STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Suburban Nursing & Rehab Center	311 Edgewater Drive Bloomingdale, 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)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the interview and record review, the facility failed to schedule a follow up appointment with a recommended eye specialist for a resident experiencing blurry vision. This applies to 1 of 4 residents (R1) reviewed for appointments in a sample of 5. R1's face sheet showed he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including type 1 diabetes with ketoacidosis, chronic kidney disease, lack of coordination, amputation of the left below-knee, anxiety, and depression. R1's MDS (Minimum Data Set) dated 03/15/2026 showed R1's cognition was intact and required supervision to touch-assistance for activities of daily living.On 05/01/2026 at 11:20 AM, R1 said the eye doctor saw him at the facility on 04/13/2026 and referred him to the retinal specialist. R1 said his right eye is blurred, and that when he closes his left eye, all he can see is a blur. R1 said he spoke to the V3 (appointment scheduler) and no appointment has been made yet.R1's eye doctor encounter report dated 04/13/2026 indicated the reason for the visit was due to the complaint of right eye blindness. Assessment and plan diagnoses of the visit included diabetes with proliferative diabetic retinopathy with traction retinal detachment involving the macula in the right eye and retinal hemorrhage in both eyes, with the instruction to consult with a retinal specialist.On 05/01/2026 at 12:12 PM, V4 (Nurse) stated that when the instruction was received on 04/13/2026, V3 was made aware to follow up on appointments.On 05/01/2026 at 2:30 PM, V3 said she called the insurance company, and they told her to advise R1 to call them for verification, but she did not communicate with the resident. V3 said the appointment needs to be done in a timely manner and should have communicated with R1.On 05/01/2026 at 3:00 PM, V1 (Administrator) stated the facility should have scheduled the appointment in a timely manner for the resident and was disappointed that the scheduler did not communicate with R1.The guidelines for resident appointments outside the facility, dated 05/2023, did not specify the original appointment schedule but did show the resident appointment as rescheduled appropriately.

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