was transferred to the local hospital. R1's hospital records show left distal radius fracture and left femoral neck fracture status post fall. Findings Include: On 8/02/22 at 10:10 AM, observed R1's emergency call light was going off. Surveyor observed R1 inside R1's room standing on the side of R1's bed with her (R1) incontinence pad on the floor wet and soiled. R1 was confused and unable to verbalize needs. R1 had a low bed. Call light not in place. V3 (Registered Nurse) walked in and stated R1 does not use the call light due to severe impaired cognition. V3 stated R1's roommate probably was the one who pressed the call light. R1 observed with a unsteady and shuffling gait. R1's room was also observed approximately 35 feet away from the nurses' station. R1's electronic health record (EHR) indicates an initial admitted [DATE] with listed diagnoses not limited to Vascular Dementia, Wandering in Disease Classified Elsewhere, Insomnia, Bilateral Unspecified Hearing Loss, Paranoid Schizophrenia, and History of Falling. R1's Medication Administration (MAR) indicates R1 was receiving antipsychotic medication Seroquel 25 mg in the morning from 7/1/22 to 7/11/22. R1's Annual Minimum Data Set (MDS) with assessment reference date (ARD) of 4/12/22 shows R1 is severely impaired with her (R1) cognitive skills and daily decision making. It also shows that R1 was requiring supervision one staff physical assist with her (R1) transfers, walking in room and walking in corridor. R1's Restorative/Mobility Nursing Screen (Admission/Quarterly) signed by V6 (Fall Nurse) on 4/18/22 shows R1's balance during transitions and walking were not steady and R1 was not utilizing any mobility device. It also shows R1 required supervision with ambulation on/off unit. R1's Fall Risk Screen - V2 dated 7/07/22 at 4:51 PM shows R1 scored with moderate risk. R1's ADL care plan created on 9/07/19 shows R1 has self-care deficit and requires limited one staff assist with ADLs due to diagnosis of dementia with behavioral disturbances. (continued on next page)

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	08/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Terrace	2829 South California Blvd Chicago, IL 60608

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	On 8/02/22 at 10:16 AM, an interview conducted with V3 (Registered Nurse). V3 stated R1 is a wanderer and is confused. V3 stated staff needs to supervise R1 when wandering because she (R1) is high risk from falling. V3 stated R1 requires assistance with all her (R1) activities of daily living (ADL's). At 10:34 AM, an interview conducted with V5 (Certified Nursing Assistant). V5 stated R1 is not steady when walking and needs assistance. At 11:42 AM, an interview conducted with V6 (Fall Nurse). V6 stated R1 has advanced dementia and is a wanderer. V6 stated R1 fell three times in the month of July this year. V6 stated the first fall happened in 7/7/22 when R1 was observed in another resident's room lying on the floor. V6 stated R1 needs one physical staff assist supervision for walking. V6 stated R1 fell again on 7/12/22 was observed lying on her (R1) left side in the hallway, and fractured her (R1) left hip and wrist and was hospitalized . V6 stated on 7/29/22 R1 fell the third time and was observed on the floor in her (R1) room. V6 stated all three falls were unwitnessed. At 12:17 PM, a phone interview conducted with V8 (Certified Nursing Assistant/CNA). V8 stated she (V8) was assigned to R1 on 7/12/22 when R1 fell . V8 stated, It was dinner time and all CNAs were passing tray. She (R1) was walking around back and forth. She (R1) was wearing the crocs slippers. She (R1) was walking by herself. Nobody was assisting her (R1) walk. It's normal for her (R1) to walk around by herself (R1) and she (R1) wanders a lot. She's (R1) very confused. She's (R1) pretty steady. She (R1) does not use any assistive device. The nurses were passing meds and the CNAs were passing trays. I (V8) was grabbing the other resident's tray and next thing I (V8) know when I (V8) turned around, she (R1) fell in front of me (R1). There were no staff that saw what exactly happened. At 12:28 PM, a phone interview conducted with V9 (Licensed Practical Nurse). V9 stated she (V9) was the nurse in charge on 7/12/22 when R1 fell the second time. V9 stated, I (V9) was charting at the nurses' station I (V9) heard a noise down the hall. I (V9) got up she (R1) was observed lying on her (R1) left side down the hall. She (R1) was ambulating before the fall. She (R1) has dementia. She (R1) walks by herself for the most part. She (R1) just needed assistance with ADL care changing, dressing. For the most part she (R1) was pretty much able to transfer herself (R1). I (V9) did not see her (R1) falling. At 1:38 PM, a phone interview conducted with V11 (Certified Nursing Assistant). V11 denied witnessing R1 fell on [DATE]. V11 stated she (V11) was at the nurses' station charting. V11 stated R1 was just walking around like she (V11) normally do. V11 stated before R1 fell , R1 was walking by herself (R1) around the unit, and that there was no staff supervising her walking. On 8/03/22 at 9:42 AM, a phone interview conducted with V13 (Licensed Practical Nurse). V13 stated she was not assigned to R1 on 7/12/22. V13 stated she (V13) did not see how R1 fell because V13 was charting at the desk. V13 stated R1 is a busy little lady that cruises around the facility. V13 stated R1 wanders independently. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	08/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Terrace	2829 South California Blvd Chicago, IL 60608

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	At 10:11 AM, an interview conducted with V15 (Restorative Nurse). V15 stated that in general, if a resident is coded in the MDS with supervision one staff physical assist in walking that means one staff should be on standby cuing and watching the resident at all times while the resident is walking and should be observing the resident's gait. V15 stated, The resident can walk by themselves but the staff is supposed to be watching. Surveyor asked V15 if is it safe for a resident to walk by herself if she was assessed with unsteady gait, poor judgement and requires supervision one staff physical assist. V15 answered No. V15 stated that the resident would be at risk for falling. V15 stated that based on R1's functional ability assessment and annual MDS on 4/12/22, R1 required supervision with one staff assist with walking and transfer. At 11:11 AM, an interview conducted with V19 (Nurse Practitioner). V19 stated that usually, if a resident is cognitively impaired with poor judgement and is assessed to be at risk for falling, also assessed with unsteady gait requiring supervision one staff physical assist, it is not safe for that resident to be ambulating independently. V19 stated, It's different if the gait is stable. If gait is not stable or they if have some balance issues they should not be ambulating by themselves. V19 further stated that if a resident uses an assistive device when walking, the resident can possibly ambulate without assistance from staff; but if no assistive device used with an unsteady gait, the staff should be assisting that resident. V19 stated when R1 fell on [DATE] the staff sent R1 to the hospital, hospital found R1 with left wrist fracture then R1 was sent back to the facility. V19 stated she (V19) noticed R1 was not looking good with her (R1) hip so V19 ordered a stat X-ray on both hips. X-ray result came back with left femoral neck fracture. R1 was sent back to the hospital and had a surgery on R1's hip. On 8/04/22 at 12:16 PM, a phone interview conducted with V12 (Certified Nursing Assistant). V12 stated she (V12) was passing trays with V8 when R1 fell . V12 stated, I did not see her (R1) when she (R1) fell . I just heard the noise when she (R1) fell . V12 stated R1 walked by herself. A record review of the facility's Fall documentation dated 7/7/22 at 4:51 PM shows R1 had an unwitnessed fall and was found in other resident's room lying on the floor with no visible injuries upon V9's (Licensed Practical Nurse) assessment. Fall care plan was updated on 7/8/22 reads in part: S/P Fall 07/07/22: Neuro checks initiated. Staff will continue to monitor resident and anticipate needs. A record review of the facility's Fall documentation dated 7/12/22 at 6:15 PM shows R1 had an unwitnessed fall and was observed lying on left side in hallway after thump sound was heard. R1 was sent to the hospital for evaluation. R1's hospital records dated 7/13/22 reveals R1 obtained left distal radius fracture and left femoral neck fracture status post fall. R1's hospital records also show that on 7/14/22, R1 had a procedure done for Closed management of intra-articular fracture of the left distal radius and closed reduction percutaneous pinning of left femoral neck fracture. A record review of the facility's Fall documentation dated 7/29/22 at 6:30 AM shows R1 fell for the third time unwitnessed and was observed on the floor in R1's room. Reviewed the facility's policy on Falls Management with revision date of 6/21 reads in part: GENERAL: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145625	A. Building B. Wing	08/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
California Terrace	2829 South California Blvd Chicago, IL 60608

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	This facility is committed to maximizing each resident's physical, mental and psychosocial wellbeing. While preventing all falls is not possible, the facility will identify and evaluate those residents at risk for falls, plan for preventive strategies, and facilitate as safe an environment as possible. All resident falls shall be reviewed and the resident's existing plan of care shall be evaluated and modified as needed.