STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145219	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Burgess Square Healthcare Ctr	5801 South Cass Avenue Westmont, IL 60559

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food was prepared under sanitary conditions and the kitchen was maintained in a clean and sanitary condition. The facility failed to ensure dietary staff utilized hair restrains while preparing food. This failure applies to all 136 residents in the facility. The findings include:On September 29, 2025, at 9:15 AM, V10 (Dietary Aide) walked through the kitchen while assisting with dishwashing, with her hair not completely covered and a large amount of hair exposed from the front and sides of her hairnet. V9 (Dietary Manager) tested the sanitizer levels in the three-compartment sink being used to clean dishes with a result of 150 ppm. On September 30, 2025 at 10:08 AM, V11 (Cook) tested the sanitizer levels in the three compartment currently being used to clean dishes to be between 0 - 150 PPM. V9 said dietary uses Quaternary sanitizer and the levels should be between 200 and 300 parts per million for proper sanitation. On September 30, 2025, at 9:41 AM, V11 (Cook) prepared food, with her hair not completely covered, and exposed from the front and sides of her hairnet. On December 01, 2025, at 10:33 AM, V13 (Cook) prepared burgers in the kitchen with hair not completely covered and hair exposed from front, sides, and back of her hairnet. V19 (Dietary Aide) prepared fruit cups, with hair not completely covered by and hair exposed from back of hairnet. On September 30, 2025, at 10:04 AM, V10 (Dietary Aide) walked through the kitchen while assisting with dishwashing, with her hair not completely covered and a large amount of hair exposed from the front and sides of her hairnet. On September 30, 2025 at 9:53 AM, paint was noted to be peeling and bubbling around the vent located above the main kitchen food prep table being used consistently to prepare food, and had several uncovered cups V11 (Cook) said was being used to prepare fruit cocktail; alarm system ceiling panel directly above the main food prep table with heavy presence of dust around the lining and on the surface of the panel and dust hanging from it with air from the adjacent vents blowing the dust; large gray vent located directly above the main food prep table and blowing air with heavy presence of dust surrounding surface; large white vent located adjacently above the main food prep table and blowing air with heavy presence of dust throughout surface; and cracked and peeling paint on the ceiling near the steam table. On September 30, 2025 at 10:00 AM, a large blender was being used by V11 (Cook) to make mechanical breakfast sausages, with heavy presence of food particle buildup on base. On December 1, 2025 at 10:33AM, the main kitchen food prep table where mechanical soft, pureed burgers, melons, and other food items were being prepared had two large vents blowing air with heavy presence of dust and particles throughout the surface of the vents, and a large ceiling panel with presence of dust and particles throughout the surface. V14 (Dietary Aide) prepared juices with hair not completely covered and hair exposed from sides and back of hat. V12 (Dietary Aide) rolled silverware for meal service with hair not completely covered and hair exposed from the sides and back of hairnet. V11 (Cook) tested the sanitizer levels of the three-compartment sink being used to clean dishes at 150 PPM; V11 said she would change the sanitizer solution. On December 01, 2025 at 10:42 AM, an uncovered personal mug holding a hot beverage was sitting on top of the kitchen meat slicer base that was partially covered with plastic. On December 02, 2025 at 12:37 PM, V9 (Dietary Manager) said ideally hair should be completely covered by a hair covering, V9 believes hair coverings (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	in the kitchen are not required in Dupage County, but V9 will have to check the facility's policies regarding hair coverings. V9 stated there is a weekly cleaning schedule and there is also daily cleaning schedule. Ideally, there shouldn't be any visible signs of dust and particles on the vents over the food prep table; the vents are active and the dust and particles could get into the food. V9 could see the heavy dust and particles on the vents and ceiling panel above the food prep table and said he wasn't sure if the kitchen or maintenance staff are responsible for cleaning those areas. V9 confirmed the small blender is used for food prep and said the base should not have food substance or particle buildup. V9 confirmed the presence of food substance and particles on the base of the small blender and said this could indicate it was not cleaned properly. On December 03, 2025, at 9:19 AM, V9 (Dietary Manager) said he tries to encourage staff not to keep personal beverages in the kitchen; it's obviously a sanitation issue, and should be covered. V9 also added that the peeling and bubbling paint in the kitchen should be repaired, as this could potentially contaminate food. The facility's Kitchen Cleaning Policy and Procedures; received 12/02/2025 from the facility; documents:The Purpose of the policy is To ensure all food preparation and service areas in the facility kitchen are maintained in a sanitary condition, preventing foodborne illness, and ensuring compliance with state health regulations, and infection control standards. The facility will maintain a clean, sanitary kitchen environment at all times. During Food Preparation: Wipe spills immediately. Wash/rinse/sanitize utensils and equipment. The facility's Hair Covering Policy and Procedures received 12/02/2025 from the facility states:The purpose of the policy is To prevent contamination of food, food-contact surfaces, and equipment by ensuring that all individuals working in or entering dietary service areas wear appropriate hair restraints in accordance with federal, state, and local food safety regulations. All staff, contractors, volunteers, visitors, and inspectors who enter the kitchen, food preparation, dishwashing, or food storage areas must wear an appropriate hair covering (A device such as a hairnet, bouffant cap, chef hat, beard net, or head wrap) designed to secure hair that restrains hair and prevents shedding. Hats may be worn only if hair is fully restrained underneath. The facility's Sanitizer (QUAT) Policy and Procedures received 12/02/2025 from the facility states:The purpose of the policy is To ensure all food-contact and non-food-contact surfaces within the dietary department are properly sanitized using Quaternary Ammonium (QUAT) in accordance with manufacturer specifications, to prevent foodborne illness and environmental contamination. The facility will use an approved QUAT-based sanitizer in all food preparation, service, and ware washing areas at the proper concentration range specified by the manufacturer (typically 200-300 ppm, or as labeled). Sanitizer concentrations must be monitored and documented regularly to ensure effectiveness. The facility's Food Preparation Policy and Procedures received 12/02/2025 from the facility states:The purpose of the policy is To ensure that all food prepared and served in the facility is safe, sanitary, and compliant with federal, state, and local health regulations. All food preparation activities within the facility must be performed using safe food-handling practices to prevent contamination, foodborne illness, and compromised resident safety. No personal belongings, drinks, or food may be kept in prep areas.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow standard infection control practices regarding hand hygiene and gloving during provisions of perineum and wound care. The facility also failed to ensure the use of complete PPE (Personal Protective Equipment) for caring of residents who are on EBP (Enhance Barrier Precaution). This applies to 4 of 27 residents (R13, R20, R105, R152) reviewed for infection control in the sample of 27. The findings include: 1. R20's care plan, with a target date of December 1, 2025, shows R20 currently has an abscess to his right buttock. R20 has decreased mobility and requires assistance with ADL (activities of daily living) care. An EBP signage on R20's bedroom door was observed during this survey. On December 1, 2025, at 1:11 PM, V22 (Certified Nursing assistant/CNA) assisted R20 to the toilet. V22 placed a gait belt around R20's trunk, assisted R20 to transfer from wheelchair to the toilet, and pulled R20's pants down prior to sitting on the toilet. At 1:21 PM, when R20 finished using the toilet, V22 came back to help R20 wearing full PPE. V22 rendered peri-care to R20; she changed her gloves in between tasks multiple times without hand hygiene. On December 2, 2025, at 1:20 PM, V23 (Nurse) rendered wound care to R20. V23 stated R20's wound started as a cyst which later opened with a fistula. They inserted a tube in the fistula to drain the wound. V23 removed the soiled dressing, and it was wet with the discharged from the tube. V23 cleansed the wound with NSS (Normal Saline Solution), she applied Zinc cream and covered the wound with bordered foam dressing, while wearing the same soiled gloves. 2. On December 1, 2025, at 1:49 PM, V22 assisted R13 to the bathroom. After R13 used the toilet, V22 provided peri-care. V22 changed her gloves in between multiple tasks with no hand hygiene. On December 2, 2025, at 11:55 AM, V4 (Assistant director of Nursing/ADON/Infection Preventionist Nurse) stated when staff provides incontinence care they are to perform hand hygiene and change their gloves from dirty to clean tasks to prevent spread of infection. The staff are to wear complete PPE for resident who are on EBP. They should wear the PPE when they are giving direct care such as incontinence/toileting, transfers, and wound care to prevent spread of potential infection. 3. The EMR (Electronic Medical Record) showed R105 was admitted to the facility on [DATE], with multiple diagnoses including spinal stenosis, scoliosis, chronic kidney disease, and other abnormalities of gait and mobility. R105's EBP (Enhanced Barrier Precautions) care plan, dated August 30, 2025, showed, [R105] requires enhanced barrier precautions identified by: wounds including but not limited to: pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers. The care plan continued to show multiple interventions dated August 30, 2025, including, EBP is employed when performing the following high-contact resident care activities but not limited to: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator. On September 30, 2025, at 10:45 AM, V20 (Therapy Technician/Certified Nursing Assistant) was assisting R105 in the bathroom and transferring R105 back to her wheelchair. V20 was not wearing a gown or gloves. V20 said she was assisting R105 with toileting hygiene and transferring. R105's doorway had a sign displayed for Enhanced Barrier Precautions. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. R152's EMR (Electronic Medical Record) showed R152 was admitted to the facility on [DATE], with diagnoses that included displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing and retention of urine. R152's MDS (Minimum Data Set), dated September 29, 2025, showed R152 was cognitively intact. R152 was dependent on staff for toileting and required staff substantial/maximal assistance for showering/bathing. R152's care plan showed R152 had an indwelling urinary catheter related to recent surgery and acute urinary retention. Interventions included provide routine hygiene using clean technique of the urinary meatus during daily bathing/hygiene and cleanse the perineal area after each bowel movement using soap and water or a similarly gentle cleaning agent. To avoid contaminating the urinary tract, always clean by wiping away from the urinary meatus.Enhanced Barrier Precautions staff will utilize proper designated PPE such as: gown and glove use, and face protection as needed and adhere to other recommended infection prevention practices including but not limited to: performing hand hygiene, cleaning and disinfection of environmental surfaces and resident care equipment, proper handling of indwelling medical devices, and care of wounds for prevention of MDRO transmission per facility policy. On September 30, 2025, at 9:29 AM, R152 had a sign on her door that showed R152 was in EBP (Enhanced Barrier Precautions). V7 put on gloves without washing her hands or using hand sanitizer and V7 did not put on an isolation gown. V7 opened the incontinence brief and used a wipe to clean the right groin, left groin, and under R152's stomach fold with the same wipe. V7 pushed the incontinence brief through and had R152 turn onto her right side. R152 was not able to turn fully onto her right side and expose her buttocks V7 grabbed a new wipe with the same gloves she had cleaned the front area with and blindly reached her hand in and wiped the buttock area including in between the buttocks, using circular motions. V7 did not change gloves or use hand sanitizer. V7 had R152 turn onto her left side. R152 was unable to turn fully to expose her buttocks. V7 pulled out the old incontinence brief, and with the same gloves, used a wipe and reached her hand in and wiped in circles where she could reach on the buttock area and in between buttocks. V7 while wearing the same gloves, placed a new incontinence brief under R152, had her turn to her left side and pulled the incontinence brief through and fastened it. On December 2, 2025, at 10:08 AM, V2 (DON/Director of Nursing) said, If resident is on EBP (Enhanced barrier Precautions) and the staff will be providing direct care, they need to wear the appropriate PPE. They need to put on a gown, hand sanitize, and put on gloves, before starting care. When providing care, the staff should use a few washcloths, then dry the area, and inspect skin. Staff should change gloves multiple times during cleaning, use hand sanitizer, and put on new gloves or wash hands. Facility provided their September 1, 2022 policy titled, Policy and Procedure for Preventing the Spread of Multi-drug Resistant Organisms (MDROs) The policy showed, Tis policy and procedure is intended to provide guidance for PPE use and room restriction in nursing facilities for preventing transmission of MDROs.Enhanced Barrier Precautions: expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunistic for transmission of MDROs to staff hands and clothing. MDROs maybe indirectly transferred from patient to patient during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are especially high risk of both acquisition and colonization with MDROs. Examples of high-contact patient care activities requiring gown and glove use for Enhanced Barrier (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Precautions include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing of briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, wound care: any skin opening requiring a dressing. Facility provided their EBP sign that is placed on any room door where EBP are required. The sign identified what everyone entering the room must do: clean hands including before entering the room and when leaving the room. The sign identified what providers and staff must also do: wear gown and glove for the following high-contact resident care activities: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing of briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, wound care: any skin opening requiring a dressing. Facility provided their policy January 2025, and titled, Policy and Procedure: Handwashing and Hand Hygiene. The policy showed, Purpose: to prevent the spread of infection and ensure compliance with the CDC (Centers for Disease Control and Prevention), CMS (Centers for Medicare and Medicaid), and OSHA (Occupational Safety and Health Administration) guidelines by establishing proper practices for hand hygiene, including handwashing, use of alcohol-based hand rubs (ABHR), and correct glove removal in the nursing facility. Policy: 1. All staff and providers are required to perform hand hygiene according to CDC guidelines before and after resident contact, after contact with potentially contaminated surfaces, and after removal of gloves or PPE.5. Gloves are not a substitute for hand hygiene. Hands must be cleaned before putting on gloves and immediately after removing gloves. Glove Use and Removal: 1. Perform hand hygiene before donning gloves. 2. [NAME] clean gloves immediately before contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated surfaces. Indications for a hand hygiene: Before and after resident contact, before performing aseptic tasks (e.g., catheter care, dressing changes), after contact with blood, bodily fluids, or contaminated surfaces.after removing gloves or other PPE, and before entering and leaving the resident room.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to offer residents the updated 2025-2026 COVID-19 vaccine. This applies to 5 of 5 residents (R13, R39, R78, R97, and R112) reviewed for immunizations in the sample of 27. The findings include:1. R13's EMR (Electronic Medical Record) showed R13 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including dementia, chronic diastolic heart failure, hypotension, and paroxysmal atrial fibrillation. R13's Immunization Report, dated December 2, 2025, did not show R13 had received or was offered the updated 2025-2026 COVID-19 vaccine. The facility did not have documentation to show R13 was offered the updated 2025-2026 COVID-19 vaccine. 2. R39's EMR showed R39 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including paroxysmal atrial fibrillation, hypertensive heart disease with heart failure, and chronic diastolic heart failure. R39's Immunization Report, dated December 2, 2025, did not show R39 had received or was offered the updated 2025-2026 COVID-19 vaccine. The facility did not have documentation to show R39 was offered the updated 2025-2026 COVID-19 vaccine. 3. R78's EMR showed R78 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including Alzheimer's Disease, type 2 diabetes mellitus, and chronic kidney disease. R78's Immunization Report, dated December 3, 2025, did not show R78 had received or was offered the updated 2025-2026 COVID-19 vaccine. The facility did not have documentation to show R78 was offered the updated 2025-2026 COVID-19 vaccine. 4. R97's EMR showed R97 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including chronic obstructive pulmonary disease, chronic respiratory failure, seizures, hypertension, and acute upper respiratory infection. R97's Immunization Report, dated December 2, 2025, did not show R97 had received or was offered the updated 2025-2026 COVID-19 vaccine. The facility did not have documentation to show R97 was offered the updated 2025-2026 COVID-19 vaccine. 5. R112's EMR showed R112 was an [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including chronic diastolic heart failure, chronic kidney disease, and atrial fibrillation. R112's Immunization Report, dated December 2, 2025, did not show R112 had received or was offered the updated 2025-2026 COVID-19 vaccine. The facility did not have documentation to show R112 was offered the updated 2025-2026 COVID-19 vaccine. On December 2, 2025, at 1:43 PM, V2 (DON/Director of Nursing) said the facility follows the CDC (Centers for Disease Control and Prevention) guidelines for vaccinations. V2 said newly admitted residents to the facility are being offered the updated 2025-2026 COVID-19 vaccine. V2 said R12, R39, R78, R97, and R112 have not been offered the updated 2025-2026 COVID-19 vaccine because they all received or were offered the 2024-2025 vaccine in February 2025, and the COVID-19 vaccine is given yearly, so the residents are not due for another vaccine. The facility's policy titled Policy and Procedure for Monitoring Community Transmission of COVID-19, dated June 12, 2023, showed, Policy: It is the policy of [the facility] to closely monitor the community transmission of COVID-19 with the intention of mitigating the risk of an outbreak in the facility. b. Vaccinations: i. The facility will encourage residents, families and staff to remain up to date with COVID-19 vaccinations, including all eligible boosters. ii. The facility will offer vaccinations and boosters to residents and staff on a routine basis. The CDC's Recommended Adult Immunization Schedule for Ages 19 Years or Older, dated October 7, 2025, showed adults 65 years or older are recommended to receive two or more doses of 2025-2026 COVID-19 vaccine. The guidelines do not show to wait one year after 2024-2025 COVID-19 vaccine was received.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents were treated with dignity by maintaining adequate draping and privacy during personal care and assisting a resident in a dignified manner during feeding.This applies to three residents (R31, R107, and R152) reviewed for dignity in a sample of 27.The Findings include: 1.Review of the Electronic Medical Record (EMR) showed R31 is a [AGE] year-old female, with diagnoses including malignant neoplasm of the breast, major depressive disorder, muscle weakness, and basal cell carcinoma. R31's Minimum Data Set (MDS) assessment, dated August 5, 2025, indicated R31 is alert and cognitively intact. The MDS also showed R31 is totally dependent on staff for showering and personal hygiene. R31's care plan, dated November 3, 2025, documented R31 has a self-care deficit related to impaired mobility and requires staff assistance. On September 9, 2025, at 10:43 A.M., R31 was assisted into a wheelchair for a shower. R35 was propelled by V15 (Certified Nurse Assistant) through the residents' hallway to the shower room. Multiple staff and residents were present in the hallway. R31 was covered only with a small, folded blanket that did not fully cover the resident's chest and the side of the back area. At 10:45 A.M., R31 was again observed being transported by V15 via wheelchair back to the resident's room through the same hallway. R31 remained partially draped, with the chest area still exposed. When asked how R31 felt about being partially draped with portions of her chest and back exposed, R31 stated, I don't want my body to be exposed for everyone to see. R31 reported she was not aware that she was not fully covered and stated the CNA should have ensured she was properly draped. Review of the facility's policy titled Promoting Dignity, dated February 2020, showed:Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, feeling of self-worth, and self-esteem. 1. Residents are always treated with dignity and respect. 10. Staff promote, maintain, and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures. 2. R107's Face sheet shows R107 is 91 years-old, with multiple medical diagnoses including dementia, generalized weakness, and needs for assistance with personal care. On September 30, 2025, at 12:29 PM, during lunch time in the dining room, V21 (Certified Nursing assistant/CNA) was feeding R107 while she was standing. When V21 was asked if it's better for her to sit down while feeding R107, she (V21) stated it's better for her to stand because people tend to get lazy when sitting down. On December 2, 2025, at 12:04 PM, V4 (Assistant director of Nursing/ ADON/ Infection Preventionist Nurse) stated when staff are feeding residents in the dining room the staff must sit beside them to ensure resident is being fed in a dignified manner. Facility's Dining Policy and Procedure, dated April 2014, showed: The facility will provide dining (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	service to all resident in an environment that promotes a homelike atmosphere. This policy also shows a procedure that if a resident requires assistance with eating, the staff member will sit next to the resident. 3. R152's EMR (Electronic Medical Record) showed R152 was admitted to the facility on [DATE], with diagnoses that included displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing and retention of urine. R152's MDS (Minimum Data Set) dated September 29, 2025, showed R152 was cognitively intact. R152 was dependent on staff for toileting and required staff substantial/maximal assistance for showering/bathing. R152's care plan showed R152 was admitted to the facility after a hospitalization with self-care deficit, requiring assistance from staff for ADL (Activities of Daily Living) care. On September 30, 2025, at 9:29 AM, V7 (CNA/Certified Nurse Assistant) was in the room getting R152 ready for physical therapy. R152 was in the first bed closest to the door. There was a roommate who had a personal caregiver on the other side of the room. The center privacy curtain, located between the two beds, was pulled to provide privacy between the residents. The other privacy curtain was by the room door and had not been extended around R152's bed, allowing anyone who opened the room door or who walked past R152's bed, to see the care being provided to R152. V7 had R152 lying in the bed with her hospital gown pulled up to her waist exposing her incontinence brief, which V7 opened to provide indwelling urinary catheter care. During this care, someone knocked on the door and opened it right away. They did not enter but saw V7 providing care and left. At 9:44 AM, caregiver for resident in the second bed left the room and came back; she opened the door and R152 was sitting on the side of the bed with nothing covering her breast. R152 put on her own bra. V7 helped R152 with her shirt. R152 said, I wish they would give me my dignity and not expose my nakedness to everyone who opens the door or walks into the room. On December 2, 2025, at 10:08 AM, V2 (DON/Director of Nursing) said before starting care, staff should pull the privacy curtain, close door, explain to resident what going to do, and provide dignity by covering the resident's areas not being washed.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to safely transfer residents. This applies to 2 of 2 residents (R5 and R105) reviewed for transfers in the sample of 27. The findings include:1. The EMR (Electronic Medical Record) showed R105 was admitted to the facility on [DATE], with multiple diagnoses including spinal stenosis, scoliosis, chronic kidney disease, and other abnormalities of gait and mobility. R105's MDS (Minimum Data Set), dated September 4, 2025, showed R105 was cognitively intact and required moderate assistance from facility staff to come from sitting to standing. R105's fall care plan, dated August 30, 2025, showed,Fall risk related to recent spinal fusion, required ADL (Activity of Daily Living) care assist, decrease in mobility, recent hospitalization, diuretic use, episodes of incontinence. The care plan continued to show multiple interventions, dated August 30, 2025, including, Monitor for safety with transfers and mobility while in room and other common areas. On September 29, 2025, at 11:06 AM, R105 was kneeling on the floor facing her chair. V18 (CNA/Certified Nursing Assistant) was holding R105 by the waistband of her pants. R105 did not have a gait belt in place. On September 30, 2025, at 10:52 AM, R105 said V18 was attempting to weigh R105 yesterday. R105 said V18 had R105 go back and forth between her chair and the scale, and R105's legs gave out, resulting in R105 kneeling on the floor. R105 said V18 did not place a gait belt on R105 when V18 was transferring R105 to the scale. R105 said she her foot hurt after the fall. On September 30, 2025, at 11:27 AM, V18 said she was weighing R105 yesterday. V18 said it was a chair scale with a platform and R015's feet were on the platform. V18 said V18 was bending down to move the scale platform to transfer R105 back to her chair and all of a sudden, R105 fell and was kneeling on the floor. V18 said she had taken the gait belt off of R105 to weigh he and had not placed the gait belt back on. On September 30, 2025, at 11:37 AM, V2 (DON/Director of Nursing) said V18 should have put a gait belt back onto R105 since she was done weighing R105 and ready to transfer R105 back to the chair. 2. R5's Electronic Medical Record (EMR) showed R5 is a [AGE] year-old individual, with medical diagnoses including congestive heart failure, coronary artery disease, peripheral vascular disease, and a history of coronary artery bypass grafting. R5 was admitted to the facility on [DATE], and was discharged home under hospice care on November 9, 2025. R5's MDS (Minimum Data Set) assessment, dated October 26, 2025, documented R5 had severe cognitive impairment and required total assistance from staff for transfers. The assessment indicated a mechanical lift device was to be used for all transfers. The care plan, initiated May 19, 2025, identified a self-care deficit related to impaired mobility post-hospitalization, and specified R5 required staff assistance for mobility-related tasks including transfers. On September 30, 2025, at 10:55 A.M., R5 was transferred from the bed to a reclining wheelchair using a mechanical lift device. The transfer was performed by V17 (Certified Nurse Assistant/CNA) with (continued on next page)

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	145219	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Burgess Square Healthcare Ctr	5801 South Cass Avenue Westmont, IL 60559

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	assistance from V16 (R5's private caregiver). Both individuals reported this was not the first time they had transferred R5 using the mechanical lift device. However, V16 stated she had not received training on the operation of the mechanical lift. On September 30, 2025, at 3:55 P.M., V2 (Director of Nursing) confirmed V16 was not authorized to participate in any transfer involving the mechanical lift device. V2 stated untrained individuals are not permitted to assist with mechanical lift transfers due to the risk of injury or accident. The facility's policy. dated February 2017, titled Policy and Procedure on Safe Lifting and Movement of Residents, states the following: -The facility will use appropriate techniques and devices to ensure resident safety during lifting and movement. -Manual lifting of residents is to be eliminated when feasible, and mechanical lift devices are required for heavy lifting or when necessary for resident care. -Only staff with documented training in the safe use and care of mechanical lift equipment are permitted to lift or move residents. -Staff must be regularly observed for competency in using mechanical lifts and for adherence to established safety procedures. -Safe lifting and movement of residents is part of the facility's employee health and safety program, which engages staff in identifying problem areas and implementing safety and injury-prevention strategies.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed provide catheter and peri-care in a manner that would prevent urinary tract infection (UTI).This applies to 2 of 4 residents (R20, R152) reviewed for perineum and catheter care in the sample of 27. The Findings include: 1.R20's Face sheet shows R20 is 79 years-old who has multiple medical diagnoses including hemiplegia affecting left non-dominant side, reduced mobility, and personal history of urinary tract infection (UTI). R20's Minimum Data Sheet (MDS), dated [DATE], shows R20 requires assistance with toileting and hygiene and is incontinent of bowel and bladder. On September 30, 2025, at 1:41 PM, V22 (Certified Nursing Assistant/CNA) assisted R20 to the toilet R20 and removed R20's soiled incontinence brief. After R20 completed using the toilet, V22 assisted R20 to get up and proceeded to wipe/clean R20's back perineum only. V22 placed a new incontinence brief to R20 without cleaning R20's groins and frontal perineum. On December 2, 2025, at 12:02 PM, V4 (Assistant director of Nursing/ADON/ Infection Preventionist Nurse) stated when providing peri-care the staff must clean from front to back of the perineum and thoroughly clean every area that could be contaminated or soiled to prevent infection, skin breakdown and promote hygiene. Facility's Perineal Care policy and procedure, dated September 27, 2023, showed, The purpose of this procedure is to provide cleanliness and comfort to the resident, to prevent infection and skin irritation, and to observed resident's skin condition. Procedure for male resident: 17. Wash the perineal area including the penis, scrotum, and inner thighs. 2. R152's EMR (Electronic Medical Record) showed R152 was admitted to the facility on [DATE], with diagnoses that included displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing and retention of urine. R152's MDS (Minimum Data Set), dated September 29, 2025, showed R152 was cognitively intact. R152 was dependent on staff for toileting and required staff substantial/maximal assistance for showering/bathing. R152's care plan showed R152 was admitted to the facility after a hospitalization with self-care deficit, requiring assistance from staff for ADL (Activities of Daily Living) care. R152 had an indwelling urinary catheter related to recent surgery and acute urinary retention. Interventions included provide routine hygiene using clean technique of the urinary meatus during daily bathing/hygiene and cleanse the perineal area after each bowel movement using soap and water or a similarly gentle cleaning agent. To avoid contaminating the urinary tract, always clean by wiping away from the urinary meatus. On September 30, 2025, at 9:29 AM, V7 (CNA/Certified Nurse Assistant) V7 was putting on R152's pants. The pants were around both ankles and V7 was starting to pull her pants up. V7 said she was about to do catheter care. R152 stated she can't remember anyone cleaning around her catheter tube. (continued on next page)

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	V7 did not remove R152's pants and put on gloves without washing her hands or using hand sanitizer. V7 used a wipe to clean the right groin, left groin, and under R152's stomach fold with the same wipe. V7 was not able to spread R152's legs because of R152's pants being around her lower legs. V7 never spread the labia and did not touch the indwelling foley catheter tube or clean around the catheter insertion. On December 2, 2025, at 10:08 AM, V2 (DON/Director of Nursing) said, Before starting care, staff should wash hands or use hand sanitizer and put on gloves. When getting ready to do catheter care, staff need to remove any clothing they have on the lower half of their body. The staff should clean from the inner area to outer area using a few washcloths, then dry the area, and inspect skin. When cleaning, they should wipe from front to back and if female, they must spread the labia and hold catheter tube while cleaning away from resident. Staff should change gloves multiple times during cleaning, use hand sanitizer, and put on new gloves or wash hands before moving to another area. Facility provided their policy, dated June 4, 2023, and titled, Urinary Catheter Care Policy and Procedure. which showed, Infection control: 2. Maintain a clean technique when handling or manipulating the catheter, tubing, or drainage bag. a.Routine hygiene (e.g., cleansing of the meatal surface during daily bathing or showering) is appropriate.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility failed to administer medications as ordered and following standards of care and facility policy. There were 25 medications and 3 errors resulting in a 12% medication error rate. This applies to 1 of 4 residents (R65) reviewed for medication administration in the sample of 27.The findings include:On September 30, 2025, at 9:45 AM, V5 (Nurse) administered multiple medications to R65 including Fluticasone Vilanterol inhaler, Tiotropium Bromide Inhaler, and Mucinex ER (Extended-Release) tablet. V5 administered the two inhalers one after another in less than a minute. V5 also crushed the Mucinex ER when she gave it to R65. On December 2, 2025, at 2:09 PM, V2 (Director of Nursing/DON) stated, <edications that are ER (Extended-Release), or DR (Delayed-Release) should not be crushed because it affects the effect of the medication. Crushing these medications causes immediate release effect in what supposed to be an extended release. V2 also stated when administering inhaler medications, there should be more than a minute in between inhalations, whether it is the same medication or different medications, to give enough time for each dose to be absorbed in the lungs. Facility's policy and procedure for administering Medications, dated December 2020, shows: Medications are administered in a safe and timely manner, and as prescribed. This policy also shows.Implementation and interpretation: 25. Medication can only be crushed if indicated in the medication order. If the manufacturer states that the medication should not be crushed (for example, long acting or enteric coated medications), the nursing staff and/or pharmacist must notify the attending physician to identify an alternative medication and/or dosage form. Facility's policy and procedure for Administering Medications through a Metered Dose Inhaler, dated October 2010, shows: The purpose of this procedure is to provide guidelines for the safe administration of inhaled medications. This policy also shows.Procedure: 11. Allow at least one (1) minute in between inhalations of the same medication and at least (2) minutes between inhalations of different medications.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were offered the pneumococcal vaccine. This applies to 2 of 5 residents (R13 and R78) reviewed for immunizations in the sample of 27. The findings include:1. R13's EMR (Electronic Medical Record) showed R13 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including dementia, chronic diastolic heart failure, hypotension, and paroxysmal atrial fibrillation. R13's Immunization Report, dated December 2, 2025, showed R13 received the PCV13 (Pneumococcal Conjugate Vaccine 13-Valent) on November 16, 2022. The facility does not have documentation to show R13 was offered additional pneumococcal vaccines. 2. The EMR showed R78 was a [AGE] year-old resident admitted to the facility on [DATE], with multiple diagnoses including Alzheimer's Disease, type 2 diabetes mellitus, and chronic kidney disease. R78's Immunization Report, dated December 3, 2025, showed R78 received the PCV13 on December 1, 2015. The facility does not have documentation to show R78 was offered additional pneumococcal vaccines. On December 2, 2025, at 1:43 PM, V2 (DON/Director of Nursing) said the facility follows CDC (Centers for Disease Control and Prevention) vaccination timing recommendations. V2 said R13 and R78 should have already been offered an additional pneumococcal vaccine. The facility's policy titled PNEUMONIA VACCINE POLICY, dated 7-2023, showed, Purpose: To provide for the administration of the Pneumococcal Vaccinations. Policy: It is the policy of [the facility] that each resident or resident's legal representative be provided with information published by the CDC and written consent obtained prior to administration of the Pneumococcal Vaccinations. The vaccinations will be offered and administered to all qualifying residents. The Pneumococcal Vaccines will be re-offered at later dates for those who refuse. Adults 65 years or older complete pneumococcal vaccine schedules, prior vaccine PCV13 only at any age, Option A after one year or more PCV20 (20-valent Pneumococcal Conjugate Vaccine). Option B after one year or more PPSV23 (Pneumococcal Polysaccharide Vaccine).