

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Wheaton Village Nrsng & Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 Manchester Road Wheaton, IL 60187	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility failed to address complaints and grievances from residents or significant others concerning issues with resident laundry and call light response. This failure applies to 4 of 4 residents (R1, R2, R3, R4) reviewed for grievances. Findings include: 1) On March 02, 2026 at 10:40 AM, V20 (Caregiver) said she sees R3 regularly per family's request. V20 said it can take staff 15-20 minutes to respond to the call light. V20 said sometimes R3 goes to the bathroom on her own because if she presses the call light it may take 15-20 minutes before staff responds and by that time R3 will have an accident. R3 agreed with V20's report regarding call light response time. On March 02, 2026 at 12:20 PM, R1 said he uses his call light or cell phone to request staff assistance. R1 said he wears pullups because of bed sores and staff takes an hour to respond to his call light when pressed, and there is often no response. On March 04, 2026 at 1:31 PM, V2 (Director of Nursing) said there has been some reports regarding call light response, she probably receives concerns regarding call light response approximately once per week, and there have been some complaints received from the Ombudsman regarding call lights. V2 said call light concerns should be documented on grievance forms and followed up on and agreed that if this process does not take place that potential call light response issues may not be identified. V2 could not provide evidence of how or if these reported concerns were followed up on. Grievances from December 2025 - March 2026 provided by the facility 03/03/2026 and 03/05/2026 did not include reports, findings, or resolutions of poor call light response times. 2) On March 02, 2026 at 10:40 AM, V20 (Resident Representative) said R2's family does her laundry because of items going missing, and during the winter months even some comforters went missing. R2 agreed clothing items sometimes go missing. A large pile of clothes was sitting on a bedside table next to R2's bed. R2's clothes were not labeled. V8 (Certified Nursing Assistant) said a family member was washing all R2's clothes but no longer is. The family delivered the clothes but had not labeled them and will not be doing R2's laundry anymore. V8 was not exactly sure when the clothes were brought in for R2, but it had been recently. There was no other inventory lists found in R2's medical records other than during the time of her admission on [DATE] and the facility did not provide any other inventory lists for R2 as requested on 03/04/2026. On March 02, 2026 at 10:40 AM, V20 (Caregiver) said she sees R3 regularly per families' request. V20 said other resident's clothes are returned to R3's room from laundry and she has reported this to V21 (Business Office manager/Admissions), every week something of R3's is missing, and this is a common issue. Approximately 6 months after R3 was admitted the facility attempted to inventory her belongings but no more after that. R3 confirmed V20's report regarding having missing items from laundry. On March 02, 2026 at 12:20 PM, R1 said his clothes went missing and he saw other residents wearing his shirts. The facility did not inventory his belongings on admission, and he is missing about five pairs of shoes. R1's medical records did not include, and the facility did not provide as requested 03/04/2026 any documentation of R1's personal items being inventoried or R1 declining to have his personal items inventoried. On March 03, 2026 at 9:47 AM V8 (Certified Nursing Assistant) said there had been some issues in the past month with items missing from laundry due to laundry staff turnover. On March 03, (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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Wheaton Village Nrsng & Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 Manchester Road Wheaton, IL 60187	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2026 at 10:02 AM, R4 said there had been some issues with clothes being returned from the laundry and he has reported this to nurses. On March 03, 2026 at 12:00 PM, V11 (Certified Nursing Assistant) said she has received complaints from residents regarding laundry. Residents have reported they didn't receive their clothes. V11 said the former permanent laundry aide no longer worked at the facility and the new laundry staff aren't familiar with the resident's clothes. V11 said resident's clothes are labeled. December 2025 resident council meeting reports include concerns regarding clothes not being returned to the right person due to laundry staff not reading labels. January and February 2026 resident council meeting reports include concerns regarding clothes from laundry not going to the correct rooms, and missing clothes from laundry. Grievance form dated 02/21/2026 includes concerns reported from the Ombudsman regarding a resident's missing items. On March 04, 2026 at 1:31 PM, V2 (Director of Nursing) said the facility has an inventory form and the aides document all the resident's belongings on admission, and once completed the form is uploaded to the chart. V3 (Assistant Director of Nursing) said if a resident refuses to have their items inventoried it's documented. V3 said families are educated to label resident's belongings, and if no family or representative is available the facility labels resident's items, V2 said at one point the laundry unit was short staffed and there were issues with residents getting their clothing back from laundry. V2 and V3 said this issue had been going on for a couple of months and lasted up to approximately two weeks ago. The facility's Resident Rights Policy received 03/04/2026 states:Residents have The right to a safe environment. The facility must take reasonable care to protect personal property from loss. Based on interviews and record reviews the facility failed to ensure prompt efforts were made to resolve potential grievances residents may have by not documenting or following up on reported concerns regarding call light response times. The facility failed to address The facility's Grievance Policy received 03/04/2026 states:The purpose of the policy is To provide a process to assist residents, their representatives such as, other resident advocates in filing grievances or complaints when such requests are made. Grievances and/or complaints may be submitted orally or inwriting. Upon receipt of a written grievance and/or complaint, the designated individual will investigate the allegations and submit a written report of such findings to the administrator within 5 working days of receiving the grievance and/or complaint.</p>		