

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2025
NAME OF PROVIDER OR SUPPLIER  Beacon Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  2400 South Finley Road Lombard, IL 60148	

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

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F 0578  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.  Deficiency Text Not Available

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to follow physician orders to obtain daily weights for a resident with a diagnosis of congestive heart failure.</p> <p>This applies to 1 of 1 resident (R237) reviewed for congestive heart failure in the sample of 12.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) showed R237 was admitted to the facility on [DATE], with multiple diagnoses including wedge compression fracture of thoracic vertebrae, spinal stenosis of the lumbar region, pulmonary hypertension, and congestive heart failure.</p> <p>R237's Order Summary Report dated July 2, 2025, showed an order dated June 24, 2025, showed Daily weight, one time a day for heart failure with reduced ejection fraction.</p> <p>R237's Weights and Vitals dated July 2, 2025, at 12:22 PM, showed R237 was weighed on June 22, June 26, and July 1, 2025.</p> <p>The facility does not have documentation to show R237 was weighed daily as per physician orders.</p> <p>On July 2, 2025, at 12:37 PM, V2 (DON/Director of Nursing) said R237 has not been weighed daily. V2 said staff should be following physician orders and R237 should have been weighed daily.</p> <p>The facility's policy titled Weight Management dated August 31, 2023, showed Policy Statement: Resident weights will be taken and recorded as instructed to establish baseline weight and monitor changes. Procedures: .Weight Management: 1. Weights will be completed in accordance with Physician Orders. 2. Taking and recording of weights will be performed by nursing team members .</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on interview and record review, the facility failed to provide six servings of Grains/Breads daily on the facility menu.</p> <p>This applies to all 40 residents residing in the facility.</p> <p>The findings include:</p> <p>Facility Long Term Care Facility Application for Medicare and Medicaid, dated June 30, 2025, shows the facility census was 40 residents.</p> <p>Facility Diet Type Report, printed July 1, 2025, shows 39 residents receiving oral diets at the facility were receiving either General, Pureed, Mechanical Soft, Consistent Carbohydrate or Heart Healthy Diets.</p> <p>Review of facility Spring/Summer 2025 Diet Extensions diets, Week 1 Monday through Sunday, show the following number of Grain/Bread servings were missing from the planned facility diets on the respective days:</p> <p>Monday - missing 2 Grain/Bread servings (Mechanical Soft and Pureed diets missing 3 Grain/Bread)</p> <p>Tuesday - missing 1 Grain/Bread (Mechanical Soft and Pureed diets missing 2 Grain/Bread)</p> <p>Wednesday - missing 2 Grains/Breads</p> <p>Thursday - missing 2 Grain/Bread (Mechanical Soft diets missing 3 Grain/Bread)</p> <p>Friday - missing 2 Grain/Bread (Pureed diets missing 1 Grain/Bread)</p> <p>Saturday - missing 3 Grain/Bread (Mechanical Soft and Consistent Carbohydrate diets missing 4 Grain/Bread)</p> <p>Sunday - missing 1 Grain/Bread (Mechanical Soft, Consistent Carbohydrate and Heart Healthy diets missing 2 Grain/Bread)</p> <p>On July 1 at 2:00 PM, 2025, V4 (Director of Nutrition Systems) and V5 (Dietitian) stated the menus were planned using the United States Department of Agriculture My Plate and the Illinois long term care regulations for meal planning to plan the facility menus. V4 and V5 stated the bold items on the Diet Extensions were the food items given to residents if the residents did not personally select their menus.</p> <p>On July 1, 2025 at 2:30 PM, V4 and V5 reviewed the facility diet extensions and stated the menus were short servings of grains. V5 stated she follows the Section 300.2050 Meal Planning regulations to plan the facility menus.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility Menu Nutritional Adequacy Audit Checklist, undated, shows the facility menu was expected to have six servings of grains daily.</p> <p>Facility policy/procedure Resident Menu Planning, Approval and Revision, revised January 2024, shows, Menus are written to meet the nutritional needs of the resident population in accordance with established national guidelines Menus are approved by the dietitian/or other clinically qualified nutrition professional for nutrition adequacy and include all diets Dietitian or qualified nutrition professional - Approves the menu nutritional adequacy in accordance with established national guidelines and refer to menu guidelines.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to have a complete water management plan for Legionella. The facility also failed to ensure the existing water management plan for Legionella was followed.</p> <p>This applies to all 40 residents residing in the facility.</p> <p>The findings include:</p> <p>The facility's Long-term Care Application for Medicare and Medicaid dated June 30, 2025, showed the facility census was 40 residents.</p> <p>On July 2, 2025, at 12:13 PM, V9 (Director of Plant Operations) said the only monitoring conducted in the facility's water management plan for Legionella is testing the water for Legionella. V9 said the last time the facility tested for Legionella was June 24, 2024. V9 said the facility does not have a complete water management plan for Legionella. V9 said he has completed water management plans for Legionella in the past and this plan is missing multiple items like flow diagrams of water, risk areas for Legionella growth, and control measures. V9 said the facility's water management plan for Legionella does not contain the elements required by the federal regulation.</p> <p>On July 2, 2025, at 11:22 AM, V1 (Administrator) said the facility's water management plan for Legionella includes the two documents titled Health Center Prevention and Control for Legionella dated December 21, 2022, and Legionella Surveillance dated December 18, 2024.</p> <p>The facility's water management plan for Legionella does not show an assessment to identify where Legionella can grow and spread, control measures to prevent the growth of opportunistic waterborne pathogens, how to monitor control measures, or ways to intervene if control measures are not met.</p> <p>The facility does not have documentation to show monitoring of control measures.</p> <p>The facility's Legionella water testing results dated June 24, 2024, showed We do recommend continuing to monitor the water on a regular basis to help with the facilities water safety and adhere to CMS (Centers for Medicare and Medicaid Services) standard. The facility does not have documentation to show water testing has been conducted since June 24, 2024.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's policy titled Health Care Prevention and Control of Legionella dated December 21, 2022, showed Purpose: Legionnaire's disease is caused by the organism Legionella pneumophila. The bacterium Legionella can cause a serious type of pneumonia in persons at risk. Those at risk include persons who are at least [AGE] years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as showerheads, cooling towers, hot tubs, and decorative fountains. Although uncommon in post-acute care facilities, Legionnaire's disease may occur and could be either facility or community acquired. The purpose of this policy and related procedures is to ensure specific actions are taken for prevention of Legionella and for investigation should a case occur . Procedures . The environmental services department will be responsible for maintenance of [the facility] water sources. They will also complete random testing of at least three water supply sources within the health centers and communities twice per year unless more frequent testing is mandated by applicable law .</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>Deficiency Text Not Available</p>