STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145324	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ascension Resurrection Place	1001 North Greenwood Avenue Park Ridge, IL 60068

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46344 Based on interview and record review, the facility failed to report an allegation of abuse in accordance with facility policy and procedure. The facility staff failed to report an allegation of abuse made by one resident (R52) to the abuse coordinator. Findings Include: R52 is a [AGE] year old female who resides in the facility with multiple diagnoses including but not limited to the following: disorder with mixed anxiety and depressed mood and dementia. Progress note dated 3/2/24 written by V17 (Registered Nurse) states in part but not limited to the following: R52 is alert and verbally responsive. R52 is complaining of the evening certified nursing assistant (CNA) removing her clothes, grabbing her, and walking with her. Informed to V1 (Administrator). Total body assessment done. No injuries noted. New order for urinalysis with culture sensitivity. On 4/29/24 at 3:35PM, V2 (Director of Nursing) said, there are no Facility Reported Incidents of abuse for R52 over the last three months. Facility Reported Incidents were reviewed dated October 2023-4/29/24. It is to be noted that no facility reported incidents for R52 were identified at this time. On 4/30/24 at 9:35AM, V1 told this surveyor that at no point was he made aware by V17 that R52 had alleged abuse on 3/2/24 and this is the first he is hearing about this incident. It is to be noted that V1 provided this surveyor with a facility reported incident dated 4/29/24 with an alleged abuse date of 3/2/24. Facility policy titled Abuse Investigation and Reporting with last revision dated of 07/2022 states in part but not limited to the following: All reports of resident abuse shall be promptly reported to local, state, and federal agencies and thoroughly investigated by community management. Facility policy titled Abuse Prevention with revision date of 06/2020 states in part but not limited to the following: Associates or person affiliated with this community who has witnessed or who believes that a resident has been a victim of mistreatment, abuse, neglect, or any other criminal offense shall immediately report suspected abuse or incidents of abuse to the Administrator or designee.

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50519 Based on interview and record review, the facility failed to follow their abuse policy by failing to immediately suspend a staff accused of physical abuse to a resident pending investigation. This failure affected one (R85) of two residents, who were reviewed for staff to resident abuse. Findings include: R85 is [AGE] years old male admitted to the facility on ,d+[DATE]/ 2023 with the diagnosis of right femur fracture, ribs fractures, T5-T6, T7-T8 vertebra fracture, Scapula and right shoulder fracture, Respiratory failure and history of Traumatic brain injury. Facility Reported Incident documents on 04/27/2024 around 11:40 am, V27 Resident Representative of R85 notified the nurse on duty that R85 informed them that one of the therapists hit R85 on their head while providing care on 04/22/2024. On 05/01/2024 at 9:55 AM R85 said, V14 (Physical Therapy Assistant) hit me on the back of the head. R85 said, I don't remember who I reported the incident to. On Saturday 04/27/2024, (V27) came to visit me and I reported the incident to her, and she reported to the facility. On 05/01/24 at 1:18 PM V14 (Physical Therapy Assistant) was interviewed regarding the 04/27/24 abuse allegation. V14 said, I was notified of the abuse allegation on 04/27/2024 afternoon. On 04/22/24, R85 was independently using therapy equipment in the gym and was listening to the television loudly. I was working in the gym with another patient 1-2 yards away from R85 and I asked him to lower the TV. I came to the building to meet with V2 (Director of Nursing) and provide my interview on 4/28/24 at 9:00AM. The next day 04/29/2024 I (V14) worked from 7:30 AM and left at 2:30 PM. On 05/01/2024 at 3:00PM V2 Director of Nursing said, I received a phone call at 12:00 PM on 04/27/2024 regarding the abuse allegation and immediately called V1 Administrator and notified him. I spoke with the nurse and gave directions to conduct a physical assessment for R85. I called V14 and I met her in front of the building on 04/28/2024 at 9:00AM. I interviewed V14 and received a written statement regarding the allegation. After the interview I sent V14 home and told her she was suspended until the end of the investigation. On 04/30/2024 At 02:58 PM V18 (Director of the Rehabilitation) provided the Facility In-Out (time sheet) for V14. V14 worked 04/29/2024 from 07:29 AM - 02:47 PM. V1 presented Policy Titled: Abuse Investigation and Reporting, dated 07/2024, reads: D. The Administrator or designee will suspend immediately any employee who has been accused. of resident abuse, pending the outcome of the investigation.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46344 Based on observation, interview, and record review, the facility failed to provide two residents (R22, R77) who were assessed with limited range of motion with restorative nursing services. This failure has the potential to affect all residents within the facility who are not receiving skilled therapy services. Findings Include: 1. R22 is a [AGE] year old male who resides in the facility with multiple diagnoses including but not limited to the following: anxiety depression, HTN, seizure disorder. On 4/29/24 at 11:15AM, R22 was interviewed regarding restorative therapy. R22 said, I barely ever get out of bed anymore and never receive any restorative therapy. My left leg is contracted and I never get any range of motion to this leg. I have never received any restorative therapy at all much less regarding my contractures. I would love to get out of bed more often but when I do get out of bed and into my chair, I have to sit there for upwards of eight hours. There is not enough staff to put me back to bed at a reasonable time and I have to sit in my chair for upwards of eight hours. This causes me to be extremely uncomfortable and causes me to have a lot of pain. 2. R77 is an [AGE] year old male who resides in the facility with multiple diagnoses including but not limited to the following: HTN, unsteady gait, developmental delay, dysphagia On 4/29/24 at12:05PM, R77 was observed sitting in wheelchair in hallway. R77 noted to be anxious and upset. R77 said he is upset because he is constantly just sitting in his chair, and he wants to walk. R77 said, he has discharged from therapy and since then, he is not doing anything. R77 said he is always in this 'dang chair' and wants to get out. R77's last day of therapy was 4/19/24. On 4/30/24 at 2:20PM, V2 (Director of Nursing) said, we currently do not have a restorative program at this time. On 5/1/24 at 12:26PM, V8 (Certified Nursing Assistant) says there is currently no restorative program within the facility. V8 said, the last time we had a restorative program was about six years ago. V8 said, Years ago I did actively work as a restorative aide, but I have transitioned to a regular CNA over the last six years since the restorative program has been non-existent in the facility. On 5/2/24 at 11:20AM, V18 (Director of Rehab) was interviewed regarding expectations of nursing staff after a resident discharges from therapy. V18 said, when a resident is discharged from therapy, the therapist typically recommends for restorative services. V18 said, Unfortunately, we do not currently have a restorative program within the facility. It would be the responsibility of the restorative program to ensure these residents did not have any decline in their functional status. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility policy titled Restorative Nursing with last review date of 12/2022 states in part but not limited to the following: Restorative nursing services are provided, per the resident's care plan, which promotes the resident's ability to adapt and adjust to living as independently and safely as possible, by enabling residents to attain and maintain their highest practicable level of physical, mental, and psychosocial functioning.

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F 0689 Level of Harm - 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** 40920 Based on interview and record review, the facility failed to adequately supervise one (R73) resident who has a history of falls and required staff supervision/assistance with all Activities of Daily Living (ADLs). This failure affected one resident (R73) of seven residents reviewed for accidents and resulted in R73 being diagnosed with a displaced nasal bone fracture. Findings include: R73 is a [AGE] year-old- female who was admitted to the facility on [DATE]. Past medical history includes, but not limited to, progressive supranuclear, dystonia, hyperlipidemia, unsteadiness on feet, need for assistance with personal care, anxiety, essential primary hypertension, etc. R73 has had three falls since January 2024. On 1/16/2024, R73 had an unwitnessed fall while at the nursing station. On 2/16/2024, R73 was found face down while at the nursing station and sustained some injuries on both knees, fall was unwitnessed. On 3/10/2024, R73 was found on the floor in activities room, was sent to the hospital and was treated for a minimally displaced nasal bone fracture. On 4/29/2024, R73 was observed in her room, awake and alert, but unable to answer any questions. Bilateral floor mats noted in the room. Oxygen concentrator noted at bedside but not connected toR73. No broader chair or Geri-chair noted in the room. On 4/30/2024 at 9:50AM, R73 was observed again in bed on a concave mattrass. R73 was lying on her back with floor mats on the floor. There was no wheelchair, broader chair or Geri chair noted inR73's room. Fall care plan dated 3/26/2023 stated R73 is at risk for fall related to decreased safety awareness. Interventions include closely monitor when in room, offer her to sit in recliner after lunch (6/24/2023), try to keep near nurses' station and keep her involved in things she likes. Minimum data set assessment (MDS) section GG (functional status) indicated R73 requires partial/moderate assistance to substantial/ maximal assistance from staff for all ADL needs. MDS section C: 2/6/2024 BIMS - 10 indicating cognitive impairment. Facility reported incident dated 3/15/2024 documented R73 was found on the floor on 3/10/2024 at 2PM. Upon head-to-toe assessment, R73 was having nose bleeding, first aid was provided, andR73 was sent to the emergency room and returned to the facility with a diagnosis of nose fracture, facility started an investigation. CT facial bones without contrast from the hospital dated 3/10/2024 showed a minimally displaced nasal bone fracture. Review of all staff statements indicated that no one witnessed the fall except the activity aide. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	On 05/01/24 at 11:25 AM, surveyor observed R73 in bed with the assigned nurse and V12 (R73's POA) at the bedside. V12 stated, she is usually at the facility every day and has a lot of issues with the care the R73 is receiving. V12 (POA) said, R73 had so many falls because the facility always put her in the activities room or the nursing station. V12 said, R73 likes to stay in her room and watch TV, but facility stated they do not have enough staff to watch her, and they do not provide 1:1 supervision. V12 said, she has consistently asked the facility to put R73 in a broader chair when she is out of bed instead of a regular wheelchair. The facility provided a broader chair for a while, and it disappeared. V12 said, the last fall R73 had with a nose fracture happened because the staff in activities room did not want to watch R73 and told the nurse to take R73 with her. V12 said the facility stated R73 jumped out of her wheelchair but R73 has unsteady feet and weakness in her lower extremity and there is no way she can jump out of her chair. On 05/01/24 at 2:33 PM, V2 (DON) said she is familiar with R73. R73 is unsteady, a high fall risk and requires 24 hours seven days a week 1:1 supervision. V2 said, one of the interventions the facility has in place for R73 is for her to be monitored closely. R73 is always at the nursing station or activities, but for some reason, R73 always falls when the staff is not looking. V2 said The staff can turn around and the next thing, R73 is on the floor. V2 added, R73 is not able to jump out of her wheelchair but tries to slide out of her chair. On 5/2/2024 at 10:13AM, V19 (C.N.A) said that she is familiar with R73, she is calm and sometimes tries to crawl out of bed. V19 said R73 is a fall risk and requires constant supervision. V19 stated R73 had three different fall incidents on 3/10/2024. The first time she slid out of her wheelchair to the floor while in the hallway. The second time, an activity staff saw R73 slid out of her wheelchair to the floor while at the nursing station and the third time R73 was found in the floor face down in the dining room. V19 added R73 was in a regular wheelchair for all the three incidents. On 05/02/24 at 10:26AM, V16 (Activity aide) said, she was in the activity room on 3/10/2024 when R73 fell and sustained an injury. V16 was watching R73 in activity and told the nurse that V16 could not watch R73. V16 said the nurse was leaving the room, R73 followed the nurse in her wheelchair and before V16 could reach R73, she fell face down from her wheelchair. V16 added, there were 20 to 25 residents in the activities room, and V16 cannot watch all of them. Fall policy provided by V2 (DON) with a revision date of 01/2026 states in its policy statement that the purpose of this procedure is to provide guidelines for evaluation of a resident in the event a fall occurred and to assist associates in identification of potential causes of the fall. Under policy details, the document states in part that the fall risk assessment form (or similar fall risk evaluation) should be utilized to complete the evaluation of the resident's potential for falls during the admission process. A licensed nurse shall observe clinical status for 72 hours after an observed or suspected fall, and document findings in the resident's clinical record. The falls should be reviewed at the daily stand- up meeting following the fall for identification of additional individualized interventions to reduce the risk of falls.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40718 Based on observations, interviews, and record reviews the facility failed to follow their policy and procedures for feeding assistance by not ensuring feeding assistance was provided for a resident at risk for weight loss who required extensive feeding assistance. This failure applies to one of four residents (R104) reviewed for nutrition. Findings include: R104 is a [AGE] year-old female with a diagnoses history of Malignant Pancreatic Cancer, Protein Calorie Malnutrition, and Need for Assistance with Activities of Daily Living who was readmitted to the facility 04/23/2024. On 04/29/2024 at 11:57 AM, observed R104 in her room lying in her bed sleeping. When asked by surveyor if she was ok or needed anything from the facility, R104 stated she needs a lot of things. V21 (Family Member) stated the staff just sits R104's meal tray down, leave it and walk away. V21 stated they never offer R104 meals at all or offer assistance with her meals. On 04/29/2024 from 12:09 PM - 1:27 PM Observed V8 (Certified Nursing Assistant) deliver R104's lunch tray and collect her breakfast tray. Observed R104's breakfast meal of hash browns, scrambled eggs, toast, Jello, oatmeal untouched. Observed R104's carton of 2% milk untouched. Observed R104's coffee cup empty. Observed V8 leave the room with R104's breakfast tray with no offer to assist her with her meal. Observed no CNA's offered to assist R104 with her lunch tray. Observed V21 begin assisting R104 with her lunch meal. On 04/30/2024 at 7:53 AM Observed 104 sleeping in her room with no breakfast meal tray present. On 04/30/2024 at 7:56 AM V21 (Family Member) stated, R104 has to leave for Chemotherapy in a half an hour. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/30/2024 at 8:02 AM Observed V19 (Certified Nursing Assistance) deliver R104's lunch meal tray to her room. Observed V19 greet R104 while she was lying on her side in bed and ask her if she would like to eat breakfast. Observed V19 ask V21 (Family Member) if R104 needs a new shirt, then begin raising her up out of bed. At 8:11 AM Observed V21 complain that R104 has a Chemo appointment she must leave for at 8:30 AM and she hasn't eaten yet. Observed V19 transfer R104 to her wheelchair with assistance from V22 (Certified Nursing Assistance). Observed V19 standing in front of R104s wheelchair adjusting R104's clothes while in her wheelchair and attempting to make sure she is dressed for her appointment. Observed R104's meal tray sitting on her bedside table a few inches to the right side of her wheelchair and to V19's left. When questioned by surveyor V19 stated she was instructed to have R104 ready by 8:30 because she has an appointment. At 8:20 AM Observed V19 ask R104 while standing over her in her wheelchair and placing on her sweater, if she wanted to eat some because she has about 10 minutes left before she is supposed to be picked up for her chemo appointment. Observed R104 say no. Observed R104 then ask for something to drink. Observed V19 state to R104 that she has some water then give it to her. Observed V19 did not offer R104 her meal again, not attempt to sit down with R104 while offering her a meal, not offer her other alternatives, and not offer her supplements. At 8:23 AM Observed V19 inform R104 her transportation had arrived for to take her for her appointment, but she can have them wait until 8:30 if she wants to. Observed V21 state to V10 (Nurse Manager) that R104 is not getting service or eating and now he has to come back and make sure she eats something. Observed R104 leave with transportation for her chemo appointment without eating her meal. On 05/01/2024 at 11:15 AM V19 (Certified Nursing Assistant) stated, R104 does need assistance with her meals and will let you know if she wants to eat. V19 stated, R104 doesn't usually want to eat but her family feels she should be provided feeding assistance if she declines to eat. V19 stated if R104 declines eating she knows it means she doesn't want to eat because she will eat if she wants to. V19 stated she has participated in workshops on how to provide feeding assistance which include demonstrations. V19 stated she is instructed to monitor the amount of food eaten and any refusals and document this information. V19 stated she is also instructed to inform the nurse if the resident declines to eat. V19 stated she is trained that if a resident declines eating, they should wait a few minutes and reapproach them and if they continue to refuse offer them supplements or a protein drink. R104's current physician orders document an active order for a mechanical soft diet, and weekly weights. R104's baseline care plan dated 04/23/2024 documents dietary orders for prevention of weight loss with a goal of maintaining her current weight and she requires one person assistance with eating and instructions to record amount of food intake every meal. R104's nutritional risk assessment dated [DATE] documents she requires extensive assistance with feedings with potential risk factors of unintended weight loss due to inadequate oral intake; requires feeding assistance per registered nurse and recommendation of 1:1 feeding assistance to improve oral intake. R104's meal intake reports document she ate 20% of her breakfast 04/29/2024 and 50% of her breakfast 04/30/2024. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/02/2024 at 10:24 AM V2 (Director of Nursing) stated, she is responsible for ensuring the CNA's (Certified Nursing Assistant) are providing feeding assistance correctly to residents. V2 stated, residents are added to a list when they need feeding assistance. V2 stated, the unit manager on the 1st floor ensures residents who require feeding assistance are receiving it. V2 stated if a patient/resident needs assistance with setting up trays all CNAs are expected to set up their tray open lids and dishes etc., and if necessary to notify kitchen of cold food or wrong meal options. V2 stated, if a resident is fully dependent on staff to provide them with feeding assistance, then the CNA must sit down with them and face them and then make sure they feed the resident according to order that is provided. V2 stated the CNA must make sure the right diet is provided to the right patient/resident. V2 stated, the CNA needs to ensure the resident is propped up to a 45-degree position and make sure they are comfortable and have privacy. V2 stated, if the patient/resident is on a pureed or mechanical diet the expectation of the CNA is for them to ensure the correct diet is offered. V2 stated if the CNA is not sitting and facing the resident when initiating feeding assistance with a meal this will affect the patient/resident's willingness to participate in eating and staff were trained not to stand and attempt to initiate feeding assistance. V2 stated, if a patient/resident requires feeding assistance the expectation is to for the CNA to offer and assist with meals in a sufficient amount of time before an appointment especially if they require extensive assistance. V2 stated, you must feed the patient/resident before getting them ready for the appointment and must give them time and not rush them. V2 stated the CNA should plan accordingly and find time to feed R104 before getting her dressed for an appointment. V2 stated, if in the beginning of initiating feeding assistance, the patient/resident declines eating the CNA still needs to offer them the meal again and explain the importance of eating before going out for an appointment because you can't be sure how long the appointment will take and it's important for them to eat. V2 stated, if the patient/resident continues to refuse the CNA should notify the nurse, and the expectation is for nurse to educate the patient/resident of the importance of eating. V2 stated, when a patient/resident did not eat, the expectation should be that this would have been reported to the nurse. V2 stated, we want to make sure R104 eats because of potential side effects of Chemo therefore it's important for these patients to eat. V2 stated, she is not sure if V19 (Certified Nursing Assistant) notified the nurse that R104 declined eating during the surveyor's observations. V2 stated, when a patient/resident who requires feeding assistance declines to eat when initially offered a meal, the CNA should offer the meal again and other alternatives as well as ask if they would prefer a nutritional drink and make effort to get that. V2 stated, if R104's meals were untouched we cannot report that she ate 25%. V2 stated, she has given a presentation on how to calculate meal percentages, so the aides know how to properly document the meal intakes. V2 stated, we are relying on the staff to document the meal intakes accurately to ensure there is no unplanned weight loss. V2 stated, especially for R104 with her being on Chemo which puts her at risk for weight loss. During the survey, the facility was unable to provide protocol or procedure for feeding resident that require assistance.

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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. 40718 Based on observations, interviews, and record reviews the facility failed to follow their policy and procedures for food service and sanitation by not ensuring dishes were cleaned and sanitized at the appropriate temperatures, not ensuring kitchen staff performed hand hygiene when required, and not ensuring kitchen staff wore hair coverings appropriately. This failure applies to all 98 residents in the facility receiving meals from the kitchen. Findings include: On 04/30/2024 from 9:43 - 11:00 AM Observed V23 (Food Service Worker) wearing her hair net half way and her hair exposed from the sides and back of her head. Observed V28 (Dietary Manager) run two temperature test strips through the high temp dishwasher while it was actively in use without them changing to an orange color to indicate the final rinse temp to be 180 degrees. Observed both test strips to have a faded dark color after being run through the machine. V28 stated the test strip should turn orange if the final rinse temp is 180 degrees. Observed the temperature gage on the dishwashing machine with no display. V28 stated the temperature gage works for a few days after it's worked on then goes out again. V28 stated she has had to have the techs come out and fix the dishwasher temperature display multiple times. Observed V28 place an irreversible maximum registering thermometer in the dish machine twice to determine the water temperatures. Observed the irreversible maximum registering thermometer would not display the temperature both times after being removed from the dishwasher. V28 stated if it is not possible to determine if the dish machine water temps are adequate, she would need to place a work order to have the machine serviced and switch to disposable dishware. V28 stated V23's hair net is half way on, and this could lead to hair falling in food. Observed V25 (Cook) remove gloves, grab a loaf of bread and set it on a rack, grab a clean dish pan from the dish rack where the clean pans are stored, then don new gloves without performing hand hygiene. Observed V25 again remove and don gloves in between tasks without performing hand hygiene. Observed V28 present a regular thermometer she had run through the dishwasher displaying 202 degrees. When asked by the surveyor why a test strip is used to monitor dishwashing machine temperatures instead of a regular thermometer, V28 stated the test strips are used instead of a regular thermometer to ensure accuracy. V25 stated if the industrial blender lid is not rinsed at a final temperature of 180 degrees when ran through the dishwasher, the industrial blender will not run when the lid is place back on it. Observed the industrial blender worked when placing the lid on after being ran through the dishwasher. Observed V26 (Food Service Worker) wash his hands, touch his face, then dry his hands with paper towels, don a facemask, then grab dry napkins and wipe the meal tray line and proceed to handle clean lids and cups for preparing meal trays. V28 stated food service staff should wash their hands in between glove use. After touching their face, or after putting on a mask. Observed V28 did not have the kitchen staff switch to using disposable dishware for serving the residents their lunch meal. Observed all the lunch meal trays for the residents were prepared with the regular dishes cleaned in the dishwashing machine by the kitchen staff. Instructions for single use Dishwasher Temperature test strips documents if the color bar has turned bright orange, the dishwasher is maintaining the proper temperature. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145324	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ascension Resurrection Place	1001 North Greenwood Avenue Park Ridge, IL 60068

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In Service Training Logs dated 04/30/2024 documents blue strip should turn orange for correct temperature. The facility's Sanitation and Infection Prevention/Control Dish Machine Temperature Policy reviewed/received 05/01/2024 states: Dish machine wash and rinse water should be maintained at temperatures that meet the guidelines established by the Food and Drug Administration. For a High Temperature Dish Machine, Once a day, run a 160 degree test strip through the dish machine to verify the surface temperature of a dish. Alternatively use an irreversible maximum registering thermometer. The facility's Disposable Glove Use Policy received/reviewed 05/01/2024 states: Hands must be washed before putting on and after removing disposable gloves when working in the kitchen. The facility's Hand Hygiene Policy received/reviewed 05/01/2024 states: Before handling clean utensils/dishes/equipment. Hands are washed with soap and water at the following times: Before putting on gloves. After touching skin or clothing. After removing gloves. The Instructions for the Industrialized Blender received/reviewed 05/01/2024 does not include any features of a being able to detect if the lid has been washed and sanitized at the appropriate water temperatures.

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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. 40920 Based on observation, interview and record review, the facility failed to follow its enhanced barrier precaution policy by failing to place any signage with informational material on resident's doors or making personal protective equipment (PPE) available inside or outside resident's room. This failure affected 9 residents on the first floor and 17 residents on the second floor who are currently receiving wound care, have an indwelling urinary catheter/ IV line/ G-tube at the facility, and have the potential to affect all 104 residents at the facility. Findings include: On 04/30/24 at 10:05AM, during random observation on the second floor, V4 (Unit Scheduler) was observed putting enhanced barrier isolation signs on several doors on the floor. Surveyor asked V4 why she was putting signs on the doors. V4 said she was asked to put signs in front of certain rooms, she is not actually sure, but she can find out. V4 returned later and said she is putting up the signs because those patients have special wounds, and the infection prevention person asked her to put up the signs. On 04/30/24 at 10:07AM, V5 (RN) was observed in a resident's room assisting V5 with oral care. V5 stated, resident has never been on any type of isolation, and V5 has been here for a long time. V5 said, the signs were just put up this morning. V5 said, If they want a resident to be on isolation, then they should have set up the personal protective equipment. V5 added when she suctioned resident yesterday, she did not use any PPE, just her googles. On 04/30/24 at 10:10AM, V5 (RN) was observed educating V6 and V7 (CNAs) who were about to provide incontinence care to a resident. V5 stated, she is the charge nurse, and she is providing the in-service to the staff because the facility has not completed any in-services on enhanced barrier precautions before. On 04/30/24 at 10:20AM, V11 (RN) stated, enhanced barrier precaution signs were put up this morning. Residents with the signs are those with special care like wounds and JP drains. V11 said, the isolation bins are supposed to be outside of the rooms and stocked with masks, gowns, and gloves. V11 said, the isolation bin in the hallway only has gown and gloves and was just placed there by the maintenance staff. On 04/30/24 at 11:31AM, V3 (Interim ADON/IP) stated, she started working as an interim ADON and IP since March after the IP left. V3 has provided in-services on hand hygiene, personal protective equipment, enhanced barrier precaution. V3 stated, she started in-services on enhanced barrier precaution the first week in April. Survey asked V3 why the signs for enhanced barrier precaution were just being placed on the floors today. V3 said, I am just going to tell the truth, we just started the in-services today. I am not sure of how many residents that were affected. I have to see the list, but the residents affected are those with ostomy, wounds, G-tube, etc. V3 said, they posted the signs today and started the in-services because she consulted with the corporate director of quality assurance. V3 was asked what the implication of those residents could be not being on isolation. V3 stated, the goal is to prevent infection, staff should use gown and gloves when providing direct care and goggles if they expect any splashes during care. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A document provided by V3 (ADON) titled enhanced barrier precautions in skilled nursing communities stated in part that each community will fully implement enhanced barrier precautions (EBP) in accordance with CMS regulatory requirements for F880. EBP in addition to standard and contact precautions, shall be implemented during high-contact resident care activities when caring for residents that have an increased risk for acquiring and/or transmitting multi drug resistant organism (MDRO), such as residents with wounds, indwelling medical devices and residents with colonization with an MDRO. Under purpose, the policy states in part, 2. EBP are indicated (when contact precautions do not otherwise apply) for residents with any of the following: Wounds or indwelling medical devices, regardless of MDRO colonization status. Infection or colonization with a CDC targeted MDRO.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 40718 Based on observations, interviews, and record reviews the facility failed to have a policy for pest control and failed to implement effective pest control treatments and interventions. This failure applies to all 98 residents in the facility receiving meals from the kitchen. Findings include: On 04/30/2024 from 9:43 - 11:00 AM, Observed multiple gnats throughout the kitchen area. V28 (Dietary Manager) stated she does see the gnats in the kitchen and the concern is they could land on or in food. Observed V24 (Maintenance/Housekeeping Director) remove the cover from the temperature booster underneath the dishwashing machine. Multiple roach like insects of varying sizes were crawling around the booster. V24 stated, they looked like some kind of roach. V24 stated, there is a small leak in that area that was just discovered. V24 stated, the pest control company comes out 2-3 time monthly. V28 stated, the concern with the presence of insects in the kitchen is that they may come in contact with the food. On 05/01/2024 at 12:16 PM V28 (Dietary Manager) stated, the local health inspector had come out to inspect the kitchen and observed more than the allowed number of 2-3 gnats and therefore required a follow up visit on 04/23/2024. V28 stated, the kitchen is near the back door, and this is the season for fruit flies and gnats. V28 stated, the gnats and fruit flies likely come in when they receive deliveries. Food Establishment Inspection Report dated 04/23/2024 documents follow up inspection for fruit fly activity observed in the kitchen. The facility's Pest Control Invoices from February - April 2024 document observations of trash and debris under dishwasher attracting fruit fly activity and treatments for fruit flies provided 02/01/2024. Pest treatments in the kitchen area provided 02/24/2024. Observations of roach activity in the kitchen dishwashing area and treatment for roaches provided 02/21/2024, Treatment for German roaches and Fruit Fly in the kitchen 03/01/2024. Treatment for German Roaches in the kitchen 03/04/2024. Observations of German roaches in the kitchen and treatment for them 03/18/2024. Observations of heavy German Roach activity in the kitchen dishwashing room and treatment provided 04/01/12024. Treatment for Gnats in the kitchen 04/15/2024. Observations of Gnats and treatment provided 04/17/2024. Observations of Gnat activity reported by kitchen staff and treatment provided for them, and observations of German roach activity and treatment provided for them on 04/19/2024. The facility's Pest Control Invoice dated 05/01/2024 documents observations of multiple German roach nymphs around the dishwashing area with all activity concentrated in the dishwashing room. The facility did not provide a pest control policy as requested on 05/01/2024 and reported 05/03/2024 they did not have a pest control policy.