

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/16/2025
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  3601 South Harlem Avenue Berwyn, IL 60402	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>41156</p> <p>Based on interviews and record review, the facility failed to follow their Laboratory Specimens policy. Facility failed to send urine specimen labeled and with requisition, resulting in laboratory unable to process Urinalysis and Culture/Sensitivity test. This deficiency practice affects one resident (R1) of three residents reviewed for quality of care.</p> <p>Findings Include:</p> <p>R1 admitted in the facility on 8/10/23. BIMS of 15 (Intact Cognition)</p> <p>On 1/14/25 at 11AM, R1 stated that her urine sample was taken twice in the facility, does not recall exactly when in December. The urine sample was taken the same day R1 reported an odor in her urine. First urine sample, R1 was informed that the urine sample was not labeled. And then the second sample was taken, and R1 was informed by the NP, saying that the urine sample says the lab received it, however no result can be found. Stated that NP suggested for a third specimen, R1 refused and decided to go to this primary physician in the community. Stated January 2nd R1 went to doctor's appointment. Specimen taken on this appointment and days later her primary called R1 to inform R1 that they submitted antibiotic medication order to her pharmacy for the diagnosis of Urinary Tract Infection.</p> <p>Physician Order Sheet reviewed and noted 2 orders for Urinalysis and Culture/Sensitivity, on 12/17/24 and 12/25/24.</p> <p>Laboratory Result reviewed and noted 12/17/24 that this was cancelled due to an unlabeled sample. Specimen collection will be rescheduled.</p> <p>Specimen on 12/25/24 was reads in part: problem requisition. Received urine -No requisition form received.</p> <p>On 1/15/25 at 12:05PM, V4 (Nurse Practitioner) stated V4 ordered Urinalysis and Culture/Sensitivity on 12/17/24 when seen R1. On 12/20/24, saw again for the same reason because per nursing report, the sample was collected and there was no label. Re ordered and the second urine sample and per nursing report that it was a requisition issue. V4 stated V4 met with R1 again, and V4 spoke to R1 and informed R1 and offered to get another sample, and hope they get the third sample right. However, R1 said she will just get the test done on the 2nd of January with her primary care provider.</p> <p>(continued on next page)</p>

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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/15/25 at 1PM, V5 (Lab representative) stated that in order for the lab to process the urine specimen, their expectation is for the facility to send the specimen with 3 identifiers. Labelled correctly and requisition present. Sample of 3 identifiers are name of resident, Birthdate, Physician's name and date of and time of collection.</p> <p>On 1/15/25 at 9:40AM, V2 (DON) stated that staff will collect the specimen, label it and call the lab, then lab will pick up the specimen. V2 stated that V2 was just made aware regarding the missing labs the day of the antibiotic was started which is the 7th of January. V2 stated that if V2 was made aware of the incident earlier, V2 would have done an in-service to educate the nurses of the proper labeling for the urine specimen before sending out a specimen to the lab.</p> <p>Laboratory Specimens Policy with a revision date of 9/2017, reads in part: To provide information on how to accurately collect laboratory specimens. Responsible party: all nursing staff. Guideline: An order is necessary for any lab specimen collection. A requisition should be completed on each lab specimen collected.</p>		