

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  12/22/2025
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)		
F 0921  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide a safe and sanitary environment to its residents by not cleaning up the mold in the shower room. This applies to 11 residents (R1-R11) reviewed for a safe, functional, and sanitary environment in a sample of 6. The findings include: R1 is a [AGE] year-old male having intact cognition as per the Minimum Data Set (MDS) dated [DATE] and was admitted with an admitting diagnosis including bipolar and anxiety. On 9/20/25 at 9:30 AM, observed R1 ambulate with a steady gait in his room and stated, Our common shower room is dirty with mold around it. I asked the housekeeping guy at the lobby to clean up and sanitize our shower room. V2 (Director of Nursing) said to me that there is no disinfectant available to clean up the shower room. On 12/20/25 at 10:05 AM, one south common shower room was observed with V6 (Licensed Practical Nurse / LPN). One south unit common shower room was observed with wet towels on the shower floor, with blackish colored mold buildup at the bottom of all four sides of the shower. On 12/20/25 at 10:05 AM, V6 stated that the housekeeping is supposed to clean up and sanitize the shower room. V6 also added that the maintenance department is responsible for replacing the broken hot water sink knob. On 12/20/25 at 10:30 AM, V2 (Director of Nursing / DON) stated, Our housekeeping is supposed to sanitize the shower rooms. Residents should have a mold-free environment. On 12/20/25 at 12:00 PM, V13 (Housekeeping Director) stated, My staff are supposed to clean the common shower room and sanitize. The shower room in one south unit had mold for a few weeks, and it was brought to my attention. We ordered disinfectant and are waiting for it to come to clean the shower room. R1 brought this issue to me on Thursday. The maintenance department is responsible for replacing the broken hot water sink knob in the common shower room in one south unit. On 12/20/25 at 9:10 AM, R2 stated, They need to clean up the shower room. Towels and linens were left in the shower room. Nobody is picking up. On 12/20/25 at 9:25 AM, R3 stated, They should clean up the mold in one south common shower room. They are not picking up the wet towels and linens from the shower room. We told the housekeeping, and they are not doing anything. A review of the facility presented an undated Daily Cleaning Procedure guidelines document: 5. Disinfecting Restroom Disinfect sink and shower, including pipes under the sink, mirror, and light above the mirror. On 12/22/25 at 11:10 AM, V1 (Administrator) stated, We have 11 independent residents (R1-R11) who would be able to use the common shower room in one south unit.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145070
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