

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/27/2025
NAME OF PROVIDER OR SUPPLIER  Bridgeway Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE  111 East Washington Bensenville, IL 60106	

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 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  (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

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, and record review, the facility failed to ensure a safe, clean, and comfortable environment. This applies to 1 of 5 residents (R5) reviewed for environment in a sample of 5. The findings include:R5's face sheet shows multiple diagnoses, including Parkinson's disease, bipolar disorder, paranoid schizophrenia, unspecified dementia, hypertension, and chronic diastolic heart failure. R5's Minimum Data Set (MDS) shows impaired cognition, impaired mobility, poor safety awareness, and increased fall risk.On 12/26/2025 at 11:45 AM, two floor tiles were raised and uneven in the left corner of the R5's room, creating an unstable surface. V10 (Maintenance Director) acknowledged the tiles were uneven and stated they should have been repaired when it was initially identified. V5 added the uneven flooring contributed to instability of furniture placed on top of the tiles.The window in R5's room had rotting wood, peeling paint, and a non-functioning crank, preventing the window from opening or closing. A piece of wood had been placed on the sill as a makeshift seal, leaving a triangular-shaped gap that allowed cold air to enter the room. V10 stated the window was not repairable and that he had been aware of the condition since approximately September or October 2025, noting the window had been in this state for a couple of months. The room temperature measured 67 F at the time of observation. Additionally, the in-room refrigerator, which staff confirmed was provided by the facility, was observed with an internal temperature of 48 F, water accumulation in the freezer compartment, and moisture along the interior edges. V10 stated the water resulted from thawing due to the refrigerator's inability to maintain appropriate temperature.A Work Order Request Form No. 4623, dated 09/07/2025, showed a request submitted by V15 (R5's Certified Nursing Assistant) stating close window. V10 documented completion on 09/08/2025 with the notation repaired sill. A second Work Order Request Form, No. 4755, dated 09/26/2025, documented a request stating window won't open in R5's room; however, no completion date or corrective action was documented.On 12/27/2025 at 10:25 AM, V15 stated that she submitted the work order in early September 2025 when R5's window became stuck in the open position and could not be closed. V15 stated she attempted to push the window closed from the outside, but it remained stuck. V15 further stated that there had been a gap in the window since that time allowing air into the room, and that R5 was not relocated to another room while awaiting repair.On 12/26/2025 at 1:05 PM, V17 (R5's member) stated that during a visit, he observed the drawers from R5's television stand removed and, on the floor, with R5's personal belongings scattered. V17 reported that R5 told him the television nearly fell forward when she attempted to open a drawer, and that the drawers fell out due to the stand being unstable. V17 stated that when staff attempted to open the drawers themselves, the television and drawers again nearly tipped forward. V17 further stated that the uneven floor tiles beneath the stand contributed to the instability.On 12/26/2025 at 12:17 PM, V3 (Assistant Administrator) stated she was not aware of the uneven floor tiles, window condition, or refrigerator issues and these conditions pose a resident safety concern.The facility's Safety Policy (effective 01/01/2025) states that the facility will ensure a safe living environment for residents, conduct preventive inspections and maintenance, and maintain a system to communicate and address repair needs. The policy further states that part of their procedural guidelines includes preventive inspection and maintenance as well as a method to communicate repair needs.</p>		