STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003404	A. BUILDING: _____ B. WING _____	C 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

(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 1793157/IL94295	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 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 which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care	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
	IL6003404	A. BUILDING: _____ B. WING _____	C 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

(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		

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:

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. (Section 2-107 of the Act)

These Regulations were not met as evidenced by:

Based on observation, interview and record

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003404	A. BUILDING: _____ B. WING _____	C 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

(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		

review, the facility failed to implement individualized fall risk interventions for residents identified as a high fall risk, and failed to identify and implement new interventions to prevent further falls.

This failure resulted in R1 sustaining a right hip fracture, and R2 sustained a fall with a resulting intercranial hemorrage This failure also resulted in psycho-social impact for R3, who now fears leaving his room to eat in the dining room.

This applies to 3 residents (R1, R2, R3) reviewed for falls.

The findings include:

1. The EMR (electronic medical record) shows R1 was admitted to the facility on January 4, 2017 and discharged on January 5, 2017. R1 is no longer in the facility. Nursing documentation dated January 5, 2017 shows R1 was admitted to the local hospital with right hip fracture following a fall at the facility. R1's face sheet dated May 31, 2017 shows R1 had multiple diagnoses including weakness, Influenza A virus, atrial fibrillation, dementia, diabetes, abnormal gait, and personal history of fall. Nursing documentation of report between the facility and the hospital showed R1 was a high fall risk.

The initial nursing assessment for R1 dated January 4, 2017 showed R1 usually understood others, but had difficulty communicating some words or finishing thoughts, and R1 usually understands, but misses some part/intent of message but comprehends most conversation. R1 had short and long-term memory problems, was easily distracted and unaware of surroundings. R1's fall risk assessment dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003404	A. BUILDING: _____ B. WING _____	C 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

(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 January 4, 2017 showed R1 was a high fall risk. RCIs (Resident Care Instructions), used to alert staff to resident's care needs, dated January 5, 2017 showed R1 required 1 person assist with ADLs (activities of daily living), transfers, and toileting. R1 was alert but confused and required a walker or wheelchair for mobility. R1's care plan dated January 5, 2017 at 7:13 AM showed: "[R1] is at risk for falls due to poor safety judgement. Interventions: "Use alarm to monitor attempts to rise. Footwear will fit properly and have non-skid soles. Provide [R1] with hip/knee protectors. Remind [R1] to call for assistance before moving from bed-to-chair and from chair-to-bed. Respond promptly to calls for assist to the toilet." E5's (RN-Registered Nurse) documentation on January 5, 2017 at 3:40 PM showed, "PT (Physical Therapy) staff notified nursing they heard a noise and noted [R1] on the floor. This nurse saw resident laying on his right side on the floor outside of bathroom. When questioned as to pain, resident stated his right hip, right knee and lower back hurt. Confused and unable to give number on pain scale. ...Resident stated he was coming out of bathroom and opened the bathroom door and the machine was in the way. No machine was in the room. ...Resident left [facility] at 1340 (1:40 PM) with paramedics." On May 30, 2017 at 2:55 PM, E2 (DON-Director of Nursing) said, "In 2014 we lowered our alarm usage. When we went to electronic medical records, the RCI became visible to all the staff. The instructions show what assistance and precautions are necessary for each resident. We print the RCI and put them on the back of the resident's bathroom door for all staff to see. We	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003404	A. BUILDING: _____ B. WING _____	C 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

(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		

will honor family requests however. If the resident has dementia or has a fall with fracture, we may use an alarm. We find out on admit, from the Nurse Liaison if the resident has a history of falls. All new admissions are high fall risk."

On May 31, 2017 at 10:54 AM, E5 said she cared for R1 on January 5, 2017, the day of the fall incident. R1 was alert, cooperative but confused. E5 said the care plan interventions of sensor alarms or hip protectors had not been put in place for R1. "There were no alarms sounding when R1 fell. Staff usually follows through on interventions put on the care plan."

On May 31, 2017 at 3:05 PM, Z2 (physician) said, "[R1] has a history of dementia. He can be with it at times and out of it at other times. He was sent to the facility from the local hospital following hospitalization for flu and weakness. [R1] fell at the facility while attempting to use the bathroom. The fall caused [R1's] hip fracture. The facility should follow the interventions they put in place for fall prevention. [R1] was transferred to another facility following his hospitalization and is no longer under my care."

On June 1, 2017 at 9:12 AM, Z4 (Therapy Manager) said, "[R1] was assessed by an occupational therapist on January 4, 2017. The report showed R1 required maximum assistance by 1 person with bed to wheelchair transfers, and moderate assistance, meaning 50 to 75 percent assistance by one person with most ADLs. Facility staff has access to the evaluations in the EMR to see what assistance is required for the residents. [R1] was able to follow directions, but had poor safety awareness and was a high fall risk."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003404	A. BUILDING: _____ B. WING _____	C 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

(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		

2. On May 31, 2017 at 12:05 PM, R2 was sitting in her wheelchair in her room. R2 did not have a non-skid pad on the seat of her wheelchair. Z1 (Hospice nurse) said she had transferred R2 to the wheelchair and did not put a non-skid pad under R2 because the information was not on the RCI on R2's bathroom door. Z1 confirmed this by looking at the RCI on the back of the door. The RCI did not show a non-skid pad was required for R2.

R2's face sheet dated May 31, 2017 shows R2 was admitted to the facility in February 2015 with multiple diagnoses including dementia, muscle weakness, history of falling, and pacemaker.
R2's MDS dated March 15 ,2017 shows R2 has severe cognitive impairment, requires extensive assistance with ADLs, is incontinent of bowel and bladder and has a history of falls. R2's fall risk assessments dated January 9, February 22, March 17, and May 1, 2017 show R2 is a high fall risk.

Nursing documentation dated January 28, 2017 shows R2 self-reported a fall from her recliner in her room.
Nursing documentation dated February 28, 2017 shows, "Observed [R2's] legs on floor outside of door of her room. Upon approaching saw resident sitting in the doorway to her room with small amount of bleeding from laceration to the left of her eyebrow approximately 2 cm. in length. ...Resident transported to local hospital via ambulance." R2 was admitted to the local hospital with intracranial hemorrhage.

E6 (ADON-Assistant Director of Nursing) documented on March 3, 2017 in a report to IDPH (Illinois Department of Public Health), "[R2]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003404	A. BUILDING: _____ B. WING _____	C 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

(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		

admitted to local hospital with a left-sided subdural hematoma, a chronic fracture deformity of the left radius head with a suspected new non-displaced fracture of the radius head."

Nursing documentation dated March 8, 2017 shows R2 was found on the floor in her room at 3:00 AM. A follow-up meeting by the IDT on March 8, 2017 suggested a medication review should be done by the hospice staff, and a low bed was provided.

Nursing documentation dated May 1, 2017 shows R2 was found on the floor in her room, near the foot part of her reclining chair at 5:50 AM by the CNA. R2 transferred herself from the bed to the reclining chair. The documentation does not mention R2's bed was in the low position.

R2's RCI dated May 30, 2017 did not show the required non-skid pad on the wheelchair or the low bed.

R2's care plan for high fall risk was created in March 2015. A call light in reach while in the recliner and emotional support was implemented on January 30, 2017. The low bed, medication review and staff redirection and reassurance and comfort was implemented on March 8, 2017.

On May 31, 2017 at 2:00 PM, E2 said, "The non-skid pad and low bed should have been added to the RCI so all staff and ancillary staff are aware of [R2's] fall precautions. The non-skid pad intervention should have been in place for the past two years. The interventions we put in place for R2 were not individualized and were actually a standard of care, such as the call light in reach and emotional support." E2 said there was no intervention in place for a non-skid pad for R2's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003404	A. BUILDING: _____ B. WING _____	C 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

(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		

recliner despite falls from her recliner.

3. On May 31, 2017 at 1:00 PM, R3 was sitting in his bed eating lunch. R3 said he has Parkinson's Disease and fell several weeks ago and fractured his right leg. R3 said he walked down to the dining room without any staff assistance, pulled out a chair to sit down, and fell on the floor in the dining room. R3 said, "I am eating in my room now because I am very afraid to go down to the dining room to eat my meals, even in the wheelchair. That fall just haunts me. I worry I will never be the same."

On June 1, 2017 at 8:30 AM, R3 was sitting in his bed eating breakfast.

On June 1, 2017 at 10:34 AM, R3 was sitting in a wheelchair in the doorway of his room. R3 was yelling for help, and his call light was illuminated. No staff was present. R3 said he wanted to go back to bed and he had been waiting for about 15 minutes for someone to help him. R3 was attempting to move the wheelchair using his hands on the door frame, but was unable to move the wheelchair due the wheelchair's position up against the door frame.

R3's face sheet dated May 31, 2017 shows R3 was admitted to the facility on April 7, 2017 with multiple diagnoses including acute bronchitis, Parkinson's Disease, altered mental status, muscle weakness, difficulty in walking and cognitive communication deficit. R3's MDS (Minimum Data Set) dated April 14, 2017 shows R3 is cognitively intact, requires extensive assistance with ADLs, including dressing and transfers, and has a history of falls. R3's Fall risk assessments dated April 7, 22, and May 10, 2017 show R3 is a high fall risk.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003404	A. BUILDING: _____ B. WING _____	C 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

(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		

The RCI dated April 18, 2017 shows R3 requires 1 person assistance with ADLs and transfers, and is a fall risk.
Nursing documentation dated April 22, 2017 shows, "Resident witness fall at 7:44 AM. Resident seen sitting on the floor with back resting against bed. Upon asking what happened, resident states, I was trying to put on shoe and slid off the bed. ....Mechanical lift used to get the resident up from the floor to bed."

Nursing documentation dated April 24, 2017 shows, "Fall review meeting held with IDT (interdisciplinary team). Resident fell on April 22, 2017 at 0744 (7:44 AM). ...Upon further assessment, non-skid socks were on but the skid was not on the bottom of the foot...."

Nursing documentation dated May 10, 2017 shows, "At 0630 (6:30 AM), CNA (certified nursing assistant) called that resident was on the floor sitting close to bed. When checked, resident was on the floor, alert and oriented; able to move all extremities WNL (within normal limits), ...wearing non-skid socks. [R3] verbalized, I just got up, this floor is so slippery, these socks they don't hold on and I just slipped."

Nursing documentation dated May 17, 2017 shows, "Fall review meeting held with IDT (interdisciplinary team) after [R3] fall on May 10, 2017. No serious injury. ...Conclusion of meeting determined slipper sock contributed to fall. New slipper socks ordered."

Nursing documentation dated May 11, 2017 shows, "[R3] ambulating self to the dining room with walker for breakfast. Upon coming to his table he pulled out his chair, he lost his balance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003404	A. BUILDING: _____ B. WING _____	C 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

(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		

or his knees gave out, he fell to the floor. ...X-rays taken. While laying in bed now, complained of pain in his right thigh. ...X-ray results to MD with right hip fracture. Ambulance called and resident transported to local hospital."

R3's care plans dated April 24, 2017 showed R3 was a high fall risk due to declined functional strength and endurance. Interventions included properly fitting footwear with non-skid soles, respond promptly to calls for assist to the toilet, and proper non-skid sock positioning. R3's restorative care plan created April 13, 2017 showed, "[R3] will be able to ambulate 200 feet with rolling walker to the dining room at mealtimes with limited assistance. R3's care plan created April 17, 2017 shows, "Assist with ADLs (bathing, grooming, toileting, feeding, ambulating) if [R3] is unable to complete. No new care plan interventions were implemented following the fall on May 10, 2017.

On May 31, 2017 at 2:00 PM, E2 said, "[R3] was wearing non-skid socks backwards when he fell. He dressed himself and did not put the non-skid side facing the floor. We have since purchased different socks that have the non-skid side on the top and bottom."

On June 1, 2017 at 9:12 AM, Z4 (Therapy Manager) said, "The physical therapy notes dated April 14, 2017 showed [R3] required contact guard assistance for transfers, and could walk 400 feet with contact guard assistance, which means a staff member is touching the resident the whole time the activity is taking place. We have weekly meetings regarding the residents. On May 2, 2017, the meeting notes show [R3] was stand-by assist with bed mobility and transfers but still contact guard assist with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003404	A. BUILDING: _____ B. WING _____	C 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

(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 10	S9999		

ambulation. I thought [R3] was being discharged from physical therapy the day before his fall on May 11, 2017, but there is no documentation in the medical record to show [R3] had met his goals and was independent. [R3] was in the walk-to-dine program. This means that a staff member should give him some independence, but still follow along side him when he ambulates to the dining room."

The facility's policy entitled, "Falls - Clinical Protocol" dated October 28, 2015 shows, "1. For an individual who has fallen, staff will attempt to define possible causes within 24 hours of the fall. ...c. After a first fall, the staff (and physicians, if possible) should watch the individual rise from a chair without using his or her arms, walk several paces, and return to sitting. If the individual has no difficulty or unsteadiness, further evaluation may not be needed. If the individual has difficulty or is unsteady in performing this test, additional evaluation should occur.
Treatment/Management: 1. Based on the preceding assessment, the staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address risks of serious consequences of falling. a. Examples of such interventions may include calcium and vitamin D supplementation to address osteoporosis, use of hip protectors, addressing medical issues such as hypotension and dizziness, and tapering, discontinuing or changing problematic medications. 2. If underlying causes cannot be readily identified or corrected, staff will try various relevant interventions, based on assessment of the nature or category of falling, until falling reduces or stops or until a reason is identified for its continuations (for example, if the individual continues to try to get up and walk without waiting for assistance. ...Monitoring and Follow-up: ...2.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003404	A. BUILDING: _____ B. WING _____	C 06/01/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

(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 11 The staff and physician will monitor and document the individual's response to interventions intended to reduce falling or the consequences of falling. ...4. If the individual continues to fall, the staff and physician will re-evaluate the situation and consider other possible reasons for the resident's falling (besides those that have already been identified) and will reevaluate the continued relevance of current interventions. 5. As needed, the physician will document the presence of uncorrectable risk factors, including reasons why any additional search for causes is unlikely to be helpful." (A)	S9999		