

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145684	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER MANORCARE OF HOMEWOOD		STREET ADDRESS, CITY, STATE, ZIP 940 MAPLE AVENUE HOMEWOOD, IL 60430	
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 - Minimal harm or potential for 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** Based on interview and record review, the facility failed to prevent an avoidable accident by not ensuring that a low air loss mattress was working properly for one of three residents R1 reviewed for accidents and falls. Findings include: R1 was admitted to facility on 11/16/2013 with the following [DIAGNOSES REDACTED]. R1 is alert and oriented with some confusion. R1 mobility based on minimum (MDS) data set [DATE] documents resident needs extensive assistance with 2 persons for bed mobility. R1 needs total dependence and two people for transfer. R1 has wheelchair and air mattress for assistive devices. Facility incident report dated [DATE] at 12:15 documents R 1 was observed on the floor. R 1 was in sitting position with her legs stretched out while leaning on the bed. Fall investigation conclusion documents, R 1 was observed on the floor in her room. R 1 reported that she heard air coming out of the mattress before the fall. R 4 stated she was assisting R1 from bed and R 1 fell. R1 denies what R 4 reported. Upon assessment mattress was not deflated. R 1 was sent to hospital for evaluation and returned with no new findings. A new mattress was placed on the bed and R 4 was moved to another room. Interview statements obtained during incident included V 17 (nurse) which documented, R 4 informed her that R1 was on the floor. R 4 stated she tried to pick R 1 up. Upon entering the room, R 1 was on the floor next to her bed in front of her wheelchair. I called for assistance from staff. Interview statements from V 6 (nurse) and V 4 (CNA) document resident was observed on the floor. Interview statement from R 4 documents, R 4 was trying to help R 2 sit up in bed and then we both fell on the floor. R 1's interview statement documents R 1 heard air coming from the mattress and next thing I know I was on the floor. On 3/4/2020 at 1:41 PM, V 4 (CNA) stated he did not witness fall but observed R1 on the floor next to her bed. V 4 stated mattress appeared deflated at time of incident. On 3/5/2020 at 1:35 PM, V 14 (CNA) stated she was working on [DATE] at time of fall. V 14 stated she heard yelling and observed R1 on the floor next to her bed. V 14 said mattress was deflated and the pump was off. V 14 said she turned the mattress back on and reported to nursing staff about fall. On 3/5/2020 at 10:11 AM, V 11 (central supply) stated she replaced R1's mattress on [DATE] after report from V2 (DON) that mattress was not working properly. Upon observation of the mattress on [DATE], the air was not evenly distributed in the bed and the mattress was replaced. There was more air on the top half of bed and the lower half of the bed was more deflated. Facility mattress move log documents R 1's mattress was replaced on [DATE].		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.