STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145609	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillside Rehab & Care Center	1308 Game Farm Road Yorkville, IL 60560

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to ensure residents received their showers.This applies to 4 of 5 residents (R1, R3, R4 and R5) reviewed for bathing in a sample of 6 residents.Findings include:Findings include:1.On 04/01/26 at 11:27 AM, R3 stated he has not been getting his two showers a week and he wanted them. R3 stated his shower days are on Wednesday and Saturday. R3 stated there are only two staff that will shower him when requests to be showered. During the interview R3 had a foul body odor.The POC (Point of Care) documentation for R3 shows he had a total of four showers for the month of February 2026, and R3 did not receive a shower for six days from 2/12/26-2/17/26. R3's March 2026 POC documentation showed R3 was not showered from 3/08/26 to 3/15/26. R3's physician orders direct R3 to be showered twice weekly on Wednesday and Saturday evenings.2.On 04/01/26 at 10:42 AM, R4 stated he does not get showers he gets bed baths, but he did not have a preference. R4 did not recall when he was last bathed. During the interview R4 had a stale body odor and his hair was unkempt.R4's orders state R4 is to be showered twice per week on Tuesday and Friday. R4's POC documentation for February 2026 shows R4 received a total of four bed baths for the entire month. R4's POC documentation for March 2026 shows he received a total of three bed baths provided for the entire month.3.On 04/01/26 at 10:12 AM, R1 stated he is not getting showered twice a week. R1 stated he has been washing up at the bathroom sink but prefers to have his showers.R1'a POC shower documentation for February 2026 shows he received four showers for the entire month. R1's March 2026 POC documentation shows he was not bathed or showered for eight days 3/08/26- 3/15/26. R1's order states CNA (Certified Nursing Assistant) to shower R1 twice per week on Monday and Thursday evenings.4.On 04/01/26 at 11:11 AM, R5 stated she had not had a shower in over three weeks. R5's hair was greasy.The facility was unable to provide any documentation of a shower for R5 for the month of February 2026. R5's POC documentation shows she received one bed bath on 03/31/26 for the month of March 2026. On 04/01/26 at 1:35 PM, V1 Administrator stated if a resident has refused to shower or bath, the CNAs are to document the refusal in the POC. V1 stated there was no other shower documentation for R5 for the month of February and March.On 04/01/26 at 1:51 PM, V4 CNA stated sometimes she may have 18 to 22 residents to care for. V4 stated that when she can't provide a shower for a resident, she will inform the oncoming CNA and sometimes they will complete the shower / bath.On 04/02/26 at 2:58 PM, V2 CNA / Scheduler stated when they are working shorter staffed, residents do not always receive showers. V2 stated shower / bath documentation is always done in the EMR (Electronic Medical Record) in POC. The facility's July 2014 Bathing a Resident policy states it is the policy of the facility that residents will receive a shower / bath scheduled regularly and as needed.

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