STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008825	A. BUILDING: _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR SOUTH LOOP	1725 SOUTH WABASH CHICAGO, IL 60616

(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 Facility Reported Incident of 10/1/24-IL179302	S 000		
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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008825	A. BUILDING: _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR SOUTH LOOP	1725 SOUTH WABASH CHICAGO, IL 60616

(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		

care needs of the resident.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective 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 are not met as evidenced by:

Based on interviews and record reviews, the facility failed to follow care plan interventions to provide adequate supervision as per facility policy, to avoid fall accidents for 1 (R2) out of 3 residents, in a total sample of 3 residents reviewed accidental hazards. This failure resulted to R2 sustaining a frontal lobe hematoma which led to intraparenchymal hemorrhage.

Findings include:

R2's MDS Section C (10/4/2024) documents in part: R2 has BIMS (Brief Interview for Mental Status) score of 11. R2 is moderately impaired cognitively.

Per R2's Facesheet, R2's diagnosis consist of, bilateral osteoarthritis of the hips, muscle wasting atrophy, difficulty walking, heart failure, history of falling, essential hypertension, cardiomegaly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008825	A. BUILDING: _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR SOUTH LOOP	1725 SOUTH WABASH CHICAGO, IL 60616

(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		

On 10/23/2024, at 11:25 AM, V10 (Falls Coordinator) stated she is familiar with R2. V10 stated R2 is currently in the hospital. V10 stated that R2 is a max assist. Therapy can assist R2 by himself, but they would know better what her transfer status is. V10 stated that on 10/1/2024, R2 tried to get out of bed unassisted. She was in between the bed and the radiator. Her legs were suspended and against the radiator. Her back was to the edge of the bed and her legs were against the wall. She was on her way down. V10 stated that when the resident changes positions and is on their way down, it is considered a fall. The staff who found her was V11 (Certified Nursing Assistant). Her bottom never touched the floor. She went out on the 2nd and came back on the 4th. V10 stated they concluded from their investigation that R2 tried to get out of bed, but she is unable to walk on her own. The fall was at 8:15 AM in the morning. She did sustain an injury after the fall. She had a left subdural hematoma, but no staff member saw R2 hit her head on the floor. V10 stated that R2's fall interventions after the fall were, R2 was moved closer to the nurse's station. V10 stated that R2 had a prior fall on 08/02/2024. V10 stated that after that fall, R2's fall interventions were updated to; R2 should be up in common areas for meals and when not asleep in bed. V10 stated that breakfast is served at 8:00 AM and R2 was still in the bed around 8:15 AM. V10 stated if R2 was gotten up by a staff member then that would have prevented her from getting up on her own and a fall. Around 7:00 AM is when the morning staff comes, and they do the morning routine of getting the residents up. Given her history, she is someone of high priority to get up in the morning so that she is not alone in bed. V10 stated R2's scheduled nurse and certified nursing assistant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008825	A. BUILDING: _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR SOUTH LOOP	1725 SOUTH WABASH CHICAGO, IL 60616

(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	S9999		

(CNA) for 10/1/2024, from 7:00 AM to 3:00 PM was V15 (CNA) and V16 (Licensed Practical Nurse). V10 stated she did not get a witness statement from V16.

On 10/23/2024, at 1:30 PM, V11 (Certified Nursing Assistant), stated that she normally works on 4th floor. V11 stated that she works from 7:00 AM to 3:00 PM. V11 stated that breakfast comes around 8:15 to 8:30 AM. V11 stated she assists residents in the morning with changing their clothes, showering and getting them up. V11 stated that when she got to R2's room on 10/1/2024, around 8:15AM, she saw R2's feet were pushed against the radiator and her back was leaning against the bed. V11 stated that she saw R2 around breakfast time. When asked if R2 is a high fall risk, V11 stated "I think so?". The nurse who helped R2 was V14 (Licensed Practical Nurse). V11 stated that R2 is a resident who is required to get up for before breakfast, to eat in the common dining area. V11 stated herself and V14 (Licensed Practical Nurse) put R2 back to bed and went back to doing her rounds. V11 stated that she doesn't know who was her nurse. V11 stated that she only went in with V14 because someone called for help because R2 was falling off the bed.

On 10/23/2024, at 1:50 PM, V2 (Certified Nursing Assistant) stated that residents get up prior to breakfast. Aides do not get residents up during mealtimes while passing meal trays. V2 stated that they don't just follow the care plan when getting residents up. V2 also stated that if a staff member sees a resident scooting to the edge of the bed, they should get the resident up so that they do not fall.

R2's fall care plan documents in part: R2 should

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008825	A. BUILDING: _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR SOUTH LOOP	1725 SOUTH WABASH CHICAGO, IL 60616

(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		

be up in common area for meals and when not asleep in bed. R2 will be provided with a bed alarm to alert staff when she attempts to get up unassisted. Date initiated: 08/02/2024.

R2's MDS Section GG (08/01/2024) documents in part: For chair/bed-to-chair transfer, sit to stand, and ambulation, R2 is completely dependent.

R2's progress note on 10/1/2024, by V16 documents in part: Writer was made aware by nursing supervisor that resident alert and oriented X2 had unwitnessed fall. Writer immediately completed head-to-toe assessment. Vitals are within normal limits. Per nurse practitioner, R2 is to be sent out 911 to outside hospital.

R2's progress note on 10/1/2024, by V16 documents in part: This writer contacted local emergency room dept and spoke with a registered nurse who stated the resident is being admitted for subdural hematoma of left frontal lobe. The nurse also stated that R2's hemoglobin level was 6.9 and would more than likely be receiving blood transfusion. Writer informed resident primary care physician, and nursing supervisor.

R2's progress note by V13 (R2's Physician) on 10/10/2024: 89-year-old female with history or Gastric ulcer, Anemia, HTN. On 10/1/2024, patient transferred to local hospital after unwitnessed fall. She was found to have anemia. She was transfused 2 units of red blood cells with improvement to 8.4. Per records, hemoglobin stable thereafter. For fall, she was found to have intraparenchymal hemorrhage. Neurosurgery was consulted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008825	A. BUILDING: _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR SOUTH LOOP	1725 SOUTH WABASH CHICAGO, IL 60616

(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		

On 10/23/2024, at 2:00 PM, surveyor asked for full investigation for R2's fall incident. V1 (Administrator) provided the final investigation. Per V1, "this is the full investigation." Upon review, there were no interviews from the nurse that was assigned to R2.

R2's progress note by V13 (R2's Physician) on 10/15/2024: R2 is an 89-year-old female, with a history of Gastric ulcer, Anemia, HTN, who is resides at the facility. On 10/1/2024, patient transferred to local hospital after unwitnessed fall. For fall, she was found to have intraparenchymal hemorrhage. Neurosurgery was consulted. Today, R2's hemoglobin is 6.1. R2 will be transferred to outside hospital due to low hemoglobin for transfusion and anemia workup. Notified nurse on duty to transfer to outside hospital for low hemoglobin 6.1.

R2's progress note on 10/16/2024, by nurse on duty documents in part: This nurse called outside hospital and spoke to R2's nurse. R2 is currently in the Emergency Department (ED). Per nurse in ED, a Computed Tomography (CT) of her head was performed, and it showed possible frontal lobe hemorrhage. Another CT head will be completed later on today 10/16/2024. Per ED nurse, hemoglobin was 6.5, blood will be given. Per ED RN, R2 Will be admitted.

R2's progress note on 10/17/2024, by nurse supervisor documents in part: Spoke to charge nurse, at outside hospital, who informed writer that patient was admitted for altered mental status.

R2's fall risk assessment on 08/02/2024, documents in part: R2 just had a fall. R2's gait is unsteady. R2 is categorized as a high fall risk.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008825	A. BUILDING: _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR SOUTH LOOP	1725 SOUTH WABASH CHICAGO, IL 60616

(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		

R2's hospital record 10/1/2024, documents in part: The patient endorses that she was walking, and she fell and hit front part of her head. The patients' nurse found her and called the ambulance. The CT of the head without contrast showed concerning of 8mm intraparenchymal hemorrhage within the left frontal lobe. Given the patient's CT head finding for intraparenchymal hemorrhage the decision was made to admit the patient to ICU (Intensive Care Unit) for observation.

Facility mealtimes policy documents in part: Breakfast is served to the 4th floor between 08:20 AM and 08:30 AM.

Facility's final incident report for R2's fall on 10/01/2024, documents in part: R2 had an unwitnessed fall on 10/1/2024, at 8:15 AM. R2 sustained an injury of left frontal subdural hematoma. On 10/01/2024, staff was alerted by alarming sounding. When nurse arrived in the room, she noticed R2 with back against the bed and feet dangling on the floor. Staff assisted R2 back to bed. During emergency room visit, R2 received a CT of brain and results indicated: findings were concerning for an 8mm intraparenchymal hemorrhage within left frontal lobe.

V15's statement for R2's fall on 10/1/2024, documents in part: R2 was first seen while I was making rounds. As I came into the facility, R2 was seen scooting to the edge of the bed.

Facility's Fall Occurrence policy (07/26/2024) documents in part: Those residents identified as high risk for falls will be provided fall interventions. If a resident has fallen, the resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008825	A. BUILDING: _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR SOUTH LOOP	1725 SOUTH WABASH CHICAGO, IL 60616

(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 is automatically considered as high risk for falls. The nurse may immediately start interventions to address falls in the unit. The falls coordinator will add the intervention in the resident's care plan. The falls coordinator will review the incident report and may conduct his/her own fall investigation to determine the reasonable cause of fall. The interventions will be reevaluated and revised as necessary. (A)	S9999		