STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145338	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakwood Rehab and Nursing Center	512 East Ogden Avenue Westmont, IL 60559

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that individual food preferences/food choices were assessed, and menus were provided to accommodate those preferences for 6 of 6 residents (R1-R3 and R5-R7) reviewed for food preferences. This failure affects all 102 residents in the facility.Findings include: 1.R1's face sheet shows R1 is a [AGE] year-old female and was admitted to the facility on [DATE], with the diagnoses of quadriplegia, constipation, hematuria, and urinary tract infection. R1's 04/22/2026 MDS (Minimum Data Set) showed R1's cognition was intact.On 06/29/2026 at 12:10 PM, R1 stated that the food here does not taste good. R1 said they give them a piece of plain bread with no spread on their tray most of the time. R1 stated when she was admitted to the facility, no one talked to her about her food preferences, likes, or dislikes. In June, after she had been in the facility for about 2 months, someone from the kitchen came and told R1 she would be getting a menu card to choose what food items she would like to have. R1 said as of today, she has never received any menu card. R1 said she gets what they send her and if she doesn't like it, she doesn't eat. 2. R2 was admitted on [DATE] with the diagnoses of anemia, protein-calorie malnutrition, gout, and kidney disease. R2's MDS dated [DATE] showed R2's cognition was intact. On 06/29/2026 at 1:30 PM, R2's lunch tray was on her side table, and she said she didn't like what they sent. R2 said she didn't think the food was edible for anyone and said no one asks whether she wants something different than what is being served.On 06/30/2026 at 1:00 PM, R2 was in her room and said she could not eat what she was given for lunch. R2 said she has been in the facility since September, and no one has ever asked her about her food preferences, likes, or dislikes. R2 said she doesn't receive menus to choose from.3. R3 was admitted on [DATE] with the diagnoses of anemia, hypokalemia, constipation, and muscle disorder. R3's MDS dated 05/08 2026 showed R3 cognitively intact. On 06/30/2026 at 1:19 PM, R3 said she does not like the fruit-flavored drink they give her and prefers water. R3 denied receiving a menu card to choose from or being asked if she needed different food when she does not like to eat. Sometimes they give her coffee if she asks for it.4. R5's most recent admission to the facility was 02/01/2027 with the diagnoses of protein-calorie malnutrition, chronic kidney disease, anemia, heartburn, gastroesophageal reflux disease, and type 2 diabetes. R5's MDS dated [DATE] showed R5 is cognitively intact. On 06/30/2026 at 2:02 PM, R5 said he tries to eat the food even though he doesn't like it and cannot recall anyone asking him about his preferences upon admission or getting menus to choose from. 5. R6 was admitted on [DATE], and R6's diagnoses are protein-calorie malnutrition, vitamin D deficiency, irritable bowel syndrome, fracture of the neck of the right femur, and fracture of the end of the radius. R6's MDS dated [DATE] showed R5 is cognitively intact.On 06/30/2026 at 1:02 PM, R6 said since her admission, no one has asked her about her food preferences, likes, or dislikes and she has not received any menus to choose items from. 6. R7 was admitted on [DATE] with diagnoses of chronic kidney disease, muscle wasting, inflammatory arthritis, and pressure ulcer. R7's MDS dated [DATE] showed R7 is moderately cognitively impaired.On 06/30/2026 at 1:15 PM, R7 had eaten about 20 percent of her lunch. R7 said she did not like the food or her drink. R7 said no one talked to her about her likes and (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145338	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakwood Rehab and Nursing Center	512 East Ogden Avenue Westmont, IL 60559

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	dislikes regarding food or gave her any menus to choose from.On 07/01/2026 at 2:15 PM, V5 (Director of Dietary Services) said she was supposed to do the nutritional risk assessment for all residents upon admission, quarterly, and as needed. V5 said she was 67 percent behind on completing her nutritional risk assessments and has completed only a few of the 24 new admissions since April of 2026. V5 said she selects residents' likes and dislikes from the menus they complete. The writer asked V5 to produce the completed menus for R1, R2, and R7, but V5 said she doesn't have them because they didn't ask for them.The facility's job description for the Dietary Director, in part, indicated that V5's responsibilities included meeting with residents upon admission, conducting a nutritional assessment, and ascertaining food preferences,. and, upon consultation with a registered dietitian, modifying the resident's diet accordingly, and making rounds during mealtimes to check residents' acceptance of the food served.