| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145339 | A. Building<br>B. Wing | 06/25/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Grove of Elmhurst, The | 127 West Diversey<br>Elmhurst, IL 60126 |

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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents who required assistance with Activities of Daily Living (ADLs) received the necessary care and services to maintain personal hygiene, including oral care, nail care, and grooming.This applies to 5 of 9 residents (R42, R73, R89, R102, and R115) reviewed for ADL care in the sample of 31.<br><br>The findings include:<br><br>1. R102's face sheet showed he was admitted to the facility with diagnoses that included epilepsy, dysphagia, insomnia, history of falling, anemia, gastro-esophageal reflux disease and other symptoms and signs involving the musculoskeletal system. R102's Minimum Data Set, dated [DATE] showed he was severely cognitively impaired and required substantial maximal assistance for personal hygiene.<br><br>On June 22, 2026 at 1:39 PM, R102 was sitting in the dining room with an accumulation of flacking white substance covering all areas of resident's short stubby beard and mustache and including his side burns and forehead. There was a white flaky substance on the front of his black shirt, and on both hands. R102 also had a thick bush of hair filling the openings of his ears and extending out of his ears.<br><br>On June 23, 2026 at 11:36 AM, R102's was sitting in the dining room and he still had a thick bush of hair filling the openings of his ears and extending outside of the ears.<br><br>On June 24, 2026 at 2:09 PM, R102 was again in the dining room with the same thick bushes of hair filling the opening of his ears and extending out of both of his ears.<br><br>2. Review of the Electronic Medical Record (EMR) showed that R115 was admitted to the facility on [DATE]. R115's diagnoses included depression, diabetes mellitus, dementia, history of falls, and chronic kidney disease.<br><br>The Minimum Data Set (MDS) dated [DATE], showed that R115 was cognitively intact. The MDS further showed that R115 required substantial assistance from staff with hygiene and other ADL needs.<br><br>The current care plan, initiated October 20, 2020, identified that R115 had an ADL self-care performance deficit and impaired mobility related to weakness and a history of falls. Interventions included providing assistance with ADLs, including personal hygiene.<br><br>During the initial facility tour on June 22, 2026, at approximately 10:00 A.M., R115 was lying in bed. R115 was noted to have unkempt, long facial hair extending from the jawline, including the beard and (continued on next page) |



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

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | moustache area. During interview, R115 stated that he would like assistance with washing and trimming his facial hair.<br><br>On June 23, 2026, at approximately 12:35 P.M., R115 was observed with the same unkempt, long facial hair.<br><br>3. Review of the EMR showed that R73 was admitted to the facility on [DATE]. R73's diagnoses included fracture of the right femur, multiple rib fractures, palliative care, dementia, chronic obstructive pulmonary disease, and autistic disorder.<br><br>The MDS dated [DATE], showed that R73 had moderately impaired in cognition. The MDS also showed that R73 required staff assistance with ADLs.<br><br>The current care plan, initiated May 6, 2026, identified that R73 had an ADL self-care performance deficit and impaired mobility requiring assistance with daily needs related to limited mobility and impaired balance. Interventions included providing assistance with ADLs, including personal hygiene.<br><br>During the initial facility tour on June 22, 2026, at approximately 10:40 A.M., R73 was observed lying in bed. R73 was noted to have unkempt, long facial hair. R73's fingernails were long with jagged edges and a black substance underneath the nails. During interview, R73 stated that he wanted assistance with trimming his beard and fingernails.<br><br>On June 23, 2026, at approximately 12:40 P.M., R73 was observed with the same unkempt facial hair and untrimmed fingernails.<br><br>4. Review of the EMR showed that R89 was admitted to the facility on [DATE]. R89's diagnoses included cerebral infarction with hemiparesis and hemiplegia, unsteadiness on feet, abnormalities of gait and mobility, diabetes mellitus, depression, bipolar disorder, and musculoskeletal system impairments.<br><br>The MDS dated [DATE], showed that R89 was cognitively intact. The MDS showed that R89 required assistance with ADLs ranging from moderate to dependent assistance from staff.<br><br>The current care plan, initiated April 1, 2026, identified that R89 had an ADL self-care performance deficit and required assistance completing daily needs related to hemiplegia, hemiparesis, and muscle weakness. Interventions included providing assistance with ADLs, including personal hygiene.<br><br>During the initial facility tour on June 22, 2026, at approximately 9:40 A.M., R89 was lying in bed. R89's fingernails were noted to be long with jagged edges and a black substance underneath the nails. During interview, R89 stated that she wanted her nails cleaned and trimmed.<br><br>On June 23, 2026, at approximately 12:50 P.M., R89 was observed with the same untrimmed fingernail.<br><br>5. Review of the EMR showed that R42 was admitted to the facility on [DATE]. R42's diagnoses included cerebral infarction, type 2 diabetes mellitus, quadriplegia, contractures of the upper and lower extremities, convulsions, gastrostomy status, and history of physical injury and trauma.<br><br>The MDS dated [DATE], showed that R42 had severely impaired cognition and required total<br>(continued on next page) |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | assistance from staff for all aspects of ADLs.<br><br>The care plan-initiated October 29, 2019, identified that R42 had an ADL self-care deficit and impaired mobility related to traumatic brain injury and quadriplegia. The care plan included interventions for staff to provide ADL assistance, including personal hygiene.<br><br>On June 22, 2026, at 11:30 A.M., R42 was lying in bed, non-verbal, with mouth open. R42 was observed with dry, cracked lips, dry oral mucosa, and plaque buildup on existing teeth. Review of the clinical record showed that R42 was on NPO (nothing by mouth) status due to dysphagia.<br><br>On June 23, 2026, at approximately 10:00 A.M., during gastric tube medication administration with V8 (Licensed Practical Nurse/LPN), R42 remained in bed with dry, cracked lips and continued to show a need for oral care.<br><br>On June 25, 2026 at 9:11 AM, V2 (Director of Nursing) stated she expects staff to check residents every shift and as often as needed to maintain residents cleanliness, and activities of daily living including hygiene, nail care, shaving, and oral care.<br><br>The facility's general care policy revised June 30 2025 showed that the facility will assist the resident to meet resident's physical needs including but not limited to ADLs. |