

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Elmhurst Extended Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 East Lake Street Elmhurst, IL 60126	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews the facility failed to develop care plan interventions for a resident that refuses personal care and meals. This failure applies to 1 of 3 (R30) residents reviewed for care planning in a total sample of 15. The findings include: R30 is an [AGE] year-old male with a diagnosis history including Dementia, Protein Calorie Malnutrition, Depression, Anxiety Disorder, and Anorexia who was admitted to the facility 10/21/2024. On January 05, 2026 at 10:30 AM R30 was lying in his bed wearing a gown, with his hair extremely oily. R30 exhibited agitation when asked how he was feeling. On January 06, 2026 at 1:10 PM R30 was in his room lying in his bed with extremely oily hair and a thick large layer of white flakes on the front of his shirt. V7 (Certified Nursing Assistant) said the flakes are probably dandruff and she hasn't seen R30 showered since she started working at the facility three months ago. On January 06, 2026 at 1:23 PM V19 (Licensed Practical Nurse) said R30 consistently refuses showers. R30's point of care bathing reports from 12/10/2025 - 01/06/2026 shows missing information for bathing on most days and two refusals. R30's current care plan does not include interventions for refusing bathing/showering. On January 05, 2026 at 12:41 PM R30 was in his room not eating his lunch meal and said maybe he'll eat later. At 12:50 PM R30's meal tray was removed from his room and most of his meal was untouched. On January 05, 2026 at 1:05 PM V10 (Certified Nursing Assistant) said R30 is a very picky eater, when she asked if he was done eating, he said yeah, and she didn't ask if he wanted any alternative choices because usually if R30 wants something different he'll ask for it. V10 said R30 didn't eat any of his meal and has a poor appetite. On January 06, 2026 at 12:35 PM R30 was in his room eating a piece of bread and said he was not interested in eating the rest of his meal. R30's meal included turkey and gravy, baked sweet potato, peas, pumpkin mousse, and a dinner roll. On January 06, 2026 at 1:03 PM V7 (Certified Nursing Assistant) removed R30's meal tray without offering alternative foods or cueing and prompting him to eat and only asking was he done with his meal. R30's meal was untouched. V7 said she didn't ask R30 if he wanted any other alternative foods, he doesn't eat much and just drinks a lot. R30's Nutritional Risk assessment dated [DATE] shows he is underweight, with increased nutritional needs for underweight status. R30 would benefit from gradual weight gain. R30's current care plan does not include interventions for refusing meals. On January 07, 2026 at 1:41 PM V25 (Minimum Data Set Coordinator) said the dietitians implement and are responsible for nutrition care plans. V2 (Director of Nursing) said there should be personalized care plan interventions in place to encourage residents to participate in bathing and grooming, refusals should be care planned and there should be interventions in place to address refusal of bathing and grooming. V1 (Administrator) said appropriate interventions for refusal of bathing and grooming would include preferences of bathing times, toiletries, days, and family support which V2 agreed with. On January 07, 2026 at 2:08 PM V3 (Administrator) said that according to V26's (Dietitian) progress notes R30 is at high risk for</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>malnutrition, R30 averages 50-75% meal intake, and 25% of the time R30 eats less than 50% of his meals. V2 (Director of Nursing) said he believes R30 has a history of refusing meals, R30 should have personalized care plan interventions in place to maintain good food intake. V3 said it is important that R30 maintains good food intake. V2 said personalized nutrition interventions for R30 due to poor food intake may include preferences on mealtimes, and offering snacks from the nursing station. The facility's Care Planning Policy received 01/07/2026 states: A resident care plan is a tool to guide all health personnel, residents, and families/resident representatives in seeking out and attempting to fulfill the total needs of the resident and aid in understanding him/her as a unique person with specific problems, needs, goals and interventions. Objectives include: To provide the resident with more complete care. To help staff become more conscious of the resident's total needs. To assist the resident (to) overcome any problems encountered and in setting his goals. To assist in the prevention of unnecessary problems. Purposes include: To provide a plan of care that is oriented to each resident. To develop an awareness of each resident and their needs list (including): Physical, Medical, Mood/Behaviors, Nutritional, Choices. Resident should have individualized interventions. Approaches to problems should be specific to the resident.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide hygiene/grooming care for residents who require assistance with activities of daily living (ADL) care. This applies to 4 of 6 residents (R20, R30, R36, R38) reviewed for ADL care in the sample of 15. The findings include: 1. Face sheet shows R20 is 60 years-old who has multiple medical diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, and muscle wasting and atrophy, not elsewhere classified, multiple sites. R20's Minimum Data Set, dated [DATE], shows R20 is alert and oriented, and requires extensive assistance to total dependence on staff for ADL care.</p> <p>On January 5, 2026, at 10:36 AM, R20 was resting in bed, displaying long dirty fingernails with brown/black substances underneath nails, and unkept facial hair (beard and mustache).</p> <p>On January 6, 2026, at 10:12 AM, R20 was resting in bed. R20 remained with long dirty fingernails and unkept overgrown facial hair (Beard and mustache), and his eyes were crusty R20 said he wanted someone to clip his nails and trim his facial hair.</p> <p>2. Face sheet shows R36 is 64 years-old who has multiple medical diagnoses including Parkinson's disease and abnormalities of gait and mobility. R36's MDS shows he is alert and oriented</p> <p>On January 5, 2026, at 10:52 AM, R36 was sitting on his wheelchair in the dining room, wearing dirty red shirt and blue joggers which were stained with unidentified substance and crumbs all over. R36 had long uneven fingernails dirty fingernails with black/brown substances underneath nails, and unkept facial hair.</p> <p>On January 6, 2026, at 10:10 AM, R36 was in the dining room and wearing the same dirty stained red shirt and blue joggers. R36 remained with long dirty fingernails and unkept overgrown facial hair (beard and mustache). R36 said it would be nice if staff would clip his nails and trim his facial hair.</p> <p>On January 6, 2026, at 2:17 PM, R36 remained with unkept facial hair and long dirty fingernails. R36 stated that he can't trim or shave his facial hair and can't his own nails, he needs a staff to do it for him.</p> <p>On January 6, 2026, at 2:15 PM, V29 (Certified Nursing Assistant/CNA) stated that R36 used to be more independent but now he requires assistance with grooming and hygiene because his condition has been declining.</p> <p>3. Face sheet shows R38 is 85 years-old who has multiple medical diagnoses including vascular dementia and abnormalities of gait and mobility. MDS dated [DATE], shows, R38 has severe cognitive impairment and requires maximum assistance with ADL care.</p> <p>On January 6, 2026, at 10:30 AM, R38 was in the dayroom attending groups. R38 displayed overgrown facial hair/whiskers on her chin and wearing soiled pants stained with unidentified substance.</p> <p>On January 6, 2026, at around 1:10 PM, R38 was observed in the hallway just outside the second-floor dayroom, she was still wearing the same soiled pants.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On January 6, 2026, at 5:13 PM, V2 (Director of Nursing/DON) stated that staff are expected to provide grooming and hygiene to residents including clipping their nails, trimming or shaving facial hair, and ensure that residents are wearing clean clothes to promote comfort and dignity.</p> <p>4. R30 is an [AGE] year-old male with a diagnosis including Dementia, Protein Calorie Malnutrition, Depression, Anxiety Disorder, and Anorexia who was admitted to the facility 10/21/2024.</p> <p>On January 05, 2026, at 10:30 AM R30 was lying in his bed wearing a gown, with his hair extremely oily.</p> <p>On January 06, 2026, at 1:10 PM R30 was in his room lying in his bed with extremely oily hair and a thick large layer of white flakes on the front of his shirt. V7 (Certified Nursing Assistant) said the flakes are probably dandruff and she hasn't seen R30 showered since she started working at the facility three months ago. On January 06, 2026, at 1:23 PM V19 (Licensed Practical Nurse) said R30 consistently refuses showers.</p> <p>R30's point of care bathing reports from 12/10/2025 &ndash; 01/06/2026 shows missing information for bathing on most days and two refusals.</p> <p>R30's current care plan shows he needs supervision or touching assisting for showering or bathing.</p> <p>On January 07, 2026, at 1:41 PM V2 (Director of Nursing) said there should be personalized care plan interventions in place to encourage residents to participate in bathing and grooming, refusals should be care planned and there should be interventions in place to address refusal of bathing and grooming. V1 (Administrator) said appropriate interventions for refusal of bathing and grooming would include preferences of bathing times, toiletries, days, and family support which V2 agreed with.</p>		