

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 North Jane Elgin, IL 60123	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide an appropriate size bed to meet resident needs. This applies to 1 of 3 residents (R70) reviewed in a sample of 37. The findings include: On 9/2/25 at 1-1:38 AM, R70 was lying in bed in bed with an overhead trapeze (mobility device made of metal) hanging above his head. R70's bed was perpendicular to the bed of his roommate (R69), who happens to be his mother. The right side of R70's bed was flush against the wall with his feet facing R69. R70's feet were pressed against the footboard and, the right side of his face and body was pressed against the wall. R70 stated, look at me, I'm pinned against this wall; I don't have enough space to turn. I'm too tall for this bed. R70 stated he had requested for his bed to be positioned parallel to R69's so they could talk, and he could watch television without having to turn his neck. He also stated that he is a big guy and had previously requested a bigger (longer and wider) bed. According to R70, he also requested that his overhead trapeze be removed, and that side rails or enablers be placed for easier bed mobility. He explained that he is unable to sit up in bed because the trapeze hits his face when he is upright. At the time of observation, R70's bed was elevated at approximately 45 degrees, and the overhead trapeze was about three inches away from his head. R70's care plan, reviewed on 9/2/25, directs staff to utilize person-centered care models that afford (R70) as much initiative, control, and self-determination as possible to address his physical, psychological, and social needs. Care plan interventions dated 6/5/25 include: 1) Elevate the head of the bed to a 90-degree angle (to prevent shortness of breath related to his asthma diagnosis); 2) Encourage correct positioning (to promote comfort and to prevent muscle and joint strain); and 3) Offload R70's heels (to prevent pressure injury). At the time of the survey, R70's EMR (Electronic Medical Record) did not reflect behaviors or refusal of interventions. The EMR showed his weight as 240.6 lbs. (pounds) taken on 9/1/25 and a height of 74 inches (entered on 6/4/25). On 9/4/25 at 11:45 AM, V2 (Director of Nursing) stated that the facility does not have a specific policy outlining criteria for when to provide residents with bariatric beds. V2 explained that, since the facility does not use specific height or weight parameters, residents are provided with bariatric beds on a case-by-case basis. V2 stated she had just come from R70's room and, based on her assessment a few minutes ago, R70's current bed was appropriate for his height and weight. According to V2, R70 did not require a different type of bed-whether longer, wider, or both-at this time. V2 and V3 (Assistant Director of Nursing) were unable to provide the actual measurements or manufacturer's guidelines for R70's bed. On 9/4/25 at 12:52 PM, R70 was lying in bed while watching television. A label located on the lower left side of the bed listed the manufacturer as Basic American Products, with serial number 12020004833 and model number [PHONE NUMBER]-064020. The model specifications reflect a total bed length of 76 inches. R70's height is documented as 74 inches, providing approximately 2 inches of clearance.</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: 145308	Facility ID: 145308 If continuation sheet Page 1 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 North Jane Elgin, IL 60123	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe and homelike environment. This applies to 1 of 1 resident (R179) reviewed for environment in a sample of 37. The findings include: On 9/03/2025 at 8:55 AM, R179 stated, My window is broken, the bottom half part. Do you see all the sharp pieces? R179 stated that the window has been broken for the past 2 years. He stated that he told everyone, but no one has done anything. R179 stated he used to feed the birds, but because of the broken glass he doesn't want to cut his hands. R179's MDS (Minimum Data Set) dated 8/20/25 shows that he is cognitively intact. R179's window had a broken bottom half with jagged and sharp edges where the damaged glass was exposed. There was a piece of cardboard on it. On 9/03/2025 at 11:57 AM, V4 (Maintenance Director) stated he has been working in the facility for two years. He stated he didn't see a work order for R179. V4 stated that R179 never told him anything about his window being broken. V4 stated, It might have been broken before I got here. On 9/3/25 at 12:10 PM, V4 stated that he talked to one of the housekeepers. He said that housekeeper told the housekeeping director about the broken window a week ago but failed to tell him. Facility's policy titled Preventative Maintenance Program (4/21/21) shows: 3. Preventative Maintenance Program will review the following areas during random rounds: 5. All facility areas are kept clean and in safe condition.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 North Jane Elgin, IL 60123	
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 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 ADL (Activities of Daily Living) care for residents who need assistance. This applies to 4 of 4 residents (R26, R29, R53, and R59) reviewed for ADL's in a sample of 37. The findings include:1. On 9/03/2025 at 8:22 AM, R29 had a beard and mustache. He stated he wanted to be shaved. He said the CNAs (Certified Nursing Assistants) have no time to shave him. He preferred to be clean shaven.R29's face sheet shows diagnoses of bipolar disorder, anxiety disorder, major depressive disorder, and Parkinsonism. R29's MDS (Minimum Data Set) dated 6/11/25 shows that he has moderate cognitive impairment and needs partial/moderate assistance with personal hygiene. R29's care plan dated 7/24/25 shows that he has a self care deficit and requires assistance with ADL's to maintain the highest possible level of functioning.2. On 9/03/2025 at 8:39 AM, R53 had hair on her chin and above her lip. She said she wants to be shaved.R53's face sheet shows diagnoses of major depressive disorder. R53's MDS dated [DATE] shows that she is cognitively intact and needs set up or clean up assistance with personal hygiene. R53's care plan dated 8/7/25 shows that she has a self care deficit and requires assistance with ADL's to maintain the highest possible level of functioning.3. On 9/3/25 at 8:40 AM, R26 had long fingernails in both hands with a black substance underneath. R26 said she wanted her nails to be cut. She stated that the CNAs usually do it, but they were too busy the last time she asked.R26's face sheet shows diagnoses of major depressive disorder, recurrent severe without psychotic features, anxiety disorder, and Parkinsonism, unspecified. R26's MDS dated [DATE] shows that she is cognitively intact and needs supervision or touching assistance with personal hygiene. R26's care plan dated 12/13/24 shows she has a self-care deficit and requires assistance with ADL's to maintain the highest possible level of functioning.4. On 9/03/2025 at 8:50 AM, R59 had a beard and wanted to be shaved. He said staff are too busy to shave it for him.R59's face sheet shows diagnoses of bipolar disorder, unspecified, paranoid schizophrenia and generalized anxiety disorder. R59's MDS dated [DATE] shows that he is cognitively intact and needs setup or clean-up assistance with personal hygiene. R59's care plan dated 6/14/24 shows he has a self-care deficit and requires assistance with ADL's to maintain the highest possible level of functioning.On 9/04/2025 at 9:11 AM, V2 (DON-Director of Nursing) stated that CNA's are responsible for doing ADL's such as shaving and nail care during showers and as needed.Facility's policy titled ADL's (4/14/25) shows: To preserve ADL function, promote independence, and increase self-esteem and dignity. Interventions: Grooming-Maintaining personal hygiene including shaving and self-manicure (safety awareness with nail care) .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 North Jane Elgin, IL 60123	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents received oxygen therapy as ordered by physician. This applies to 2 of 3 residents (R130 and R69) reviewed for respiratory care in a sample of 37.</p> <p>The findings include:</p> <p>1. R130's Face Sheet shows a primary admission diagnosis of Chronic Obstructive Pulmonary Disease. R130 also has diagnoses of dependence on supplemental oxygen and congestive heart failure. R130's MDS (Minimum Data Set) dated 8/6/25 shows her cognition is intact. On 9/2/25 at 10:51 AM, R130 was observed using 4 liters of oxygen per nasal cannula connected to oxygen concentrator. R130's oxygen concentrator had the humidifier water and canister, but it did not have any tubing connecting the humidifier to the oxygen. R130 said the staff have not given her the tubing for the humidifier and told her they do not have the tubing. On 9/3/25 at 3:01 PM, R130 was again observed wearing her 4 liters of oxygen, off the concentrator, without any humidity. It was noted the humidifier canister was no longer on the concentrator and R130 said she still was not provided the tubing to connect the humidity to the concentrator. R130 said she had connected her nasal cannula to the humidifier instead of the oxygen concentrator in the past, and because she did not have the correct tubing, she was not getting any oxygen.</p> <p>On 9/4/25 at 12:24 PM, V7 (RN/Registered Nurse) said if a resident has a physician's order for humidified oxygen, they should be receiving it. V7 said R130 did not have her oxygen humidified because he did not know she had an order for humidified oxygen. V7 said the facility does not have respiratory therapists, the nurses do all of the respiratory therapy, but he was not sure were to obtain the tubing to attach the humidifier to the oxygen concentrator. On 9/4/25 at 12:53 PM, V2 (DON/Director of Nursing) said if the physician's order shows humidified oxygen, the resident should be getting their oxygen humidified. V2 said if the resident needs humidity and they are not getting it, they can get nasal dryness and irritation.</p> <p>R130's Care Plan dated 11/21/24 states R130 has altered respiratory function secondary to Chronic Obstructive Pulmonary Disease (COPD) and OSA (Obstructive Sleep Apnea). Interventions include administer oxygen continuously as ordered by physician. R130's POS (Physician Order Sheet) shows order dated 8/22/24 for oxygen 4 liters per minute humidified to keep oxygen saturation above 92%.</p> <p>The facility's policy titled, Oxygen Therapy dated 9/19 states, Objective: To administer oxygen in conditions in which insufficient oxygen is carried by the blood to the tissues. Procedure: 1. Explain procedure to patient and bring equipment to bedside. 5. Try to keep patient as comfortable as possible. 8. Give oxygen per physician order.</p> <p>2. R69's face sheet shows diagnoses including chronic obstructive pulmonary disease (COPD), chronic respiratory failure with hypoxia, R69's MDS dated [DATE] shows her cognition is intact. R69's POS (Physician Order Sheet) shows an order for oxygen at 3 liters per minute via nasal cannula as needed to keep oxygen saturation above 92%.</p> <p>On 9/2/25 at 11:30 AM, R69 was lying in bed watching television and receiving oxygen via nasal cannula at 5 liters per minute. The nasal cannula tubing was connected directly to the oxygen concentrator without a humidifier or adaptor. R69 stated that the higher flow of oxygen dries out her nose and</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 North Jane Elgin, IL 60123	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>affects her sinuses. She also stated that staff increases her oxygen flow rate from 3 liters to 5 liters per minute when she feels short of breath.</p> <p>On 9/4/25 at 11:50 AM, V2 said oxygen settings are based on physician orders as stated in the POS and humidifiers should be used for oxygen rates that are 5 liters per minute or more.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 North Jane Elgin, IL 60123	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Based on observation, interview and record review, the facility failed to safely store medications. This applies to 5 of 5 residents (R23, R75, R80, R89, and R140) reviewed for medication storage in a sample of 37.</p> <p>The findings include:</p> <p>1. On 9/2/25 at 11:22 AM R89 was observed resting in bed and said he had not been feeling well. A pill cup with medications was noted on his bedside table. At 11:26 AM R89's nurse, V7 (RN/Registered Nurse) entered R89's room and R89 told V7 he was still waiting for his cough medicine. R89 replied to V7, what about the pills? and pointed to the cup of pills left on the bedside table. On 9/2/25 at 11:29 AM V7 said the pills in the cup were all of R89's scheduled 10 AM medications that V7 left at R89's bedside.</p> <p>R89's MAR (Medications Administration Record) shows his 10 AM medications on 9/2/25 and reasons for taking each medication include:</p> <p>Clopidogrel/Plavix for heart arrhythmia, Furosemide/Lasix for high blood pressure, Loratidine for allergies, multivitamin, folic acid for supplement, Gabapentin/Neurontin for lumbar radiculopathy, Metoprolol for high blood pressure, and Venlafaxine for anxiety disorder.</p> <p>On 9/4/25 at 12:24 PM V7 (RN) said he should not have left medications at R89's bedside during medication pass because another resident could enter the room and consume those medications or the resident could end up not taking the medications until a later/off schedule time and it would be too close to the next medication administration time. V7 said if he brings medications in to a resident and they say they do not want to medications at that time, he should remove the medications from the resident's room and come back later to administer them. On 9/4/25 at 12:53 PM, V2 (DON/Director of Nursing) said medications should never be left at a resident's bedside because of safety reasons: we want to make sure no other resident will pick up the medications and take it for themselves and also that the medications are taken by the intended resident at the scheduled time. V2 said there are extra risks of dangerous side effects from the medications if taken by the wrong resident, such as bleeding with Plavix and low blood pressure with Metoprolol or Lasix. V2 also said the efficacy, or effectiveness of the medications will not be as good if the intended resident takes the medications later than scheduled.</p> <p>The facility's policy titled, Medication Administration Policy dated 8/15 states, Policy: I. Level of Responsibility: Medication Storage Areas (medication room, medication cart, and treatment cart) must be locked when not in use by authorized personnel .II. Administration of Medications: Medications must be administered in accordance with a physician's order at his/her discretion, e.g., the right resident, right medication, right dosage, right route, and right time.</p> <p>2. On 9/2/25 at 10:57 AM, R75 had a bottle of antifungal powder in front of his TV. He said he puts it on his feet as needed. R75's POS (Physician Order Sheet) had no order for antifungal Powder.</p> <p>3. On 9/2/25 at 10:05, R80 said she is recovering from respiratory infection. She had nasal spray on top of her drawers. She said the nurses do not want to keep it at their cart because she gets</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 North Jane Elgin, IL 60123	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>saliva and mucus on it when she uses it. R80 also had a bottle of antacid on her bedside on the right side of her bed. R80's POS shows an order for Nasal Suspension. One spray in both nostrils two times a day for allergies and antacid tablet chewable 500 mg, give two tablets by mouth every six hours as needed for heartburn.</p> <p>4. On 9/2/25 at 11:10 AM, R140 had an albuterol inhaler on bedside table on left side of his bed. He said he uses it when he needs to when he has a hard time breathing. R140's POS shows an order for Albuterol Sulfate Inhalation Aerosol Powder Breath activated. 2 puffs, inhale orally every four hours as needed for shortness of breath.</p> <p>On 9/4/25 at 9:09 AM, V2 (DON-Director of Nursing) said medications should be kept in the medication room or medication cart where it can be locked. She said she does not know of any resident who can keep medication by the bedside.</p> <p>5. On 9/02/2025 at 11:20 AM, on R23's bedside table, there was a tube of 1 oz (ounce) antifungal Cream 1% and a tube of 0.5 fluid oz of Medi-honey. R23 was not in her room.</p> <p>On 9/3/25 at 8:25 AM, R23 was in her room. R23 stated, Someone dropped of the antifungal cream here. I don't know whose it is. I don't use it. R23 stated the Medi-honey has been there for a while and she uses it for the wrinkles on her hands. R23's MDS (Minimum Data Set) dated 8/8/25 shows she is moderately impaired in cognition.</p> <p>Review of R23's POS (Physician Order Sheet) shows she has no orders for the antifungal or Medi-honey.</p> <p>Facility's Policy on Medication Administration dated 8/15 states the following: 1. Level of Responsibility Medication Storage Areas (medication room, medication cart, and treatment cart) must be locked when not in use by authorized personnel. This includes medications delivered from Consulting Pharmacy, brought in by Resident and/or Family or mail order delivery. All medications must be properly labeled with resident's name, dosage and frequency. Medications labeled Refrigerate must be kept in refrigerator. Multi-use vials and house stock liquids must be dated when opened. Authorized personnel include licensed nurse and the facility's pharmacists. Any other individual needing access to a medication storage area must be supervised by an authorized person while in the medication area.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 North Jane Elgin, IL 60123	
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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>Based on interview and record review, the facility failed to assist a resident in obtaining emergency dental services. This applies to 1 of 3 residents (R34) reviewed for dental services in a sample of 37. Findings include: On 9/02/2025 at 11:00 AM, R34 said he had ongoing right molar pain, 9 out of 10. R34 said he started to experience tooth problems in February 2025, when his tooth began to chip off. R34 said during his routine dental visit in February 2025, he was informed he needed a root canal extraction procedure to manage his tooth pain. R34 said his tooth was now more chipped and causing him more discomfort, especially when eating. R34 said he continuously tried to follow up with V6 (Social Worker) for assistance with his dental referral and was still waiting to receive an update. On 9/04/2025 at 11:00 AM, V6 (Social Worker) said he was responsible with assisting residents who required outside dental referral services, including for tooth extractions. V6 said he was informed in February 2025, regarding R34's needed dental procedure. V6 said based on R34's Medicaid insurance provider, he had difficulty assisting him with his dental care needs. V6 said he stopped assisting R34 because he was unsure how else to assist him with his referral. V6 said he asked R34 to contact his insurance directly for further assistance. V6 said he did not document in R34's EMR (Electronic Medical Record) regarding his dental referral attempts. V6 said he also did not discuss R34's dental needs with V1. On 9/03/2025 at 2:40 PM, V1 (Administrator) said all residents should be assisted with their dental services, including with outside specialty referrals regardless of their payer source. V1 said if needed, the facility was able to assist residents financially with their needed dental procedures to ensure they received proper oral care management. R34's Order Summary Report dated 9/04/2025 showed an active order for May receive services of dental and any other specialist as deemed necessary initiated on 10/24/2024. R34's infectious disease progress note dated 2/25/2025, said followed for dental procedure ppx. Patient was seen by dentist who prescribed him abx Amoxicillin 500mg TID x 7 days for right lower tooth infection, needing root canal pending insurance approval. Patient tolerating abx well, however pain still persistent. Patient has PRN Norco available for pain relief. Tooth chipped. Patient needs to follow up with the dentist for root canal. R34's EMR did not show any further progress notes regarding the facility staff following up or assisting him with his dental care needs. R34's EMR also did not include his dental consultation assessment report from February 2025 with his tooth extraction referral. The facility's policy titled Routine Dental Care undated, said Policy Statement Each resident will receive routine dental care. 1. The nursing care staff will conduct ongoing oral health assessments to assure that each resident receives adequate oral hygiene. 2. The attending physician will be notified of a resident's need for dental treatment and order dental consultation as appropriate. 3. The attending physician will include, as a part of his/her initial medical assessment an assessment of the resident's dental needs. Findings will be included in the resident's medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 North Jane Elgin, IL 60123	
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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>Based on observation, interview, and record review, the facility failed to remove expired food items from resident refrigerators and failed to provide a thermometer. This applies to 3 of 5 residents (R75, R110, and R181) reviewed in a sample of 37. The findings include:</p> <p>On 9/2/25 at 10:00 AM, initial tour of the first floor was conducted. The following observations were made:</p> <ol style="list-style-type: none"> On 9/2/25 at 10:57 AM, R75's fridge had two 15 oz cups of peach in his fridge. The peach cups expired on June 14, 2025. He said it is the cleaning lady who checks his fridge but is not done daily. On 9/2/25 at 12:21 PM, R110's fridge had expired half consumed vegan cream cheese. The vegan cream cheese expired on 5/15/25. She said she has not seen any staff cleaning her fridge in days. <p>On 09/3/25 at 12:21 PM, V5 (Housekeeping Director) said housekeepers are responsible for keeping the refrigerators clean. She said housekeepers should clean the refrigerators every day and dispose of expired foods. She said all expired foods should be thrown away for safety reasons.</p> <p>On 9/4/25 at 9:09 AM, V2 (DON-Director of Nursing) said it is the housekeeper's responsibility to clean the fridge and to get rid of expired food items.</p> <p>Facility's policy titled Food Brought in by Family or Visitors Personal Refrigerators (2017) documents: Refrigerators are cleaned regularly to maintain a safe and sanitary environment for food storage. Refrigerated foods that have been opened or left-over foods that are stored in the refrigerator will be marked with use-by date. The use-by date is six days from the day the food was opened or the day the left-over food was put in the refrigerator. Perishable foods are discarded on the sixth day after preparation/opening or on the expiration date.</p> <p>Facility's Policy titled Food Storage-Outside Sources (1/19) documents: : 3. Staff will be responsible for checking resident personal refrigerator daily for proper labeling, temperature recording and storage maintaining 34-40 degrees. 4. Facility staff will monitor resident rooms, resident personal refrigerators, unit pantries as well as facility refrigerators and freezers for food and beverage disposal needs for safety.</p> <ol style="list-style-type: none"> On 9/2/25 at 10:28 AM, R181's fridge had one 8 oz carton of milk and one 6 oz carton of Mighty Shake (fortified nutritional supplement). Both cartons had smudged expiration dates that were illegible. The contents of both cartons appeared white and curdled. There was no thermometer inside his fridge R181 said the facility does not check the temperature or contents of his refrigerator. 		