

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Lee Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 Lee Street Des Plaines, IL 60018	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide timely incontinence care to dependent residents. This applies to 4 of 4 residents (R1-R4) reviewed for incontinence care in a sample of 4. The findings include: 1. R1 is a [AGE] year-old male with severely impaired cognition as per the Minimum Data Set (MDS) dated [DATE]. The MDS also documents that R1 is dependent on toileting hygiene. On 3/27/26 at 9:40 AM, R1 was observed in his bed, pointing to his soaked incontinent brief. Upon the writer's request, V4 (Certified Nursing Assistant / CNA) checked on R1 for incontinence and observed R1 with a brownish colored urine-soaked incontinent brief. On 3/27/26 at 9:40 AM, V4 stated that she started at 7:00 AM and didn't get a chance to change R1. A review of the R1's incontinent care plan document interventions, including clean peri-area with each incontinent episode. 2. R2 is a [AGE] year-old male with severely impaired cognition as per the MDS dated [DATE]. The MDS also documents that R1 is dependent on toileting hygiene. On 3/27/26 at 10:10 AM, R2 was observed on his low bed with two incontinent briefs on and mattress linen wet. The inner brief was observed to be urine-soaked with a brownish discoloration. On 3/27/26 at 10:10 AM, V6 (CNA) stated, R2 is peeing a lot, and that's why I put him on two diapers. I am going to change him with only one diaper now. A review of R1's incontinent care plan document interventions, including assisting the resident by toileting frequently. 3. R3 is an [AGE] year-old female with moderate cognitive impairment as per the MDS dated [DATE]. The MDS also documents that R1 is dependent on toileting hygiene. On 3/27/26 at 10:15 AM, R3 was observed in her bed with a brownish discolored, urine-soaked incontinent brief. On 3/27/26 at 10:15 AM, V7 (CNA) stated, R3 was changed around 7:00 AM by night CNA, and I am going to change her now. A review of the R3's incontinent care plan document interventions, including: Assist the resident by toileting frequently. 4. R4 is a [AGE] year-old female with severely impaired cognition as per the MDS dated [DATE]. The MDS also documents that R1 is dependent on toileting hygiene. On 3/27/26 at 10:20 AM, R3 was observed in her bed with a urine-soaked brief with brownish discoloration even to the outside of the brief and mild wet padding. On 3/37/26 at 1022 AM, V8 (Hospice CNA) stated that she visits R4 twice per week and that she is going to change R4 now. A review of the R4's incontinent care plan document interventions, including incontinent care after every diaper change. On 3/27/26 at 1:45 PM, V2 (Director of Nursing / DON) stated, It's not acceptable to leave residents with urine-soaked, brownish-colored incontinent briefs. I will talk to my staff on putting two diapers on residents and to check on residents frequently.</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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