

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents received required staff assistance for toileting, incontinence care, nail care, hair care, and oral hygiene. This applies to 8 of 10 residents (R6, R12, R40, R47, R67, R99, R105, and R126) in a sample of 27. The Findings Include: 1. The face sheet for R126 shows multiple diagnoses, including displaced intertrochanteric fracture of the left femur (subsequent encounter for closed fracture with routine healing), unspecified fracture of the lower end of the left femur, diaphragmatic hernia without obstruction or gangrene, and cervical spondylosis without myelopathy or radiculopathy. R126 is a [AGE] year-old female who was newly admitted to the facility on [DATE]. The 5-day Minimum Data Set (MDS) dated [DATE], shows R126 is dependent on staff for toileting. On December 21, 2025, at 11:40 a.m., R126 was heard yelling, Help, help, I'm wet, no staff entered the room nor responded to R126's call for help. After approximately five minutes with no response, V8 (Nurse) was located and requested assistance for R126. Upon entering the room with V8 observed R126 lying in bed with the bed linens in disarray. R126 was attempting to pull at her incontinence brief and stated that no one had come to assist her for a long time. Upon assessment, R126's brief was found to be heavily soaked with urine and stool. R126 stated she required assistance due to her recent left hip surgery. V8 stated V13 (Certified Nursing Assistant) was assigned to R126. When interviewed, V13 stated R126 was not assigned to her. V13, V4, and V9 (CNAs) checked the assignment board and confirmed that no CNA had been assigned to R126. All staff stated their shift began at 6:00 a.m. and that from 6:00 a.m. until the time of discovery at 11:40 a.m., no staff had provided bedside care to R126. During this time, V15 (family member of R175, a resident in the room across from R126) reported that R126 had been yelling for approximately five minutes asking for help and stating she was wet. 2. The Electronic Medical Record (EMR) shows R67, a [AGE] year-old male, was admitted to the facility on [DATE], with diagnoses including osteomyelitis of the right foot, peripheral vascular disease, gait and mobility abnormality, intellectual disability, and epilepsy. The MDS dated [DATE], shows R67's cognition is severely impaired and that he required substantial to maximal assistance with activities of daily living (ADLs), including hygiene. The care plan dated September 5, 2025, identified an ADL self-care performance deficit and impaired (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: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	mobility related to intellectual disability, generalized weakness, and recurrent falls. The care plan specified that R67 required staff assistance for grooming, hygiene, and oral care. On December 21, 2025, at 10:45 a.m., R67 was in the small lounge area. He was noted to have an unkempt, long beard and mustache, long hair protruding from his ears, and long fingernails with sharp edges and black/brown debris underneath. On December 21, 2025, at 12:05 p.m., R67 was in the dining room visiting with V16 (his family member). R67 remained poorly groomed. V16 stated that R67 required oral care. Upon request, R67 smiled and revealed visible thick dental plaque and brown debris between the teeth. V3 (Assistant Director of Nursing) was notified of concerns related to R67's unmet ADL needs. 3. The EMR shows diagnoses for R47 including cellulitis of the left lower limb, lack of coordination, muscle weakness, morbid obesity, chronic kidney disease, and chronic obstructive pulmonary disease. The MDS dated [DATE], shows R47's cognition is moderately impaired and she is dependent on staff for ADLs, including hygiene and grooming. The care plan dated November 18, 2025, identified the need for staff assistance with personal hygiene due to activity intolerance, lymphedema, bilateral lower-extremity cellulitis, and morbid obesity. On December 21, 2025, at 11:30 a.m., R47 was in her room with long fingernails that had sharp edges and black debris underneath. R47 stated she wanted her nails trimmed. V8 was notified of this request. 4. The EMR shows R12 had a diagnosis of cerebral infarction with residual hemiparesis and hemiplegia. The care plan dated February 22, 2025, shows R12 required maximum assistance for ADLs, including hygiene. On December 21, 2025, at 11:11 a.m., R12 was in bed with long fingernails, sharp edges, and black debris underneath. On December 22, 2025, at 12:15 P.M., R12 was in the therapy room and continued to have long, unkempt nails. R12 was also noted to have a significant amount of white flakes visible from his hair onto his shirt. V3 (Assistant Director of Nursing) was present during this observation. 5. R40's face sheet included multiple diagnoses including unspecified dementia, unspecified severity, with other behavioral disturbance, unilateral primary osteoarthritis, left hip, other abnormalities of gait and mobility, muscle weakness (generalized), other lack of coordination. R40's Annual MDS dated [DATE], shows R40 has moderately impaired in cognition and required substantial maximal assistance in toileting, showers and upper body dressing and was dependent on staff for lower body dressing. On December 21, 2025, at 1:03 PM, R40 stated she had not been cleaned up all day and she is soaking wet. There was a strong smell of urine near the resident who was lying in bed. On December 21, 2025, (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	at 1:14 PM, V25 (Certified Nursing Assistant/CNA) stated that she was going to give resident shower now. V24 (CNA) and V25 came into R40's room to get her ready for a shower, but first they changed R40's incontinence brief. R40's incontinence brief and the two green incontinence pads underneath R40 were soaked from front to back with yellow urine. V25 stated she was assigned to care for R40 and was helping with lunch on the other side and that is why she did not come earlier to check on R40. V25 stated that the last time she had changed R40 was this morning around 7:00 AM. R40's care plan revised August 13, 2025, included that the resident requires assistance with all ADLs, presents with frequent incontinence of both bowel & bladder. Interventions included to assist resident with shower/bathing per schedule, staff to check her for incontinence episode every 2 hours and also needs assistance to wash, rinse and dry perineum and that resident needs assistance to change clothing as needed after incontinence episodes. On December 23, 2025 at 4:10 PM, V2 (Director of Nursing) stated CNAs should provide incontinence care as needed and should be checking residents for incontinence minimally every 2 hours. The facility's Incontinence and Perineal Care plan Revised June 30, 2025 showed the following: It is the policy of the facility to provide perineal care to ensure cleanliness and comfort to the resident, to prevent infection and skin irritation, and to observe the residents skin condition. Procedures:1 Do rounds at least every 2 hours to check for incontinence during shift. 6. R6's EMR (Electronic Medical Record) shows R6 was admitted to the facility on [DATE], with multiple diagnoses including end stage renal disease, dependence on renal dialysis, anemia in chronic kidney disease, diabetes, glaucoma, heart failure, and muscle weakness. R6's MDS (Minimum Data Set) dated November 3, 2025, shows R6 is cognitively intact and needs set-up/clean up assistance with oral hygiene and partial/moderate assistance with personal hygiene. R6's MDS also shows R6's vision is severely impaired. R6's care plan dated May 16, 2025, shows R6 requires assistance with all ADLs (Activities of Daily Living). On December 21, 2025, at 11:20 AM, R6 was lying in bed. R6 had a beard that was coarse, long and very thick. R6's hair was long, and it was curling at the base of the neck. R6 stated he wanted a haircut, and his beard shaved. R6 continued to say he has been asking staff to shave off his beard and give him a haircut since October 2025. On December 22, 2025, at 8:58 AM. R6 still had his long, thick beard and long hair. R6 stated the last time his beard was shaved was five to six months ago. R6 continued to say he needs help from staff to shave and cut his hair. On December 22, 2025, at 9:25 AM, V2 (Director of Nursing, DON) stated R6 should be shaved. R6 stated to V2 he would like to receive a haircut, and his beard shaved off. R6 stated he has been waiting for a shave and a haircut since October 2025. R6 continued to say he has asked several nurses many times for a shave and a haircut. 7. R105's EMR shows R105 was admitted to the facility on [DATE], with multiple diagnoses including obesity and hypertensive heart disease with heart failure. R105's MDS dated [DATE], shows R105 is cognitively intact and needs supervision/touching assistance with oral hygiene and partial/moderate assistance with personal hygiene. R105's care plan dated May 22, 2025, shows R105 requires assistance with all ADLs. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On December 21, 2025, at 12:08 PM, R105 was sitting up in bed. R105 had hair on her upper lip and chin, which were approximately 0.5 inches long. The hair on her chin was curled. R105's hair looked disheveled, and she stated she does have knots in her hair. R105 stated her facial hair really bothers her and she wanted it removed. R105 further stated she wanted her hair and teeth brushed daily. R105 stated for the past two months she had asked several staff members multiple times to remove her facial hair. R105 stated her hair, and teeth were brushed only on shower days, usually once or twice per week, and she could not recall the last time her hair and teeth were brushed. R105 stated she required staff assistance with these tasks. On December 22, 2025, at 8:52 AM, R105's hair was still disheveled with knots, and R105 still had hair on her upper lip and chin. The hair on her chin was curled. On December 22, 2025, at 9:37 AM, V2 stated R105 should have her hair washed and have her facial hair removed. R105 stated to V2 she also wants her teeth and hair brushed. 8. R99's EMR shows R99 was admitted to the facility on [DATE], with multiple diagnoses including congestive heart failure and malignant neoplasm of uterus. R99's MDS dated [DATE], shows R99 is cognitively intact, and needs set up/clean up assistance with oral hygiene and substantial/maximal assistance with personal hygiene. R99's care plan dated June 9, 2025, shows R99 requires assistance with all ADLs. On December 21, 2025, at 12:13 PM, R99 was sitting up in bed. R99 had disheveled hair with knots. R99 stated she would like her hair and teeth brushed daily. R99 stated she can feel the knots in her hair. R99 stated she gets her hair and teeth brushed once or twice a week on shower days. R99 continued to say she would like her hair and teeth brushed more frequently. R99 stated her hair was brushed last week when she had to go to a doctor's appointment. R99 stated it has been several days since that appointment, and she has not had her hair and teeth brushed. R99 added she needs help from staff to brush her hair and teeth. On December 22, 2025, at 8:53 AM, R99 still had disheveled hair. On December 22, 2025, at 9:42 AM, V2 stated R99 should have her hair washed and brushed. V2 stated residents should have their hair and teeth brushed daily. On December 22, 2025, at 9:51 AM, V2 continued to say she expects her staff to check with residents about their grooming needs every morning and she expects the residents to get daily oral care. The facility's policy titled General Care revised on June 30, 2025, shows under policy statement, the facility will provide care for every resident to meet their needs. The policy further shows under procedure, the facility will assist the resident to meet his/her ADL needs.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to assess and provide G Tube (gastrostomy tube) site care to residents on enteral tube feeding. This applies to 4 of 4 residents (R12, R28, R50, R101) reviewed for G Tube care in a sample of 27. The Findings include: 1. According to the face sheet, R28 had multiple diagnoses, including Parkinsonism, nutritional deficiencies, dysphagia of the oropharyngeal phase, and gastrostomy status. R28's Quarterly (MDS) Minimum Data Set, dated [DATE], showed R28 had severe cognitive impairment and impairment to upper and lower extremities on both sides. The same MDS also showed that R28 is dependent on the facility staff for all areas of self-care and mobility. On Monday, December 22, 2025, at 9:00 AM, R28's G Tube site was covered with an undated gauze dressing. The gauze dressing on R28's G Tube site was wet, and there was a large amount of thick yellow-greenish color drainage on and around the G Tube site area when V29 (Nurse) lifted up the gauze dressing around R28's G-tube stoma (the opening on the abdomen connecting the G Tube to the digestive system). R28's skin around the G tube was also moist and red, with rashes. V29 said she did not work at the facility on Saturday, December 20, and Sunday, December 21, 2025, but it did not look like R28's G-tube site had been cleaned during the weekend shifts. R28's POS Physician Order Sheet, showed active orders to cleanse the enteral tube feeding site with wound cleanser, pat dry, and apply dry dressing every night shift and (PRN) as needed in two separate orders dated December 1, 2025. R28's PRN TAR (Treatment Administration Record) with a start date of December 1, 2025, showed to cleanse the enteral tube feeding site with wound cleanser, pat dry, and apply dry dressing. A review of the TAR flowsheet from December 1, 2025, to December 21, 2025, did not show any documentation to show that R28's G tube feeding site cleansing and dressing were performed. R28's Night shift TAR with a start date of December 1, 2025, showed to cleanse the enteral tube feeding site with wound cleanser, pat dry, and apply dry dressing. A review of R28's Night Shift TAR flowsheet from December 1, 2025, to December 21, 2025, showed there was no documentation to show that R28's tube feeding site cleansing and dressing were done on Sunday, December 7, 2025; Sunday December 14, 2025; and Saturday, December 20, 2025. 2. According to the face sheet, R50 had multiple diagnoses, including Parkinson's disease, Dysphagia, gastrostomy status, dementia, history of transient ischemic attack, and cerebral infarction. R50's Quarterly MDS dated [DATE], showed R50 had severe cognitive impairment and was dependent on the facility staff for all self-care and mobility. On Monday, December 22, 2025, at 9:55 AM, V29 was administering medication through R50's G tube. There was a large amount of yellowish-green thick drainage on and around R50's G Tube stoma site, and no gauze dressing was present underneath or on top of the G Tube bumper. V29 said there were foul odors coming from R50's G tube and that V50 should have had a dressing under the G Tube bumper to help with drainage. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R50's POS showed an active order on November 21, 2025, to cleanse the enteral tube feeding site with wound cleanser, pat dry, and apply dry dressing every night shift. R50's TAR with a start date of November 21, 2025, to cleanse the enteral tube feeding site with wound cleanser, pat dry, and apply dry dressing every night. Review of R50's TAR flowsheet from December 1, 2025, to December 21, 2025, showed there was no documentation to show that R50's G tube site cleansing and dressing were done on December 9, 2025, December 19 and December 20, 2025. There was no additional PRN order on the TAR to cleanse the G Tube site as needed. On December 22, 2025, V3 (Assistant Director of Nursing/ADON) said the resident's G tube site should always be kept clean and the nurses were supposed to inspect the residents' G tubes site every shift to check for drainage and the skin around the G-tube site to determine whether it needed cleaning. V3 also said the nurses should have called the doctor to notify them of any skin breakdown, yellow or greenish drainage, and foul odors, which are signs of potential infection. In V3 also added that even if the order says to clean the G-tube sites every night shift or PRN, it is the responsibility of every nurse to inspect the residents' g-tube site and clean as needed every shift to prevent skin breakdown, support infection control, and ensure proper placement of the G-tubes. 3. The Electronic Medical Record (EMR) shows that R12 had a diagnosis of cerebral infarction with residual hemiparesis and hemiplegia. The Physician Order Sheet (POS) for December 2025 included an order dated December 2, 2025, to cleanse the gastrostomy tube (G-tube) insertion site with wound cleanser, pat dry, and apply a dry dressing daily. The care plan dated November 26, 2025, documented that R12 had a gastrostomy tube for enteral feeding due to dysphagia. Interventions included maintaining the gastrostomy tube insertion site free from complications and infection, monitoring the site, and following physician orders for gastrostomy tube care and dressing changes. On December 21, 2025, at 11:11 a.m., R12 was lying in bed with an intravenous pole positioned next to the bedside for tube feeding administration. When asked if he had a gastrostomy tube, R12 lifted his gown and exposed the insertion site. The gastrostomy tube insertion site was observed without a dressing. The site also had encrusted material present around the insertion area. On December 22, 2025, at 12:15 p.m., R12 was in the therapy room. Along with V3 (Assistant Director of Nursing), the gastrostomy tube insertion site was assessed. R12 had a dressing to the G tube site at this time. V3 stated that R12 must have a dressing applied to the gastrostomy tube insertion site per physician order. 4. The EMR showed that R101 had diagnoses including vascular dementia, major depressive disorder, anemia, schizophrenia, dysphagia, and gastrostomy status. The Physician Order Sheet for December 2025 included an order dated December 1, 2025, directing staff to cleanse the gastrostomy tube insertion site with wound cleanser, pat dry, and apply a dry dressing daily. The care plan dated August 13, 2025, identified the need to monitor the gastrostomy tube insertion site for signs and symptoms of infection, including drainage. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On December 22, 2025, at 12:15 p.m., R101 was lying in bed. Along with V3, the gastrostomy tube insertion site was assessed and there was no dressing at the G tube site. The insertion site had encrusted material present, which had seeped through R101's facility gown. V3 stated that R101 must have a dressing applied to the gastrostomy tube insertion site and that the site should be clean per physician order. The facility's Enteral Tube Feeding Care revised on June 30, 2025, stated, Procedure . 8. Enteral tube stoma care: Site must be cleansed and covered with dry gauze daily. Dry gauze should be placed on top of the G tube bumper, otherwise, a slim layer of light breathable gauze can be inserted under the disc.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement its policy regarding the management and care of peripherally inserted central catheter (PICC) intravenous lines, including ensuring that PICC insertion sites were assessed and monitored every shift for signs and symptoms of infection. This applies to 4 of 4 residents (R31, R67, R102, and R125) reviewed with PICC lines in a sample of 27. The findings include: 1. Review of the EMR (Electronic Medical Record) showed that R125's diagnoses included infective bursitis, metabolic encephalopathy, atrial fibrillation, and congestive heart failure. Review of the POS (Physician Order Sheet) for December 2025 showed a physician's order dated December 11, 2025, directing staff to change the PICC dressing and cap using a transparent dressing. The order also required the PICC insertion site to be assessed every shift for signs and symptoms of infection, including drainage, irritation, and redness. The care plan dated December 12, 2025, identified R125 as being at risk for infection related to a PICC line in the right upper arm. The intervention directed staff to assess the PICC insertion site daily for signs and symptoms of infection. On December 21, 2025, at 10:00 a.m., in the presence of V8 (Nurse), R125's PICC line was observed. The PICC line was in the right upper arm. The insertion site was not visible, as it was covered with a gauze dressing secured with a transparent dressing. The gauze dressing was noted to have dried blood, which had seeped through R125's sweater sleeve. V8 stated that she was unable to visualize the insertion site because it was covered with a gauze dressing. On December 22, 2025, at 2:30 p.m., in the presence of V4 (Wound Care Certified Nurse), R125's PICC line was re-evaluated. The insertion site remained covered with a gauze dressing and was not visible. V4 stated, The gauze dressing should not cover the insertion site; you cannot assess for signs of infection. 2. Review of the EMR showed that R67, a [AGE] year-old male, was admitted on [DATE], with diagnoses that included osteomyelitis of the right foot, peripheral vascular disease, abnormal gait and mobility, intellectual disability, and epilepsy. The MDS (Minimum Data Set) dated November 13, 2025, indicated that R67 had severely impaired cognition. Review of the POS for December 2025 showed a physician's order dated December 17, 2025, directing staff to change the PICC dressing and cap using a transparent dressing and to assess the PICC insertion site every shift for signs and symptoms of infection, including drainage, irritation, and redness. On December 21, 2025, at 12:05 p.m., R67 was in the dining room visiting with V16 (his family member). In the presence of V3 (Assistant Director of Nursing), R67's PICC line in the right upper arm was checked. The insertion site was covered with a gauze dressing, which was noted to have dried blood seepage. V3 stated that the insertion site was not visible and could not be assessed for signs of infection. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Review of the EMR showed that R102's diagnoses included osteomyelitis, adjustment disorder, diabetes mellitus type II, peripheral vascular disease, chronic kidney disease, and acquired absence of the right leg below the knee. Review of the POS for December 2025 showed a physician's order dated December 2, 2025, directing staff to change the PICC dressing and cap using a transparent dressing and to assess the PICC insertion site every shift for signs and symptoms of infection, including drainage, irritation, and redness. On December 20, 2025, at 11:00 a.m., in the presence of V8 (Nurse), R102's PICC line located in the left upper arm was observed. The insertion site was covered with a gauze dressing secured with a transparent dressing. V8 stated she was unable to assess the insertion site because it was covered with gauze. The care plan dated December 6, 2025, identified R102 as being at risk for infection related to a PICC line in the left upper arm. Interventions directed staff to assess the PICC insertion site for signs and symptoms of infection and to change the PICC dressing as ordered. 4. R31's electronic medical record showed R31 was admitted on [DATE] with diagnoses that included sepsis, metabolic encephalopathy, pneumonia, symptomatic neurosyphilis, and congestive heart failure. R31's infection care plan showed R31 had a right arm single lumen PICC (Peripherally inserted central catheter) line. R31's physician orders showed the following orders dated December 17, 2025: Change intravenous catheter dressing and cap with transparent dressing as needed and every night shift Wednesday. Check site for signs and symptoms of infiltration, infection, drainage, infiltration, and redness during infusion. On December 21, 2025 at 2:24 PM, V20 (Registered Nurse) observed R31's right arm PICC line dressing. The PICC line entry site could not be seen because there was a bio patch over the entry. The facility's Intravenous Therapy policy revised June 30, 2025 showed the following: procedures: 1. All intravenous access will be assessed by the nurse to ensure that no signs and symptoms of infection and infiltration are left unaddressed.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to remove expired medications from the cart and date ophthalmic medications upon opening to determine its expiration date. This applies to 7 of 7 residents (R6, R26, R31, R77, R101, R108, R109) reviewed for medication storage and labeling in the sample of 27. The Findings include:1. R26 was admitted to the facility on [DATE], with multiple diagnoses including Glaucoma. R26's current physician's order sheet (POS) shows an order to start Latanoprost Solution 0.005% solution on May 03, 2025, with orders to instill one drop into both eyes at bedtime. On December 21, 2025, at 11:00 AM, a medication cart observation was conducted with V7 (Registered Nurse/RN). R26's opened Latanoprost 0.005% ophthalmic solution was sitting in the second side drawer of the cart with an expiration date of November 13, 2025.V7 confirmed that R26's Latanoprost was expired and should have been removed from the cart and reordered. V7 said that ophthalmic solutions should be dated with an open and expiration date upon first use.2. R101 was admitted to the facility on [DATE], with multiple diagnoses including Ocular Hypertension. R101's most recent POS shows an order for Dorzolamide HCL Solution 2% to instill one drop in both eyes twice daily starting May 02, 2025. During the medication cart observation with V7, R101 had two opened bottles of Dorzolamide 2% ophthalmic solution in the second side drawer of the cart that were not labeled with an open and expiration date.3. R108 was admitted to the facility on [DATE], with multiple diagnoses including Glaucoma. R108's current POS shows an order for Latanoprost Solution 0.005% with instructions to instill one drop in both eyes at bedtime starting May 03, 2025. During the medication observation with V7, R108's opened Latanoprost 0.005% ophthalmic solution was in the second side drawer of the cart and was not labeled with an open and expiration date. 4. R31 was admitted to the facility on [DATE], with multiple diagnoses. R31's current POS shows an order for erythromycin ophthalmic ointment 5mg/gm with instructions to instill 3.5gm in the left eye at bedtime for an eye infection starting December 17, 2025. On December 21, 2025, at 12:15PM, a medication cart observation was conducted with V20 (RN). R31's opened Erythromycin 5mg/gm ophthalmic ointment was in a basket in the in the top drawer of the cart without an open and expiration date labeled.5. R77 was admitted to the facility on [DATE], with multiple diagnoses including Glaucoma. R77's current POS shows an order for Latanoprost Ophthalmic Solution 0.005% to instill one drop in both eyes at bedtime fifteen minutes prior to evening eye ointment starting May 15, 2025. During the medication observation with V20, R77's opened Latanoprost 0.005% ophthalmic solution was in a basket in the top drawer of the cart without an open and expiration date labeled.6. R109 was admitted to facility on June 17, 2024, with multiple diagnoses including Glaucoma. R109's current POS shows an order for Latanoprost Ophthalmic Solution 0.005% with orders to instill one drop into both eyes at bedtime starting May 04, 2025. During the medication cart audit with V20, R109's opened Latanoprost 0.005% ophthalmic solution was in a basket in the top drawer of the cart without an open and expiration date labeled. V20 confirmed that R31, R77, and R109's medications were not labeled, and that each medication should have an open and expired date on the package.7. R6 was admitted to facility on November 01, 2023, with multiple diagnoses including glaucoma and avulsion of the left eye. R6's current POS shows an order for Bromide Tartrate Solution 0.2% with orders to instill one drop in the right eye twice daily for Glaucoma starting on December 09, 2025. R6 also has an active order for Latanoprost Solution 0.005% with orders to instill one drop into the right eye at bedtime. On December 21, 2025, at 12:45PM, a medication cart observation was conducted with V32 (Licensed Practical Nurse/LPN). R6's opened Latanoprost 0.005% ophthalmic solution was in the top drawer of the cart with an expiration date of November 25, 2025. R6's Brimonidine 0.2% ophthalmic solution was in the top drawer of the cart with an expiration date of November 30, 2025. V32 confirmed that both (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medications were expired and should have been removed from the cart. On December 23, 2025, at 2:25PM, V31 (LPN) said that when opening medications the nurse should attach a pink label with the date that the medication was opened and the date that it expires. V31 said that eye drops should have an expiration date of forty-two days from date of opening. On December 23, 2025, at 2:34PM, V30 (LPN) said that eye drop solutions come in a plastic bag from pharmacy with a date open/date expire label for staff to fill out when medication is opened. V30 said expired medications should be removed from the cart right away and placed in a return to pharmacy bag. On December 23, 2025, at 2:51PM, V3 (Assistant Director of Nursing) said that the expectation is that upon opening medications, the nurse should label and date the medication with an open date. Ophthalmic solutions should be labeled with an open and expiration date with either the label presented on the bag by pharmacy, or a pink label provided by the facility. V3 said expired medications should be removed from cart and destroyed in a chemical solution used for safe disposal of medications. The facility's Medication Storage Labeling and Disposal Policy dated July 07, 2025, states, It is the facility's policy to comply with federal regulations in storage, labeling, and disposal of medications.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to obtain a treatment order, assess, and treat a resident with skin alteration. The facility also failed to follow the physician's treatment order for a resident with moisture-associated skin dermatitis. This applies to 2 of 2 residents (R48, 123) reviewed skin alteration in a sample of 27. The Findings include: 1. According to the face sheet, R48 had multiple diagnoses including, Alzheimer's disease, other lack of coordination, and polyarthritis. R48's Quarterly MDS (Minimum Data Set) dated October 17, 2025, showed R48 had moderate cognitive impairment and required substantial to maximum assistance with toileting hygiene, personal hygiene, lower body dressing, and was dependent on staff for showers or bathing. R48's (ADL) Activity of Daily Living Care Plan initiated on August 12, 2025, showed R48 required assistance with all areas of ADL, and interventions include staff to assisting R48 with showering or bathing per schedule. On December 22, 2025, at 10:29 AM, R48's left front knee had a dressing dated December 15, 2025. The dressing was dirty and saturated with old, serosanguinous (mixture of bodily fluids and bloody drainage from the outside and underneath when V28 (Nurse) removed the gauze dressing. R48 had a small piece of Vaseline gauze dressing beneath the gauze dressing, and there was some redness and a skin tear to the left front knee when the dressing was removed. V28 took a measurement and said the skin tear and redness area on R48's knee was 1.5 cm X 1.5 cm. R48 said she had a skin tear some days ago while in physical therapy from rubbing her knees close together. V28 said she was R48's nurse on December 22, 2025, and December 21, 2025, during the day shift and was not aware that R48 had a left knee skin tear or that there was a dressing on R48's knee since December 15, 2025. V28 also said there was no order for treating R48's left knee skin care, and no TAR (Treatment Administration Record) flowsheet to document R48's left knee skin tear wound care, and it was not communicated in the nurses' shift-to-shift report. The facility's Incident Report, documented by V26 (Nurse) dated December 15, 2025, showed the resident sustained a skin tear on her left knee (front) while with a restorative aide in the therapy room. The same Incident Report documented that R48's physician was notified and an order to cleanse the skin tear, apply dry dressing and change it every three days was obtained. The facility's Skin Alteration Nursing Evaluation documented by V26 on December 15, 2025, showed R48 sustained a skin tear to the front area of her left knee, and there was bloody drainage present. On December 22, 2025, R48's current (POS) Physician Order Sheet did not show a wound treatment order for the left knee skin tear. On December 22, 2025, at 11:20 AM, R48's Physician, Wound Nurse Practitioner, and Nurses' Progress Note documentations were reviewed for December 1, 2025, to December 22, 2025, and there were no documentations regarding R48's left knee skin tear wound assessment, treatment, or condition. Review of R48's Treatment Administration Record for December 2025 showed there was no Treatment Order Flowsheet documentation of R48's left knee (front) skin tear sustained on December 15, 2025. On December 22, 2025, V3 (Assistant Director of Nursing/ADON) stated that R48 should not have had (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a saturated dressing which was last changed seven days prior. V3 also said the nurses should inspect the R48's knee every shift, and the facility should have had a wound treatment order and TAR for documentation to prevent further worsening of the wound and infection control. 2. The EMR (Electronic Medical Record) showed R123 was admitted to the facility on [DATE], and discharged home on October 17, 2025. R123's documented diagnoses included a displaced fracture of the greater trochanter of the left femur, protein-calorie malnutrition, chronic obstructive pulmonary disease (COPD), nicotine dependence, dermatitis, and malignant neoplasm of the bronchus. Review of the POS (Physician Order Sheet) for October 2025 showed a physician's order dated July 2, 2025, directing staff to cleanse the buttocks with mild soap and water and apply Zinc Oxide Ointment every shift. R123's Skin assessments dated June 5, June 12, June 20, and June 25, 2025, documented that R123 had incontinence-associated dermatitis to the buttocks, measuring 3.0 cm x 3.0 cm. Review of R123's Electronic Treatment Administration Record (ETAR) and POS for the months of July, August, September, and October 2025 showed that Zinc Oxide Ointment continued to be ordered and applied as a preventative measure for skin impairment. However, review of the ETAR for these months revealed multiple instances of missing nurse signatures indicating that the Zinc Oxide treatment had not been administered as ordered. On December 22, 2025, at 2:45 p.m., V22, (Certified Nursing Assistant/CNA), stated that R123 occasionally experienced skin irritation to the buttocks. On December 23, 2025, at 2:59 p.m., V4, (Wound Care Certified Nurse), stated that R123 developed moisture-associated dermatitis to the buttocks on June 12, 2025, which was identified as incontinence-associated dermatitis. V4 further stated that Zinc Oxide Ointment remained in use after the dermatitis healed as a preventative measure to reduce the risk of recurrence. V4 also confirmed that nurses are required to sign the ETAR to show the treatment was done. On December 23, 2025, at 2:42 p.m., V2, (Director of Nursing, DON), stated that it is the facility's policy for nurses to sign the ETAR to document treatments were administered as ordered. V2 explained that if the ETAR was not signed, the treatment was considered not completed. Review of the facility's Skin Care Regimen and Treatment Policy dated July 3, 2025, showed the facility is required to ensure prompt identification, documentation, and appropriate treatment of residents with skin breakdown. The policy further requires nurses to document all assessments and treatments in the EMR.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to assess and auscultate the AV (arteriovenous) fistula for a resident receiving hemodialysis according to the physician's order. This applies to 1 of 1 resident (R6) reviewed for dialysis in the sample of 27. The findings include: R6's EMR (Electronic Medical Record) shows R6 was admitted to the facility on [DATE], with multiple diagnoses including end stage renal disease, dependence on renal dialysis, anemia in chronic kidney disease, diabetes, glaucoma, heart failure, and muscle weakness. R6's MDS (Minimum Data Set) dated November 3, 2025, shows R6 is cognitively intact. On December 21, 2025, at 11:20 AM, R6 was lying in bed. R6 stated he has dialysis every Monday, Wednesday, and Friday. R6 had an AV fistula on his right upper arm. R6 continued to say the nurses check his AV fistula sometimes. R6's Order Summary Report shows a physician's order dated May 2, 2025, to assess and auscultate the right upper arm AV fistula every shift for the presence of bruit and thrill and for signs and symptoms of infection. A review of R6's Monitoring Record of assessing the AV fistula from October 1, 2025, to December 22, 2025, shows 39 blank boxes. On December 23, 2025, at 10:11 AM, V2 (Director of Nursing, DON) stated the blank boxes mean the AV fistula was not assessed. V2 continued to say she expects her nurses to follow the physician's order.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow pharmacy recommendations for infusing Intravenous Vancomycin to a resident. This applies to 1 of 1 resident (R31) reviewed for significant medication error in the sample 27The Findings include:R31's electronic medical record showed R31 was admitted on [DATE], with diagnoses that included sepsis, metabolic encephalopathy, pneumonia, symptomatic neurosyphilis, and congestive heart failure. R31 has the following physician order dated December 16, 2025: Vancomycin HCl intravenous Solution Reconstituted 1.5 grams. Use 1.5 gram intravenously in the morning for Cholelithiasis for 12 days. On December 21, 2025, at 1:45 PM, R31 had an intravenous (IV) Vancomycin hanging on a pole infusing into his PICC line without the IV pump that was on the same pole. The tubing was not an adjustable drip rate tubing. The bag was half full of liquid about 3 inches high. V20 stated she was R31's nurse and was infusing Vancomycin 1.5 grams in 300 milliliters (of solution) to gravity and it should be infusing over 2.5 hours. The Vancomycin label was on the infusion bag and showed the same. On December 21, 2025, at 2:24 PM, R31's Vancomycin infusion bag was empty. V20 stated she took the medication out of the pump and let it infuse to gravity because the pump wasn't working and R31's Vancomycin infusion was finished. R31's antibiotic care plan showed the following intervention: Administer medications and treatments as ordered. On December 22, 2025, at 11:58 AM, V21 (Registered Nurse) stated she never administers IV Vancomycin by gravity because you are not able to calibrate the rate/drops accurately. V21 stated she always uses the IV pump because it will program to run according to the pharmacy's specifications.On December 23, 2025, at 10:25 AM, V19 (Quality Assurance Manager/Pharmacist) stated that R31 was receiving 1500 mg once daily of Vancomycin in 300 milliliters. V19 stated that R31's Vancomycin should infuse over 150 Minutes (2.5 hours). V19 stated that this has to be infused over 2.5 hours in order to prevent Red Man syndrome. V19 stated that infusing Vancomycin as a bolus (with IV tubing that is not clamped and running to gravity) puts the resident at risk for Red Man syndrome. V19 stated that Red Man syndrome causes a histamine (inflammatory) response, flushing, itching, redness, and can cause pain and irritation to the vessel or lumen of the vessel it is infused into. This is a significant medication in terms of the infusion time to avoid discomfort and side effects. V19 stated that they recommend Vancomycin to be infused via an IV pump. On December 23, 2025, at 4:10 PM, V2 (Director of Nursing) stated V2 stated Vancomycin should only be infused through a pump at the pharmacy's rate recommendation. V2 stated that IV vancomycin should not be given to gravity with the plunger wide open to avoid inaccurate dosing.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Avantara Joliet		STREET ADDRESS, CITY, STATE, ZIP CODE 210 North Springfield Avenue Joliet, IL 60435	
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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. Based on observation, interview and record review, the facility failed to provide recommended dietary portions to meet resident nutrition needs and preference. This applies to 2 of 2 residents (R17 and R63) reviewed for dining in the sample of 27. The Findings include: 1. R17's EMR (electronic medical records) included multiple diagnoses including unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, moderate protein-calorie malnutrition, extrapyramidal and movement disorder, gastro-esophageal reflux disease without esophagitis. R17's POS (Physician Order Summary) shows an order for Regular diet, Puree texture, thin liquids consistency, and that Dietician may order therapeutic diet. On December 21, 2025, at 11:43 AM, pureed meal trays that were plated in the kitchen was seen at the steam table in the Memory Care unit. R17's meal ticket showed large portions. R17's plate showed a large portion of pureed meat and a smaller portion of pureed vegetable and mashed potatoes. On December 21, 2025, at 12:00 PM, R17 was fed at nurses' station by V7 (Registered Nurse) and R17 ate 100% of her meal. R17's care plan revised September 29, 2025, included that resident had significant weight loss as evidenced by decrease in BMI [body mass index]. At risk of malnutrition related to weight loss, limited mobility & diagnosis of dementia as evidenced by MNA [Mini Nutrition Assessment] score of 8. Interventions included to provide variety of foods resident prefers, serve diet and mechanically altered texture, as per orders. Honor food and drink preferences/requests, as able. 2. R63's EMR included multiple diagnoses including unspecified psychosis not due to a substance or known physiological condition, personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits, vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. R63's POS showed that R63 is on Regular diet, Puree texture, thin liquids consistency and that Dietician may order therapeutic diet. On December 21, 2025, at 12:10 PM, R63's meal ticket showed Pureed meal, double portions and pre-plated meal from the kitchen only had double portion of protein, and one portion of sides mashed potato and pureed vegetables. R63 was fed by V10 (Certified Nursing Assistant) in dining room of the Memory Care unit and R63 ate 100%. R63's dietary care plan revised November 11, 2025, included that the resident is at risk of malnutrition related to limited mobility, need for mechanically altered texture and oral supplement, diagnosis of dementia & BMI < 21 (underweight) as evidenced by MNA score of 10. Interventions included to see meal tickets for current food and drink preferences/requests, provide between meal supplements/nourishment as prescribed by MD (Medical Doctor), provide diet and mechanically altered texture, as prescribed by MD. Monitor intake and record every meal, provide variety of foods resident prefers, Dietitian/Diet technician to evaluate and make diet and/or supplement change recommendations, as needed. On December 22, 2025, at 10:05 AM, at 1:38 PM and on December 23, 2025, at 11:00 AM, V6 (Dining Service Director) stated that on December 21, 2025, at the lunch meal, R17 had received a large portion of the meat only and not the sides and that R63 had only received double portion of meat and not the sides. V6 added that if it was double protein only, the recommendation would specify that. V6 stated that large portions were added as a food preference for R17 as she was reaching over to grab other resident's food. V6 added that the previous dietitian had made these recommendations, and the orders did not transfer over when they changed the EMR system. On December 22, 2025, at 12:53 PM, V5 (Dietitian) stated that double portions and large portions are of all food items unless otherwise indicated.		