

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145609	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Hillside Rehab & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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** 46003</p> <p>Based on observation interview and record review the facility failed to provide hygiene and grooming care assistance to dependent residents. This applies to 4 of 4 residents (R8, R17, R21, R22) reviewed for ADL (Activities of Daily Living) in a sample of 16.</p> <p>Findings include:</p> <p>1. On 03/04/25 at 11:07 AM, R17 was sleeping in bed lying on his right side facing the wall. R17's undergarment was exposed and was saturated. R17's top bed sheet and bottom bed pad and bed sheets were saturated with urine.</p> <p>On 03/04/25 at 11:09 AM, V11 CNA (Certified Nursing Assistant) was called in by surveyor to provide incontinence care assistance to R17. V11 stated he provided incontinence care at 6 AM. V11 stated he had not changed or provide incontinence care since 6 AM.</p> <p>On 03/06/25 at 11:42 AM, V2 DON (Director of Nursing) stated residents need to be checked every two hours and as needed. The expectation is for hourly rounding can be done by a nurse or CNA. Even if a resident is sleeping, staff should be checking them and providing incontinence care. R17 does not have any history or documentation of refusing incontinence care.</p> <p>The facility policy Perineal Care dated July 2017 states the purpose of the procedure is to provide cleanliness and comfort to the resident to prevent infections and skin irritation and to observe the resident's skin condition.</p> <p>41384</p> <p>2. On 03/04/25 at 11:08 AM, R22 was observed with long jagged nails over a 1/2 inch long and facial hair on her upper lip and chin. R22 said that she wanted to be shaved that the facial hair bothers her, and she could not remember the last time she was shaved. R22 said that her long jagged nails bothered her, and she wanted staff to provide nail care for her. R22's 2/7/25 MDS (Minimum Data Set) showed that R22's cognition is intact and that she is dependent on staff for personal hygiene.</p> <p>On 03/06/25 at 12:53 PM, V2 DON (Director of Nursing) said that staff should provide personal hygiene including shaving facial hair and grooming of fingernails daily and as needed.</p> <p>(continued on next page)</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility provided Quality of Life - Accommodation of Needs policy dated February 2012 when asked for their ADL (Activities of Daily living) The Quality of Life - Accommodation of Needs policy shows the facility's environment and staff behaviors are dedicated towards assisting the residents in maintaining and or achieving independent functioning, dignity and well-being. The resident's individual needs and preferences shall be accommodated to the extent possible, except when the health and safety of the individual or residents would be endangered. The facility provided their Shaving policy dated July 2014 and the policy showed that shaving promotes cleanliness and provides skin care.</p> <p>31327</p> <p>3. On 3/04/25 at 11:11 AM, R8 was in bed. Her hair was greasy and was not combed. R8 had facial hair above her upper lip. R8 stated, I've not gotten a bath or shower yet since I have been here. They have never washed my hair. I told the CNA's (Certified Nursing Assistants) to shave me, but they never have any time.</p> <p>On 3 /05/25 at 12:06 PM, R8 still had facial hair on her upper lip. Her hair was still greasy and not combed. R8 stated, I still have not got my shower or bed bath. At 12:10 PM, her CNA (V6) said, We shave as needed, when it's visible and if is she is ok with it. Showers are supposed to be twice a week. We don't give (R8) showers because the nurse told me her oxygen is dropping. (R8) said, But you see my oxygen tank is right there. They are supposed to take my oxygen tank with me to the shower room and give me a shower. They don't even do that or give me bed baths.</p> <p>R8's face sheet shows the following diagnoses: chronic obstructive pulmonary disease with acute lower respiratory infection, chronic respiratory failure with hypoxia, shortness of breath, chronic congestive heart failure, anxiety disorder, depression.</p> <p>R8's POS (Physician Order Sheet) shows an order: Oxygen: Continuous 5 liters/minute per nasal cannula. Maintain SPO2 (oxygen rate) greater than 90%.</p> <p>R8's MDS (Minimum Data Set) dated 2/20/25 shows a BIMS (Brief Interview for Mental Status) score of 9, which means she is moderately impaired in cognition. Section GG Functional Abilities. R8 was as 3 for shower/bathe self, which means she is partial/moderate assistance. Staff does less than half the effort. Staff lifts, holds, or supports trunk or limbs, but provides less than half the effort. For tub/shower transfer, R8 was 2, which means she is substantial/maximal assistance which means the staff does more than half the effort. Staff lifts or hold trunk or limbs and provides more than half the effort.</p> <p>Facility was unable to provide any shower sheets for R8.</p> <p>4. On 3/04/25 at 11:11 AM, V17 (R21's fiancée) was sitting next to R21 while she was in bed. V17 stated that the last two Thursdays, R21 received no showers. V17 stated that Monday and Thursday are her shower days. V17 said, This past Friday, I told the nurse that (R21) didn't get a shower and if she could get one. The nurse said, Oh well, at least they forgot. Our make-up day is Sunday, so I can't give her a shower until then. V17 said that R21 finally got the shower on Monday. R21 confirmed to surveyor that what V17 said was true.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R21's face sheet shows diagnoses of cerebral infarction due to embolism of unspecified cerebral artery, unspecified combined systolic (congestive) and diastolic (congestive) heart failure and acute respiratory failure, unspecified whether with hypoxia or hypercapnia.</p> <p>R21's MDS dated [DATE] shows a BIMS score of 8, which means she has moderate impairment in cognition.</p> <p>R21's baseline care plan (3/1/25) shows that she needs assistance with bathing.</p> <p>R21's shower sheet shows she only received showers on 3/3 and 3/6/25 for this month.</p> <p>On 3/6/25 at 9:42 AM, V2 (DON-Director of Nursing) stated, Residents should get showers twice a week. (R8) should have had a shower in the shower room because she has a portable oxygen tank. That's standard. Sometimes, the doctor will write an order that residents can be off oxygen for a short period of time too.</p>

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46380</p> <p>Based on interview and record review, the facility failed to obtain vital information regarding residents' pacemakers and implanted defibrillator and ensure that it was readily available in the resident's medical record. This applies to 3 out of 3 residents (R3, R27, R30) reviewed for pacemakers in a sample of 16.</p> <p>Findings include:</p> <p>1. R3's face sheet documents an admitted [DATE].</p> <p>R3's face sheet documents the following diagnoses: atrial fibrillation, hypertension, and presence of automatic implantable cardiac defibrillator.</p> <p>R3's medical record was reviewed. There was no physician order documenting the defibrillator and how often it should be checked. There was nothing in the progress notes, admission assessment or care plans that document the manufacturer, model, and serial number of the defibrillator. It was also unknown as to when the defibrillator was last assessed.</p> <p>On 3/6/2025 at 2:44 PM, V2 (DON-Director of Nursing) said facility does not have a Policy on Pacemakers and Defibrillators.</p> <p>2. R27's face sheet documents an admitted [DATE].</p> <p>R27's face sheet document the following diagnoses: atrioventricular block, paroxysmal atrial fibrillation, hypertension, and presence of cardiac pacemaker.</p> <p>R27's medical record was reviewed. There was no physician order documenting the pacemaker and how often it should be checked. There was nothing in the progress notes, admission assessment or care plans that document the manufacturer, model, and serial number of the pacemaker. It was also unknown as to when the pacemaker was last assessed.</p> <p>Facility Policy titled Cardiac Pacemaker Monitoring dated July 2014 does not indicate that information regarding pacemaker/defibrillator should be obtained. The policy stated the following: Purpose: To monitor cardiac pacemaker function on a regular basis to detect malfunction prior to clinical symptoms. Procedure: A physician/ cardiologist will rite an order for the pacemaker check and frequency of subsequent pacemaker check if they choose to monitor pacemaker and battery function.</p> <p>31327</p> <p>3. R30's face sheet shows an admitted [DATE].</p> <p>R30's face sheet shows the following diagnoses: presence of cardiac pacemaker, essential primary hypertension, and hyperlipidemia.</p> <p>(continued on next page)</p>		

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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>R30's hospital notes (5/1/23) from the medical doctor indicates: Past medical history 8. status post pacemaker. Past surgical history: 1). Pacemaker implantation.</p> <p>R30's MDS (Minimum Data Set) dated 1/17/25 shows a BIMS (Brief Interview for Mental Status) score of 12, which means moderate impairment in cognition.</p> <p>R30's care plan (3/1/25) shows: Problem: History and active hypertension. R30 has pacemaker.</p> <p>R250's medical record was reviewed. There was no physician order documenting the pacemaker and how often it should be checked. There was nothing in the progress notes, admission assessment or care plans that document the manufacturer, model, and serial number of the pacemaker. It was also unknown as to when the pacemaker was last assessed.</p> <p>On 3/6/25 at 9:42 AM, V2 (DON-Director of Nursing) stated, Here is a care plan for the pacemaker. I don't see a model or serial number. There should be a model and serial number on the care plan. If something were to happen, the hospital needs to know that information for trouble shooting and they need to know what kind of pacemaker it is. It is the admitting nurse's responsibility to get all that information at the time of admission.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31327</p> <p>Based on observation, interview, and record review, the facility failed to follow physician orders and apply restorative devices to prevent further worsening of contractures. This applies to 1 of 2 residents (R23) reviewed for restorative in a sample of 16.</p> <p>The findings include:</p> <p>On 3/4/25 at 10:55 AM, R23 was sleeping. Both of her hands were severely contacted. She had no assistive restorative devices on her hands.</p> <p>On 3/5/25 at 12:30 PM, surveyor went with V8 (RN-Registered Nurse) inside R23's room. R23 is nonverbal. R23 still did not have any splint, carrot or other assistive device in both of her hands. Surveyor asked V8 where they were. V8 stated, I don't know. They should be here. She used to have a carrot but, it's soiled. V8 looked around and found one of the rolled up towels under the bed. She put the rolled up towel into the left contracted hand. She stated she will make another one for R23's right hand.</p> <p>On 3/5/25 at 1:10 PM, V1 (Administrator) said, (V7-Former RN) was our MDS (Minimum Data Set) nurse and she oversaw our restorative program. She left us and is at another facility. We currently have no restorative nurse. We have no restorative aides. The CNA's (Certified Nursing Assistants) are supposed to do restorative therapy. Resident # 23's husband removes the carrot. I will try to find documentation on that. He does the restoratives exercises on her.</p> <p>On 3/6/25 at 9:50 AM, V2 (DON-Director of Nursing) stated, (R23) is supposed to have rolled towels in both her hands to prevent worsening of her contractures. She used to have carrots, but her husband took them out.</p> <p>On 3/6/25, at 11:49 AM, V2 stated that she was unable to find any documentation in the progress notes that R23's husband removes the carrots. She said that her husband's behavior of removing them are not care planned.</p> <p>R23's face sheet shows the following diagnoses: other disorders of the brain in diseases classified elsewhere, nontraumatic intracerebral hemorrhage, multiple localized.</p> <p>R23's POS (Physician Order Sheet) shows orders of: Restorative therapy program for PROM (Passive Range of Motion) 6-7 times a week twice a day and splint to affected extremity-carrot inside hand twice a day-7am to 11am, 3pm to 6 pm.</p> <p>R23's care plan (1/23/25) shows she is in a restorative program and requires total dependence. She is in a comatose state.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R23's MDS dated [DATE] shows R23 was assessed as 1, which means she is dependent on staff for all functional abilities such as personal hygiene, putting on/taking off footwear, upper/lower body dressing, showering/bathing self, toileting hygiene and oral hygiene. R23's BIMS (Brief Interview for Mental Status) score was left as blank. R23 was triggered as 3, which means she is severely impaired in cognitive skills for decision making. She is also impaired on both sides of her upper and lower extremities.</p> <p>R23's care plan dated 7/22/22 shows: Approach: ensure carrot/washcloth is in the palm of hands.</p> <p>Facility's policy titled Restorative Nursing (August 2023) shows: 1. Restorative nursing services are provided by restorative nursing assistants, certified nursing assistants and other staff trained in restorative techniques. 2. Restorative nursing is under nursing supervision a. Range of Motion-active and passive. d. splint or brace assistance.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>41384</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper positioning of indwelling catheters. This applies to 1 of 3 residents (R33) who were reviewed for catheter care in a sample of 16.</p> <p>The findings include:</p> <p>On 03/04/25 at 12:40 PM, R33 was observed in his bed with an indwelling catheter leg bag on his right leg. R33 said that he wears his leg bag all day, every day, including when he is in the bed during the day. R33 said that the staff only puts the large drainage bag on at night before he goes to bed for the night.</p> <p>On 03/05/25 at 09:59 AM, V2 DON (Director of Nursing) said that R33 should not have the leg bag on when in bed. V2 said that the catheter bag should be lower than the level of the bladder to prevent back flow into the bladder, UTIs (Urinary tract infections,) and improper drainage.</p> <p>R33's diagnoses include history of UTIs, and benign prosthetic hyperplasia with lower urinary tract symptoms.</p> <p>R33's 9/4/24 care plan showed that R33 is at risk for UTIs due to catheterization secondary to a diagnosis of urinary retention with approaches including observe for signs and symptoms of UTI - pain, cloudy urine, odor, bladder distention, burning sensation, dysuria, and observe for urinary retention.</p> <p>R33's 4/8/24 care plan showed that R33 has an indwelling catheter and is at risk for UTI, obstructive and reflux uropathy. The care plan shows approaches including assess urine color/odor/clarity, provide good perineal and catheter care every shift and as needed.</p> <p>On 03/06/25 at 01:19 PM, V2 DON (Director of Nursing) said that the catheter leg bag should not be on R33 when he is in bed because the drainage bag should be below the level of the bladder. V2 said that if the catheter drainage bag does not hang below the level of the bladder it can cause UTIs and cause urine to back up and retain in the bladder. V2 said that wearing a leg bag all day long can cause skin break downs.</p> <p>The facility's Catheter Care, Urinary policy dated February 2012 showed that the urinary drainage bag must be held or positioned lower than the bladder at all times to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>31327</p> <p>Based on observation, interview, and record review, the facility failed to follow current standards for checking proper placement when administering medications through a g-tube (gastrostomy). This applies to 1 of 1 resident (R23) reviewed for g-tubes in a sample of 16.</p> <p>The findings include:</p> <p>On 3/5/25 At 12:58 PM, V8 (RN-Registered Nurse) wiped port of g-tube with alcohol pad. She checked for placement by instilling about 10 cc of air and then auscultated with her stethoscope. Surveyor asked V8 how she checks for placement. V8 said, I check for placement by instilling air and auscultating by listening with my stethoscope. Surveyor asked her if she ever checks for residual. She said, In the morning, I checked for residual.</p> <p>V8 administered three medications of Keppra, Claritin, and Miralax via g-tube to R23.</p> <p>On 3/6/25 at 9:42 AM, V2 (DON-Director of Nursing) stated, I think the regulation says the proper way to check for g-tube placement is by checking for residual. You probably shouldn't check placement by putting air into the g tube and listening. The nurse should follow what the regulation says.</p> <p>R23's face sheet shows diagnoses of dysphagia, oropharyngeal phase, gastro-esophageal reflux disease with esophagitis, without bleeding, other mechanical complication of surgically created arteriovenous shunt, sequela.</p> <p>R23's POS (Physician Order Sheet) had the following orders: Enteral Feeding: Check Tube Placement by aspirating stomach contents before meals: 7:30 AM to 1:00 PM, 2:00 PM to 10:00 PM, 10:00 PM to 6:00 AM. Enteral Feeding: Check Tube Placement by auscultating air passage every shift.</p> <p>R23's MDS (Minimum Data Set) dated 1/24/25 shows: Section GG Functional Abilities: Eating (The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident). R23 was assessed as 88, which means it was not attempted due to resident's medical condition or safety concerns.</p> <p>R23's care plan (1/23/25) shows: Problem-(R23) requires feeding tube related to aphasia. Approach: Check placement and patency of feeding tube before each feeding or medication administration.</p> <p>Facility's policy titled Enteral Feeding Tubes: Confirming Placement (2/2012) shows: 3. Attach a 60 cc syringe (empty if aspirating contents or with 30 cc air in it) to the end of the tube. 4. If tube is clamped, unclamp tube. 5. Draw back on plunger to aspirate stomach content. 6. Verification of placement of tube is complete when stomach content is visualized. 7. If tube feedings are not continuous, clamp the tube.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31327</p> <p>Based on observation, interview, and record review, the facility failed to contain and secure respiratory equipment. This applies to 4 of 4 residents (R29, R30, R32, R41) reviewed for oxygen equipment in sample of 16.</p> <p>The findings include:</p> <p>1. On 3/4/25 at 10:38 AM, R32's nebulizer mask on her dresser was not covered. R32 stated it's never kept in a bag.</p> <p>R32's face sheet shows the following diagnoses: COPD (Chronic Obstructive Pulmonary Disease), Unspecified bacterial pneumonia, respiratory syncytial virus, and nasal congestion.</p> <p>R32's POS (Physician Order Sheet) shows an order for Ipratropium-albuterol solution for nebulization; 0.5 MG (Milligrams)-3 MG (2.5 MG base)/ 3 ML (Milliliters) every 4 hours as needed for congestion for SOB (Shortness of Breath)</p> <p>R32's MDS (Minimum Data Set) dated 2/28/25 shows a BIMS (Brief Interview for Mental Status) score of 3, which means she is severely cognitively impaired.</p> <p>2. On 3/4/25 at 11:38 AM, R30's nebulizer mask was on his dresser and was not covered. R30 stated his nurse never gave him a bag for it.</p> <p>R30's face sheet shows diagnoses of Parkinson's disease, presence of cardiac pacemaker and acute sialoadenitis.</p> <p>R30's POS shows an order for Ipratropium-albuterol solution for nebulization; 0.5 MG (Milligrams)-3 MG (2.5 MG base)/ 3 ML (Milliliters)-Administer one breathing treatment every 6 hours as needed due to nonproductive cough and congestion.</p> <p>R30's MDS dated [DATE] shows a BIMS score of 12 which means he is cognitively intact.</p> <p>3. On 3/4/25 at 12:08 PM, R29's nebulizer face mask was lying on top of her dresser. It was not contained in a bag. R29 stated that the nurses never put it in a bag.</p> <p>R29's face sheet shows diagnoses of acute respiratory disease, iron deficiency anemia, anxiety disorder, morbid (severe) obesity due to excess calories, acute upper respiratory infection, nasal congestion, and cough.</p> <p>R29's POS shows an order for Albuterol Sulfate: solution for nebulization; 2.5 MG/3 ML (0.083%) amount 2.5 MG; inhalation. Take 2.5 MG by nebulization every 6 hours as needed for wheezing.</p> <p>R29's MDS dated [DATE] shows a BIMS score of 15, which means she is cognitively intact.</p> <p>46380</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. On 3/4/25 at 11:09 AM, R41's nebulizer tubing was noted touching the floor and the mask was unbagged and undated. R41's floor was sticky with a lot of debris on the floor. R41 said the housekeeper did not clean his room yet.</p> <p>R41's face sheet shows and admitted [DATE]. Physician Order Sheet documents that an order for nebulization solution for cough/shortness of breath.</p> <p>On 3/6/2025 at 9:30 AM, V2 (DON-Director of Nursing) said respiratory equipment like oxygen tubing and mask and nebulizer tubing and mask should be labeled and bagged. He said equipment should be dated so staff knows when it should be replaced. She said respiratory equipment should be bagged for infection control.</p> <p>Facility's Policy on Respiratory Tubing dated February 2012 stated that tubing should be in the bag when not in use and plastic should be dated and taped to the oxygen canister/concentrator or nebulizer.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46380</p> <p>Based on observation, interview, and record review the facility failed to properly secure medications. This applies to three out of three residents (R2, R3, R20) reviewed for medications in a sample of 16.</p> <p>The findings include:</p> <p>1. On 3/4/2025 at 11:20 AM, a bottle of Preservision AREDS 2, 1 bottle of Nasal Mist, 1 bottle of ABC Plus Senior Multivitamin, and 1 bottle of Magnesium with Zinc was observed on R3's bed side table and nightstand. R3 said her friend brought the medications in a long time ago. She said she has all the medications on her table for some time and does not seem to bother the nurses.</p> <p>On 3/4/2025 at 11:24 AM, this surveyor and V8 (RN-Registered Nurse) reviewed R3's medication list. R3 has no order for medication to stay at the bedside, no order for R3 to self-medicate and had no order for Preservision AREDS 2, Nasal Mist, ABC Plus Senior Multivitamin, and Magnesium with Zinc. V8 said R3 did not trust staff to administer medication to her and wanted to keep the medication at the bedside.</p> <p>On 3/6/2025 at 9:30 AM, V2 (DON-Director of Nursing) said no resident is allowed to keep medication by the bedside. She said nurses should immediately remove the medication from bedside and call the doctor to ask for order for medication. She said the medication should be promptly returned to family members and educate them of facility's policy.</p> <p>R3's face sheet documents and admitted [DATE]. Diagnoses includes chronic obstructive disease, congestive heart failure, atrial fibrillation, cardiomyopathy, hypertension, hyperlipidemia, and polyneuropathy. R3's MDS (Minimum Data Sheet) dated 1/22/2025 documents her BIMS (Brief Interview for Mental Status) as 9 which means she has moderate cognitive impairment.</p> <p>Facility's Policy on Storage of Medications dated 5/12/2018 stated the following: Policy: Medications and Biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only by licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Procedures: B. Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (such as medication aides) permitted to access medications. Medication rooms, carts, emergency kits/boxes, and medication supplies are locked when not attended by persons with authorized access.</p> <p>46003</p> <p>2. On 03/04/25 at 11:49 AM, R2 had a 15 gm (Gram) bottle of prescription Nystatin powder on her over bed table.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/06/25 at 10:51 AM, R2 had a 15-gm bottle of Nystatin powder on her overbed table. R2 stated she puts the powder on her breast and abdominal folds but did not remember if it was to be applied once or twice per day. R2 stated she did not recall the identity of the nurse who left the medications with her.</p> <p>R2's current physician orders includes Nystatin powder 100,000 units / gram. apply to folds topically two times per day for excoriation. Place under bilateral breast, groin and abdominal folds</p> <p>On 03/06/25 at 11:42 AM, DON (Director of Nursing) stated there are no residents in the facility assessed to keep medications at the bedside. Nurses should not be leaving medications at the bedside for residents to self-administer. They need to stay at the bedside to physically watch the resident take the medication then take the medication with them.</p> <p>41384</p> <p>3. On 03/04/25 at 11:45 AM, R20 was in his room in his wheelchair and inside a bag attached to R20's wheelchair was 2 bottles of fluticasone 0.54 oz (nasal spray for allergies). R20 said that the nurse gave the bottles to him.</p> <p>R20's 7/1/24 Physician's order showed Flonase spray 50 mcg/actuation 1 spray bilateral nostrils 2 times a day as needed.</p> <p>On 03/06/25 at 12:51 PM, V2 (DON) said that R20 cannot have medications in his room because the facility can't insure R20 will follow the doctor's order. V2 said that her expectations are that the staff secure the medications in a locked place.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46380</p> <p>Based on observation, interview, and record review, the facility failed to properly label/date/store food items, maintain proper levels for sanitation bucket, and wear hair restraint while preparing and serving food from facility kitchen. This applies to all residents that receive oral nutrition and foods prepared in the facility kitchen.</p> <p>Findings include:</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid (Form CMS-Centers for Medicare and Medicaid Services-671) dated 3/4/25 documents the total census was 45 residents.</p> <p>On 3/5/25 at 1:30 PM, V2 (DON-Director of Nursing) said there is only one resident on NPO (Nothing by Mouth); all other residents eat from the facility kitchen.</p> <p>On 3/4/25 starting at 9:53 AM, the facility kitchen was toured in the presence of V9 (Culinary Director), and the following was found:</p> <p>V9 and V15 (Cook) were not wearing hair covering. V15 was preparing food items for lunch.</p> <p>In the dry storage room, the following food items were found opened and undated: two bags of gravy mixes, one bag of panko , and one big jar of peanut butter. There were also two cans of 106 oz (ounces) corn and one can of 106 oz mandarin orange that were dented.</p> <p>In the preparation counter, there was an opened and undated bag of potato chips that was half full.</p> <p>In the freezer, there were two bags of opened and undated tater tots and one bag of opened and undated potato wedges.</p> <p>In the chiller, there was half a pitcher of opened and undated orange juice and almost consumed jug of cranberry juice.</p> <p>On 3/4/25 during the kitchen tour, V9 tested the sanitation bucket. V9 put a test strip into the bucket. The test strip appeared very light in color and was zero ppm (parts per million). The manufacturer's guidelines posted on the wall document that the test strip should have read 12.5 ppm. V9 was unable to explain why the sanitation bucket was that way.</p> <p>On 3/5/25 at 10:30 AM, V9 and V16 (Cook) were observed preparing mechanical and pureed food without wearing hair covering. V16 had thick and long facial hair that was not covered.</p> <p>On 3/5/25 at 11:45 AM, V9 tested the sanitation bucket. The testing strip's color was orange instead of green meaning there was no sanitation chemical in it. Again, V9 was not able to say why the sanitation bucket was that way.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 3/6/25 at 10:50 AM, V9 said all staff in the kitchen should wear hair restraints covering all their hair including facial hair. He said hair restraint is needed to avoid hair falling into resident food causing contamination. He said all opened foods should be labeled and dated for food safety, so staff knows how long it was opened and when to throw them out. He said food cans should be inspected upon delivery to make sure there is no leakage or dents that may be a sign of contamination. He said sanitation buckets should be at the proper level to prevent contamination of food preparation areas.</p> <p>Facility's Food and Supply Storage Policy dated January 2012 stated the following: 6. All foods will be covered, labeled, and dated.</p> <p>Facility's Personal Hygiene & Uniform Appearance Policy dated January 2012 stated the following: Policy: Hair nets or hair coverings shall be worn while in the kitchen or storage areas. Facial hair shall be covered with a beard cover.</p> <p>Facility's Sanitizing and Disinfectant Solutions Policy dated 2020 stated the following: Guideline: Employee shall refer to the manufacturing guidelines for the proper use of sanitizer and disinfectant solutions. Procedures: 1. The employee will prepare sanitizer solution or disinfectant solution in accordance with manufacture 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>41384</p> <p>Based on observation, interview and record review the facility failed to review and update the Infection Control Policy Annually, Implement a system of surveillance to identify infections or communicable diseases, appropriately handle and store linens, wear appropriate Personal Protective Equipment, prevent cross contamination during wound care and incontinence care, perform appropriate hand hygiene and implement Enhanced Barrier Precautions. This affects all 45 residents in the facility during the time of this survey.</p> <p>The findings include:</p> <p>1. The facility's Long-Term Care Facility Application for Medicare and Medicaid (Form CMS-Centers for Medicare and Medicaid Services-671) dated 3/4/25 documents that the total census was 45 residents.</p> <p>On 3/5/25 at 12:02 PM, V2 (DON) provided the state surveyor the facility's current copy of their Infection Control policy with a date of August 2018. V2 and V18 (IP) both confirmed that it was the facility's current Infection Control policy. On 3/6/25 at 12:41 PM V2 said that the Infection Control policy should be reviewed an updated annually to keep compliant with the most recent or current CDC (Center for Disease Control) or local health departments regulations.</p> <p>2. On 3/5/25 at 12:02 PM, V2 DON (Director of Nursing) and V18 IP (Infection Preventionist) were being interviewed for infection control. V18 said that it was her 1st day at being the facility's IP. V2 said that the facility has not been doing infection surveillance since October 2024 and V18 was unable to provide documents showing a surveillance plan for the facility after October 2024. V2 said that since the facility has stopped doing infection surveillance after October 2024, they do not know where the infections are, and they cannot track infections and put prevention measures in place.</p> <p>3. On 3/4/25 at 12:21 PM, there was a bag of dirty linen on the floor in the shower room. V12 CNA (Certified Nurse's Assistant) said that it is left on the floor and when the bag is full it is taken out. V12 said they do not have a cart to put the dirty linen in. At 12:24 PM, V11 (CNA) was in the soiled utility room and several bags of clean linen bags were observed on the floor of the soiled utility room. V11 said that the facility does not have a cart to put the soil linen in, and when he removes the bag of soil linen, he puts it in a trash can, and he takes it out to the shed outside and empties the trash can into the shed for pick up on Fridays. V11 said that the clean linen bags are stored in the soiled linen room on the floor. On 3/5/25 at 12:02 PM V18 (IP) said the clean soiled linen bags are to be kept in the clean linen room, not on the floor in the soiled linen room because of cross contamination and infection. On 3/5/25 at 12:02 PM V2 (DON) said the soiled linen should not be on the floor, they should be in a hamper or container with a lid that closes. V2 said that the soiled linen should not be on the floor for infection prevention and contamination.</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>4. On 3/4/25 at 12:00 PM, V12 (CNA) went into R16's room to deliver R16 his lunch tray, there was a sign on the wall next to R16 door showing that R16 was on contact precautions and staff are to wear gowns and gloves before entering the room. V12 left out of the room and came back into the room with crackers for R16, again no gown or gloves on. Then V12 went back to the cart of lunch trays and grabbed R7's tray and delivered R7 his lunch tray. V12 did not clean her hands after leaving R16's room before grabbing R7's tray. On 3/6/25 at 12:02 PM, V2 (DON) said that if a resident is on contact precautions the staff delivering trays must put on gloves and gowns at minimum and should clean their hands before delivering trays to the next resident to prevent infections from spreading.</p> <p>5. On 3/6/25 at 11:26 AM, V13 (Nurse) was providing wound care for R35's right foot. V13 carried a wash basin into the room with his supplies and placed it on R35's over the bed side table. V13 needed to cut a piece of calcium alginate but did not have scissors. R35 gave V13 a pair of scissors from his drawer. V13 cut open the sterile 6.5-inch x 6.5-inch package of calcium alginate and cut a 1-inch x 1- inch piece off it and then placed the remainder back in the opened packaged. V13 then placed the piece of calcium alginate on R35' wound. At V13 was done with wound care, V13 carried the basin with the supplies back out to the wound cart and placed it on the top of the wound cart but did not clean the basin first. Then V13 gathered supplies into the basin for R16. R16 is on contact precautions. V13 entered R16's room at 11:16 AM. V13 placed the same basin on R16's over the bed side table. V13 cut a 1.5-inch x 1.5-inch piece of calcium alginate from the same 6.5-inch x 6.5-inch calcium alginate he had left from R35. V13 then place the 1.5 x 1.5 piece of calcium alginate on R35's wound to his left foot. After V13 finished wound care on R35, V13 took the cart into the clean utility room and put an adhesive dressing back into the lower drawer of the cart. V13 did not clean the basin that he had brought into both R35 and R16's rooms.</p> <p>On 03/06/25 at 01:04 PM, V2 (DON) said that the nurse shouldn't have used R35's scissors for infection control measures, the scissors were not cleaned, the nurse should have cleaned the wash basin after leaving R35' room before placing it on the wound cart and then bringing back into R16's room. V2 said that her expectations are that the nurse cleans the basin after leaving 1st room before placing on cart for infection control purposes. V2 said that the nurse should not have used the opened calcium alginate that was used for R35 because he cut it with the unclean scissors, this is an infection control issue. V2 said that the adhesive dressing is contaminated and since he did not clean it, he should have disposed of it and not put it in the drawer with stock because it is contaminated and now, he has contaminated the clean stock. V2 said that this could possibly spread bacteria, viruses or any other organisms.</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 Infection Prevention and Control Program Policies and Procedures General Statement dated August 2018 shows that the organization has made a commitment to prudent infection prevention and control measures by promoting the concept of compassionate, common-sense resident and patient care, with an emphasis on cleanliness and infection prevention strategies. The organization has an established infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. We strive to implement evidence-based approaches to infection prevention. The infection prevention and control program: investigates, controls, and prevents infections in the organization, decides what procedures such as isolation should be applied to the individual resident, maintains a record of incidents and corrective actions related to infections, has written procedures as a basis of determination for isolation transmission based precautions to help prevent the spread of infection, has an employee health directive to prevent the spread of communicable diseases through work restriction and hand hygiene. Hand hygiene general statement good hand hygiene is requirement of standard precautions. Wash and sanitize hands before and after each care contact for which hand hygiene is indicated and acceptable professional practice, utilizing designated time frames and products. Hands should be washed with soap and water when they are visibly soiled, or if they have come in contact with blood or body fluids, before or after eating or handling food, and time specified by other applicable regulations.</p> <p>The facility's Isolation Precautions/Enhanced Barrier Precaution policy dated April 1st 2024 showed that Standard precautions are required by healthcare workers to eliminate the degree of risk associated with a given task or plan for appropriate personal protective equipment. Enhanced barrier precautions are used in combination with standard precautions to expand the use of personal protective equipment (PPE) to donning of gown and gloves during high contact resident care activities.</p> <p>46003</p> <p>6. On 03/04/25 at 11:09 AM, during incontinence care for R17, V11 CNA (Certified Nursing Assistant) placed a plastic bag with a urine-soaked brief on the floor. V11 then removed his soiled gloves put them in the garbage bag and pulled another pair of gloves from his pants pocket and put them on without performing hand hygiene. V11 turned on the room light switch with his gloved hand and continued to provide incontinence care to R17. V11 placed a clean brief on R17 and went to his closet to look for items without removing his gloves or performing hand hygiene. With the same gloves V11 placed a gait belt on R17 and placed him in his wheelchair. V11 then removed his gloves and loosed bed sheets from the corner of R17's bed. V11 then put a new pair of gloves from his pocket and partially bagged the soiled linen. V11 picked the bag with the soiled undergarment on R17's bed and finished bagging the soiled bed linens. V11 then removed the glove from his left hand and opened the room door with his soiled gloved right hand. V11 then took the bagged soiled linen and garbage bag to the soiled utility room. V11 placed the soiled linen in the in the cart and soiled undergarment in the large can and removed his remaining glove. V11 then reached in the garbage can with his ungloved gloved hands opened the bag with the soiled undergarment and sifted through the contents. V11 stated he was making sure he didn't throw away a washcloth.</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>7. On 03/05/25 at 09:36 AM, with ungloved hands V12 CNA (Certified Nursing Assistant) placed soiled linen on the foot of R8's bed. V12 dropped a washcloth with brown stains on the floor. With ungloved hands V12 picked the soiled washcloth off the floor and put it on R8's bed. Without performing hand hygiene V12 then went to the soiled utility room took out a soiled linen cart. V12 then walked to the clean linen closet and removed a clean flat sheet. V12 then took the soiled linen cart and flat sheet back to R8's bedroom. V12 placed the soiled from R8s bed in the soiled linen cart. V12 then placed the flat sheet on R8's.</p> <p>On 03/06/25 at 11:42 AM, V2 DON (Director of Nursing) stated staff should not place soiled items and garbage on residents' bed. If staff handle soiled linen and garbage they should do hand hygiene. They should do hand hygiene before moving to next care area. Staff should not touch door handles with soiled hands. Staff should not handle clean linen with soiled hands. V2 stated staff should perform hand hygiene before and after removing gloves and providing care.</p> <p>The facility policy Linen Handling dated April 2015 states linen will be handled in a manner to prevent infection and spread of disease.</p> <p>The facility policy Incontinence Brief Disposal dated April 2015 states incontinence briefs are disposed of properly to prevent odors and spread of infection.</p> <p>The facility policy Handwashing dated December 2020 states all staff thoroughly cleanses hands with friction, soap and water to control infection and reduce transmission of organisms. Hands should be thoroughly washed before and after providing resident care. Proper hand washing techniques must be followed at all times. Hand antiseptic / sanitizer is a supplement or alternative to the use of soap and water when hands are not visibly soiled.</p> <p>46380</p> <p>8. On 3/4/2025 at 11:20 AM, R3 was observed to have indwelling Foley catheter. R3 said she has a wound on her left lower leg. No signage for EBP (Enhanced Barrier Precaution) was observed on the door, no PPE (Personal Protective Equipment) bin noted by R3's door.</p> <p>On 3/5/2025 at 9:39 AM, transfer was observed. R3 is transferred using a mechanical lift. R3 was assisted by V12 (CNA-Certified Nurse Assistant) and V22 (CNA). V12 and V22 were only wearing gloves during transfer. Both CNAs were handling and repositioning R3's indwelling urinary catheter during the transfer.</p> <p>R3's EHR (Electronic Health Record) documents she has indwelling urinary catheter for neurogenic bladder and has a surgical wound on her left lower leg. R3's POS (Physician Order Sheet) does not show any order for EBP. R3 had no care plan for EBP.</p> <p>9. On 3/4/2025 at 11:45 PM, R27 observed to have indwelling urinary catheter. R27 stated she has a wound on her right heel. No signage for EBP was observed on the door, no PPE bin noted by R27's door.</p> <p>On 3/4/2025 at 12:30 PM, wound care was observed. Wound care was provided by V8 (RN-Registered Nurse). While providing care, V8 was only wearing gloves and surgical mask.</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>R27's EHR documents she has indwelling urinary catheter for urine retention and has an unstageable diabetic wound on her right heel. R27's POS does not show any order for EBP. R27 had no care plan for EBP.</p> <p>On 3/6/2025 at 9:30 AM, V2 (DON-Director of Nursing) said EBP should be observed for residents with colonized infection, indwelling urinary catheters, feeding tubes and wounds. She said she expects staff to wear proper PPE when providing care to residents under EBP. She said proper PPE includes gown, gloves, face mask and eye protection if there is risk for spray. She said wearing proper PPE protects staff and residents and for infection control.</p> <p>Facility's Isolation Precautions/Enhanced Barrier Precaution (EBP) Policy dated April 1, 2024 sated the following: Policy: It is the policy of Helia Healthcare to make every effort to prevent the spread of infection in the facility. Enhanced Barrier Precautions is used in combination with Standard Precautions and expand the use of Personal Protective Equipment (PPE) to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. Procedure: EBP will be used for any resident who meets the following criteria: Chronic wounds, such as, pressure ulcer, venous stasis ulcers, diabetic ulcers, unhealed surgical wounds. Indwelling medical devices, such as, central lines, urinary catheters, feeding tubes, and tracheostomies.</p> <p>31327</p> <p>10. On 3/4/25 at 10:55 AM, there was no EBP (Enhanced Barrier Precautions) sign outside of R23's room.</p> <p>On 3/5/25 at 12:30 PM, there was no EBP sign outside of R23's room.</p> <p>On 3/6/25 at 10:30 AM, there was still no EBP sign outside of R23's room.</p> <p>Throughout the survey, R23 was observed to have a g-tube and catheter.</p> <p>On 3/5/25 at 12:58 PM, V8 (RN-Registered Nurse) wiped port of g-tube with alcohol pad. She checked for placement by instilling about 10 cc of air and then auscultated with her stethoscope. V8 administered three medications of Keppra, Claritin, and Miralax via g-tube to R23. R23 did not wear a gown.</p> <p>R23's face sheet shows diagnoses of: other mechanical complication of surgically created arteriovenous shunt, sequela and neuromuscular dysfunction of bladder</p> <p>R23's POS (Physician Order Sheet) shows orders of Change indwelling catheter monthly and PRN (As Needed). Special instructions: Foley catheter size: 16 FR (French)/ 10 cc once a day on the 21st of the month days 6 AM to 2 PM. Enteral Feeding: Formula-Isosource, Strength 1.5, Flow Rate 40: Special Instructions-Isosource 1.5 at 40 ML (Milliliters) x 22 hour until or until 881 ML infused. Check Tube Placement by auscultating air passage.</p> <p>There was no order for EBP precautions on R23's POS.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145609	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Hillside Rehab & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R23's care plan shows a problem which documents: (R23) requires an indwelling urinary catheter related to neurogenic bladder (1/23/25). R23's care plan (1/23/25) shows: Problem-(R23) requires feeding tube related to aphasia. Approach: Check placement and patency of feeding tube before each feeding or medication administration.</p> <p>R23 did not have a care plan for EBP precautions.</p> <p>On 3/6/25 at 9:42 AM, V2 (DON-Director of Nursing) stated, There should be signs on the doors of residents who are on EBP (Enhanced Barrier Precautions). The nurse should wear a gown, eye protection, gloves and masks when taking care of things like catheter and g-tube.</p>		