

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER West Suburban Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 311 Edgewater Drive Bloomington, IL 60108	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the failed to have documentation to show a resident's representative could legally make decisions regarding a resident's enrollment in a Medicare Advantage plan when a third-party vendor enrolled residents in a new Medicare Advantage plan at the facility. This applies to 8 of 17 residents (R6, R7, R10, R11, R12, R15, R16, and R18) reviewed for changes to Medicare Advantage plans in the sample of 23. Findings include: On September 2, 2025 at 10:02 AM, V1 (Administrator) said, Our company is working with [outside insurance vendor] and that vendor takes over Medicare and Medicaid. On September 2, 2025, at 11:04 AM, V3 (SSD-Social Service Director) said, The [outside insurance vendor] chosen by our company, goes into the long-term care buildings owned by our company and offers residents to change their Medicare coverage to the [outside insurance vendor's] Medicare Advantage Plan. The SSD has to do the first point of contact between the residents and the insurance representative. My role was to say this is a new thing coming to our building. I took the rep around and introduced him to the residents. I called the POA (Power of Attorney)/guardians of the non-responsive people and had the same conversation. We, the staff, were told they were coming into our facility, and we are offering the residents this plan. I had to identify who was cognitively intact. The decision was based on the BIMS score (Brief Interview for Mental Status) score, and I used a BIMS score of 12 or higher to say the resident is decisional. They needed to be oriented to person, time, and place. [V15] was the representative from the [outside insurance vendor] who spoke to the residents and got the consents to change the residents' Medicare Advantage plans. V3 continued to say he was not present in the room when V15 (Insurance Agent) presented the Medicare Advantage plan information to the residents or to witness the signing of the enrollment forms. The facility provided a list of residents whose Medicare Advantage Plan has been changed to an I-SNP (Institutional Special Needs Plan) Medicare Advantage Plan with the new insurance vendor. The undated list shows R6, R7, R10, R11, R12, R15, R16, and R18 with an effective date in the I-SNP Medicare Advantage plan of September 1, 2025. 1. R6's Medicare Advantage Plan Enrollment Form dated August 4, 2025 shows, Select the plan you want to join: The box is checked next to: [outside insurance vendor] (HMO-Health Maintenance Organization I-SNP). The Enrollment Form shows R6's name, date of birth, gender, permanent address as the facility, and R6's Medicare Number. The Enrollment Form shows: Important: Read and sign below: I must keep both Hospital (Part A) and Medical (Part B) to stay in the [outside insurance vendor's] Health Plan. By joining this Medicare Advantage Plan, I acknowledge that [outside insurance vendor] will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement blow). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan. I understand that I can be enrolled in only one MA (Medicare Advantage) plan at a time - and that enrollment in this plan will automatically end my enrollment in another MA plan. I understand that when my [outside insurance vendor] coverage begins, I must get all of my medical and prescription drug benefits from [outside insurance vendor] plan. Benefits and services provided by [outside insurance vendor] and contained in my [outside insurance vendor] Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor [outside insurance vendor] Health Plan will pay for benefits or services that are not covered. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that my signature (or the signature of the person legally authorized to act on my behalf on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), the signature certifies that: 1. This person s authorized under State law to complete this enrollment, and 2. Documentation of this authority is available upon request by Medicare. V19's (Significant Other) signature is typed in a cursive font as the signature on the Enrollment Form acknowledging V19 read and understood the Enrollment Form for R6. The Enrollment Form shows V15 (Agent) as the individual helping enrollee with completing this form only. The undated roster provided by the facility of all residents enrolled in the new Medicare Advantage plan shows R6 has severe cognitive impairment, with a BIMS score of 5, on July 8, 2025. The facility does not have completed POA paperwork for R6. The POA paperwork in R6's medical record shows a Power of Attorney for Health Care form, signed by V19 on May 19, 2025. The paperwork does not show R6's name anywhere on the paperwork to indicate the POA paperwork belongs to</p>		

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F 0552 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. (continued on next page)

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F 0552 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents were informed in a language and terminology they understood when a third-party vendor enrolled residents in a new Medicare Advantage plan at the facility. This situation resulted in R23 displaying psycho-social symptoms including emotional upset and crying when discussing the changes to his insurance he was not aware of. This applies to 3 of 17 residents (R1, R19, and R23) reviewed for changes to Medicare Advantage plans in the sample of 23. The findings include: 1. On September 2, 2025, at 12:36 PM, R1 was sitting in his room. R1 said several weeks ago he signed up for a new insurance plan. R1 said, I didn't understand what I was signing up for. [V3] (SSD-Social Service Director) talked me into it. Then after I signed up for it, I found out I wouldn't be able to get my cancer medication and I was panicking because I need my medication. I didn't understand the new insurance would change what was covered. Then I had to just keep begging them to change my insurance back to what I had. I've been very upset about this situation. The EMR (Electronic Medical Record) shows R1 was admitted to the facility on [DATE] with multiple diagnoses including, COPD (Chronic Obstructive Pulmonary Disease), dementia, generalized anxiety disorder, hypertension, anemia, insomnia, history of skin cancer, major depressive disorder, epilepsy, cognitive communication deficit, lack of coordination, leukemia, toxic encephalopathy, urine retention, bipolar disorder, and psychosis. R1's MDS (Minimum Data Set) dated June 19, 2025 shows R1 has moderate cognitive impairment, is independent with bed mobility, requires setup assistance with eating, and supervision with all other ADLs (Activities of Daily Living). R1 is always continent of bowel and bladder. On September 2, 2025, at 10:02 AM, V2 (DON-Director of Nursing) said, Our facility is working with [outside insurance vendor] Managed Care plan and they take over Medicare and Medicaid. [R1] is no longer part of the new plan. He signed up for the new plan, and there was a window of time where we couldn't do much with it. His doctor was able to get [R1's] cancer medications through his old insurance plan. They did not think they would be able to get the cancer medications through the new Managed Care plan at the facility. [R1] wanted his old insurance plan reinstated, and so we had to help with that. There were a few days of time for that transition to occur. 2. On September 9, 2025 at 10:35 AM, R19 was lying in bed in his room. R19 was speaking with a very thick accent and said his first language is Polish. R19 said Signing up for that new [Medicare Advantage plan] was a joke. [V3] (SSD) brought an insurance guy around, and asked if I would meet him. The insurance guy told me if I signed up, I would get a visit from a nurse practitioner every other week. The guy cheated me and didn't tell me everything, like the fact that I don't get to keep my doctor. He made it sound like we were going to get more services, not less. I don't want to be signed up for that insurance. I didn't understand what I was signing. The EMR (Electronic Medical Record) shows R19 was admitted to the facility on [DATE] with multiple diagnoses including, mononeuropathy of left lower limb, PVD (Peripheral Vascular Disease), hypertension, heart disease, spleen infarction, depression, anemia, spinal stenosis of the cervical region, post-laminectomy syndrome, low back pain, thoracic aortic aneurysm, anxiety disorder, adjustment disorder, and presence of prosthetic heart valve. R19's MDS (Minimum Data Set) dated July 8, 2025 shows R19 is cognitively intact, requires setup assistance with eating and lower body dressing, supervision with oral and personal hygiene, substantial/maximal assistance with showering and personal hygiene, and is dependent on facility staff for all other ADLs. R19 is frequently incontinent of urine, and always incontinent of stool. R19's Medicare Advantage Plan Enrollment Form dated August 20, 2025 shows, Select the plan you want to join: The box is checked next to: [outside insurance vendor] (HMO I-SNP- Health Maintenance Organization Institutional Special Needs Plan). The Enrollment Form continues to show R19's name, date of birth, gender, permanent address as the facility, and R19's Medicare Number. R19's signature is typed in a cursive font as the signature on the Enrollment Form acknowledging R19 read and understood the Enrollment Form. The Enrollment Form continues to show V15 (Agent) as the individual helping enrollee with completing this form only. On September 4, 2025 at 12:15 PM, V9 (Son of R19) said, I did not know [R19's] Medicare Advantage plan was changed. No one ever called me. I have Power of Attorney for [R19]. I do not trust that my father could make a decision for changing his health plan. English is not his first language, and I would not be confident he understood what he was signing. He speaks Polish. The facility does not have the documentation to show R19 has a Power of Attorney or Healthcare Surrogate form, or that V9 (Son of R19) was contacted regarding R19's Medicare Advantage plan. 3. On September 9, 2025, at 10:52 AM, R23 was</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>(continued on next page)</p>

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect the residents' right to be free from exploitation when the facility allowed an outside vendor to come into the facility and make unauthorized changes to cognitively impaired residents' Medicare Advantage plans. This applies to 3 of 17 residents (R5, R9, and R17) reviewed for changes to Medicare Advantage plans in the sample of 23. The findings include: On September 2, 2025 at 10:02 AM, V1 (Administrator) said, Our company is working with [outside insurance vendor] and that vendor takes over Medicare and Medicaid. On September 2, 2025, at 11:04 AM, V3 (SSD-Social Service Director) said, The [outside insurance vendor] chosen by our company, goes into the long-term care buildings owned by our company and offers residents to change their Medicare coverage to the [outside insurance vendor's] Medicare Advantage Plan. The SSD has to do the first point of contact between the residents and the insurance representative. My role was to say this is a new thing coming to our building. I took the rep around and introduced him to the residents. I called the POA (Power of Attorney)/guardians of the non-responsive people and had the same conversation. We, the staff, were told they were coming into our facility, and we are offering the residents this plan. I had to identify who was cognitively intact. The decision was based on the BIMS score (Brief Interview for Mental Status) score, and I used a BIMS score of 12 or higher to say the resident is decisional. They needed to be oriented to person, time, and place. [V15] was the representative from the [outside insurance vendor] who spoke to the residents and got the consents to change the residents' Medicare Advantage plans. V3 continued to say he was not present in the room when V15 (Insurance Agent) presented the Medicare Advantage information to the residents or to witness the residents signing the enrollment forms. V3 also could not say why he provided the names of R5, R9 and R17 to the insurance agent when they have a BIMS score of less than 12. The facility provided a list of residents whose Medicare Advantage Plan has been changed to an I-SNP (Institutional Special Needs Plan) Medicare Advantage Plan with the new insurance vendor. The undated list shows R5, R9, and R17 with an effective date in the I-SNP Medicare Advantage plan as September 1, 2025. 1. On September 9, 2025, at 10:49 AM, R5 was lying in bed in his room. R5 was not able to say what year it is, what day of the week it was, what time it was, or how long he had lived at the facility. R5 said he believed he had lived at the facility for two weeks, and asked if this surveyor was here to take him to his Alcohol Anonymous meeting. R5 said he did not know anything about signing papers to change his Medicare Advantage plan and could not recall if anyone had explained a new Medicare Advantage plan to him. R5 said, I'm on Medicaid, that's all I know. The EMR (Electronic Medical Record) shows R5 was admitted to the facility on [DATE] with multiple diagnoses including trans-cerebral attack, hemiplegia and hemiparesis of the left side, bipolar disorder, lack of coordination, weakness, and major depressive disorder. The EMR shows multiple MDS (Minimum Data Set) assessments for the period of December 2024 to July 2025 with documentation of R5's cognitive impairment, including: R5's MDS dated [DATE] shows R5 has severe cognitive impairment. R5's MDS dated [DATE] shows R5 was rarely/never understood, and therefore unable to complete the brief interview for mental status. The MDS shows R5 had moderate cognitive impairment at the time of the MDS assessment. R5's MDS dated [DATE] shows R5 had moderate cognitive impairment. R5's MDS dated [DATE] shows R5 had severe cognitive impairment at the time of his MDS assessment. R5's care plan, revised July 7, 2025 shows: My comprehensive assessment reveals a history of suspected abuse, neglect, exploitation, past trauma and/or other factors that may increase my susceptibility to abuse/neglect. The resident demonstrates: depression, diagnosis of mental illness, high level of hostility or irritability, history of drug and/or alcohol abuse, difficulty in adjustment and generalized mood distress. Symptoms may be manifested by behavioral symptoms. The facility does not have documentation to show R5 has a POA (Power of Attorney) or a legal healthcare surrogate decision maker. The facility does not have documentation to show R5's family members/emergency contacts were contacted regarding the changes to R5's Medicare Advantage plan or that the insurance agent would be speaking to R5. R5's Medicare Advantage Plan Enrollment Form dated August 19, 2025 shows, Select the plan you want to join: The box is checked next to: [outside insurance vendor] (HMO-Health Maintenance Organization I-SNP). The Enrollment Form shows R5's name, date of birth, gender, permanent address as the facility, and R5's Medicare Number. The Enrollment Form shows: Important: Read and sign below: I must keep both Hospital (Part A) and Medical (Part B) to stay in the [outside insurance vendor's] Health Plan. By joining this Medicare</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow physician orders to obtain an appointment for a neurology consult. This applies to 1 of 3 residents (R19) reviewed for appointments in the sample of 23. The findings include: On September 9, 2025 at 10:35 AM, R19 was lying in bed in his room. R19 said he went to see his neurologist about leg weakness a few months ago and the physician said R19 should get a second opinion from another neurologist. R19 said he is still waiting to see the neurologist and facility staff said it could be as long as February 2026 before the facility staff can find R19 an appointment. R19 said, Maybe I'll just give up and not go by the time they find me someone to go to. I can't wait this long. My legs won't work by that time. The EMR (Electronic Medical Record) shows R19 was admitted to the facility on [DATE] with multiple diagnoses including, mononeuropathy of left lower limb, PVD (Peripheral Vascular Disease), hypertension, heart disease, spleen infarction, depression, anemia, spinal stenosis of the cervical region, post-laminectomy syndrome, low back pain, thoracic aortic aneurysm, anxiety disorder, adjustment disorder, and presence of prosthetic heart valve. R19's MDS (Minimum Data Set) dated July 8, 2025 shows R19 is cognitively intact, requires setup assistance with eating and lower body dressing, supervision with oral and personal hygiene, substantial/maximal assistance with showering and personal hygiene, and is dependent on facility staff for all other ADLs (Activities of Daily Living). R19 is frequently incontinent of urine, and always incontinent of stool. The EMR shows the following order for R19 dated June 18, 2025 at 12:13 PM and signed by V14 (Physician): Order summary: Neurologist order: 2nd opinion for spine consultation at tertiary care center. On September 4, 2025 at 12:57 PM, V8 (Scheduler) demonstrated how she makes appointments for residents and sets up transportation to and from the appointments. V8 opened the facility's appointment calendar on the computer for the period of September 4, 2025 through February 28, 2026. V8 was unable to show a scheduled appointment for R19 to see the neurologist. R19 did not have a system in place to keep track of resident appointments, and went through many papers in her office, including sticky notes, scratch paper, and binders full of notebook paper, and was unable to find the appointment scheduled for R19. V8 said, Maybe the paper is in my backpack out in my car. The facility's policy dated 5/14/23 shows: Guidelines for Resident Appointments Outside the Facility shows: Purpose: While the facility has in-house physician visits to residents per policy and State/Federal regulatory mandates, there are times when the resident may need to be seen outside of the facility by a provider that does not physically travel to the nursing home. Procedure: Procedure: Upon receiving a physician's order for a situation or event that will require the resident to need transport services, the nurse who processes the order will notify the staff member who coordinates transport orders so that appropriate transport can be scheduled. The transport will be secured according to medical necessity-such as a medical emergency or an acutely ill resident requiring an ambulance, while a routine non-emergency situation could require the transport services of a local or facility provider. The nursing staff will be aware of the appointments that require residents to be transported from the facility. There will be a calendar/log to inform them of this. Residents who will be transporting on a given day/date will have their personal care done and their medications given in accordance with the time they will be away from the facility for the appointment. Dialysis residents will have a meal sent with them as indicated. If for any reason an ordered/scheduled appointment is missed, it will be re-scheduled as appropriate, unless there has been some change, and the order is cancelled. All parties to include the ordering physician, transport provider, resident and resident's responsible party/POA (Power of Attorney) will be notified of the re-scheduling or the cancellation of an appointment.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident requesting to see an audiologist, received assistance to make an appointment to see an audiologist. This applies to 1 of 3 residents (R1) reviewed for audiology services in the sample of 23. The findings include: On September 2, 2025, at 12:36 PM, R1 was sitting in his room. R1 said he has been having a difficult time hearing and has been asking to see an audiologist for a long time. R1 continued to say he would be happy to go out in the community if he could see an audiologist sooner, but facility staff have not assisted him with making an appointment to see an audiologist. The EMR (Electronic Medical Record) shows R1 was admitted to the facility on [DATE] with multiple diagnoses including, COPD (Chronic Obstructive Pulmonary Disease), dementia, generalized anxiety disorder, hypertension, anemia, insomnia, history of skin cancer, major depressive disorder, epilepsy, cognitive communication deficit, lack of coordination, leukemia, toxic encephalopathy, urine retention, bipolar disorder, and psychosis. R1's MDS (Minimum Data Set) dated June 19, 2025 shows R1 has moderate cognitive impairment, is independent with bed mobility, requires setup assistance with eating, and supervision with all other ADLs (Activities of Daily Living). R1 is always continent of bowel and bladder. The facility's Concern Form dated May 16, 2025 completed by V7 (Ombudsman) shows multiple concerns including, Needs to be seen by an audiologist. Has been asking since January 2025 and hasn't seen one. On September 8, 2025, at 3:37 PM, V7 (Ombudsman) said she completed the grievance form for R1 on May 16, 2025 but did not submit R1's grievances to V1 (Administrator) until May 19, 2025 at 8:45 AM via email. V7 provided documentation to show V1 received her grievance on behalf of R1 on May 19, 2025 at 11:25 AM. V7 continued to say she spoke to V11 (RN-Registered Nurse) regarding referrals to the audiologist in mid-June 2025. On June 16, 2025 at 1:59 PM, V11 (RN) documented, Writer called [V12] (Insurance Case Manager) to fax doctor list for urologist, eye doctor, dental, audiologist doctor. He said he will fax the doctor list for urologist, eye doctor, dental, audiologist doctor. Will f/u (Follow up). Writer provided the fax number for the facility. On September 9, 2025 at 11:05 AM, V11 (RN) said, I notified the social worker back in June that [R1] needed to see an audiologist. I used the communication tool in our EMR to communicate with him. I can tell you the exact date I communicated the request to see the dentist and audiologist to [V5] (SSD-Social Services Director). It was June 16, 2025. I can tell by looking at my documentation in the medical record. V11 continued to show the process of using the communication feature in the EMR and also showed her nursing progress note dated June 16, 2025. The facility does not have documentation to show facility staff followed up on the list of providers from R1's insurance company. As of September 2, 2025, the facility did not have documentation to show R1 was assisted with making an appointment to see an audiologist or had seen an audiologist.</p>		

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F 0791 Level of Harm - Actual harm Residents Affected - Few	Provide or obtain dental services for each resident. (continued on next page)

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(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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow their policy to ensure a resident received routine and emergency dental services in a timely manner. This failure resulted in R1 experiencing severe pain and requiring a tooth extraction. This applies to 1 of 3 residents (R1) reviewed for dental services in the sample of 23. The findings include: On September 2, 2025, at 12:36 PM, R1 was sitting in his room. R1 had a piece of rolled up gauze in his mouth and said he had a tooth pulled on August 30, 2025. R1 said, I lost the filling back in May (2025) and have been telling so many people here that I needed to see the dentist, including [V3] (SSD-Social Service Director). I even called [V7] (Ombudsman) to help me because the pain has been so bad. When they finally got me to see the dentist, he wasn't able to replace the filling and my only choice was to have the tooth pulled. If only they would have let me see him sooner. The EMR (Electronic Medical Record) shows R1 was admitted to the facility on [DATE] with multiple diagnoses including, COPD (Chronic Obstructive Pulmonary Disease), dementia, generalized anxiety disorder, hypertension, anemia, insomnia, history of skin cancer, major depressive disorder, epilepsy, cognitive communication deficit, lack of coordination, leukemia, toxic encephalopathy, urine retention, bipolar disorder, and psychosis. R1's MDS (Minimum Data Set) dated June 19, 2025 shows R1 has moderate cognitive impairment, is independent with bed mobility, requires setup assistance with eating, and supervision with all other ADLs (Activities of Daily Living). R1 is always continent of bowel and bladder. The facility's Concern Form dated May 16, 2025 completed by V7 (Ombudsman) shows multiple concerns including, .3. Needs to see a dentist. On September 8, 2025, at 3:37 PM, V7 (Ombudsman) said she completed the grievance form for R1 on May 16, 2025 but did not submit R1's grievances to V1 (Administrator) until May 19, 2025 at 8:45 AM via email. V7 provided documentation to show V1 received her grievance on behalf of R1 on May 19, 2025 at 11:25 AM. V7 said she spoke to V11 (RN-Registered Nurse) regarding referrals to the dentist in mid-June 2025. On June 16, 2025 at 1:59 PM, V11 (RN) documented, Writer called [V12] (Insurance Case Manager) to fax doctor list for urologist, eye doctor, dental, audiologist doctor. He said he will fax the doctor list for urologist, eye doctor, dental, audiologist doctor. Will f/u (Follow up). Writer provided the fax number for the facility. On September 2, 2025 at 11:04 AM, V3 (SSD) said, Anytime a resident, nurse, or anybody asks, I will reach out to the dentist. He comes every Tuesday. Last week, he wasn't able to make it, so he came this past Saturday. I email the dentist if someone needs to be seen. On September 9, 2025 at 11:05 AM, V11 (RN) said, I notified the social worker back in June that [R1] needed to see a dentist. I used the communication tool in our EMR to communicate with him. I can tell you the exact date I communicated the request to see the dentist and audiologist to [V5] (SSD). It was June 16, 2025. I can tell by looking at my documentation in the medical record. V11 continued to show the process of using the communication feature in the EMR and showed her nursing progress note dated June 16, 2025. The facility's Admission/re-admission Screener for R1 dated July 2, 2025, signed by V10 (RN-Registered Nurse) shows 12. Teeth/Dentures: 1. Own teeth - yes. 4. Broken or carious teeth? Yes. The facility does not have documentation to show facility staff followed up on the list of providers for R1 from his insurance provider. The facility does not have documentation to show R1 was seen by the dentist following the grievance dated May 16, 2025, or following the communication by V11 to social services on June 16, 2025, or following the assessment of dental concerns on the nursing assessment documentation dated July 2, 2025. The undated dental list provided by the facility does not show R1 was seen by the dentist during the dental visits at the facility from January 2025 through July 2025. Facility documentation shows R1's last dental visit at the facility was April 26, 2024. The Dental Consult form, dated April 26, 2024, shows V13 (Dentist) documented R1 received a dental exam and needed extractions of teeth number 8 and 9, asap (as soon as possible). The facility does not have documentation to show R1 was seen by the dentist following the dental exam on April 26, 2024, or that R1 refused to have the two teeth extracted as recommended by V13. The Dental Consult form dated August 27, 2025 shows R1 received a dental exam by V13, and R1 had red, puffy tissue, lost a filling in tooth number 19, and had continuing pain. V13 ordered an antibiotic for R1 and recommended an extraction of the tooth at the next visit. The Dental Consult form dated August 30, 2025 shows R1 had an extraction of tooth number 19, and recommended extractions of two teeth, number 9 and 10 at the next visit. On September 9, 2025 at 9:28 AM, V13 (Dentist) provided a timeline of his dental visits with R1, beginning on August 27, 2025. V13 said he visits the facility weekly. V13 said he sees residents routinely who are</p>		