STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145724	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Addolorata Villa	555 McHenry Road Wheeling, IL 60090

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow their menu and provide adequate portions to all residents residing on unit 2-East and all residents receiving a puree diet. This failure applied to all 18 residents currently on the 2East unit of the facility.Findings Include:Per facility census dated 1/12/2026, 18 residents are residing on the 2-East unit.On 1/13/2026 at 9:45AM, V14 (Cook) was observed to be pureeing chicken [NAME] for lunch. V14 said we need 14 servings of puree chicken for lunch today.V14 was observed adding 6 chicken thighs to the blender along with chicken broth. This surveyor asked V14 if he felt that was enough puree to serve 14 servings, in which he said yes.It is to be noted that per diet spread sheet, one full piece of chicken is served to residents on a regular diet.At 11:30AM, V21 (Dietary Server) was observed serving the 2-East unit. V21 was observed serving with a 3-ounce (ivory) spoon for rice and a 4-ounce scoop for the pork peppered steak.Diet spreadsheet for 1/13/2026 shows 4-ounces of rice and 3/4 cup (6-ounces) of the pork peppered steak were to be served.On 1/14/2026 at 12:47PM, V11 (Dining Service Director) said the diet spreadsheets is how we know what portions to serve. It is important to serve the appropriate portions to residents to ensure they are getting proper and adequate nutrition.Facility policy titled Meal/Tray Assembly Procedures with revision date of 01/2025 says Meal service is prompt and accurate to ensure nutrient content of food is preserved. Ensures current diet extension is available and followed at each meal period.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and records review, the facility failed to implement care plan interventions for the treatment and management of pressure ulcers; and failed to ensure multiple sheets are not used on low air loss mattress per manufacturer's guidelines. These deficiencies affect one (R20) of three residents reviewed for pressure ulcers.Findings include: R20 is a [AGE] year-old, female, admitted in the facility on 12/16/2020 with diagnoses of Quadriplegia, Unspecified; Multiple Sclerosis, Unspecified; Alzheimer's Disease, Unspecified; Contracture, Right Hand; and Contracture, Left Hand. MDS (Minimum Data Set) dated 12/10/25 recorded R20's BIMS (Brief Interview for Mental Status) score is 11, which means moderate impairment in cognition. R20's Wound Evaluation and Management Summary recorded the following: 10/23/25: Non-pressure wound of the right buttock, Moisture Associated Skin Damage (MASD), wound size: 0.5 x 0.6 x 0.1 cm (centimeters). Treatment: Alginate calcium with silver, apply once daily and as needed: if saturated, soiled or dislodged; gauze island with border, apply once daily and as needed: if saturated, soiled, or dislodged.11/13/25: Non-pressure wound of the right buttock, Moisture Associated Skin Damage, wound progress - resolved.11/20/25: Non pressure wound of the lower sacrum, Moisture associated skin damage, wound size - 4 x 4 x 0.1 cm. Additional wound detail: Recently healed wound which has reopened. Treatment: calcium alginate with silver, apply once daily and as needed: If saturated, soiled, or dislodged; island gauze, apply once daily and as needed: if saturated, soiled, or dislodged. 12/24/25: Stage 2 pressure wound of the lower sacrum, wound size: 4 x 4 x 0.1 cmAdditional wound detail: Wound originally due to moisture/friction. Wound slow to heal due to multiple factors, including immobility, quadriplegia, multiple sclerosis, dementia. Will change etiology of wound to pressure stage 2. Patient (R20) with all the proper wound protocols in place, including low air loss mattress, turning/repositioning. Treatment: collagen sheet, apply once daily and as needed: if saturated, soiled, or dislodged. Island gauze, apply once daily and as needed: if saturated, soiled, or dislodged. On 01/12/2026 at 11:18 AM, R20 in bed; alert, oriented able to verbalize needs and wants. R20 uses a low air loss mattress. The low air loss mattress was covered with a flat sheet. On top of the flat sheet is a white sheet folded into two. R20 is wearing incontinence brief. Wound care was observed on R20, performed by V9 (Wound Care Nurse), assisted by V8 (Certified Nurse Assistant, CNA). R20 has two open areas, close together on the sacrum, observed with light serous exudates. Wound treatment was observed with no issues noted. R20's skin and Wound Evaluation dated 01/12/26 documented: Lower sacrum, Stage 2, measurements: 3 x 4 x 0.1 cm. On 01/13/2026 at 12:15 PM, R20 was observed in bed, on low air loss mattress. The low air loss mattress was covered with a flat sheet. On top of the flat sheet is a white sheet folded into four. A cloth incontinence pad was also observed on top of the folded white sheet. On 01/14/2026 at 10:20 AM, R20 was sitting in her wheelchair. R20 was asked if she prefers to use multiple sheets on her bed. R20 stated she does not have any preferences when it comes to how many sheets she is using on her mattress. On 01/14/2026 at 10:25 AM, V8 was asked regarding low air loss mattress. V8 stated, For low air loss mattress, we usually put one sheet, and a draw sheet folded into 4. On 01/14/2026 at 10:32 AM, V6 (Registered Nurse, RN) was also asked regarding low air loss mattress. V6 verbalized, She (R20) is using low air loss mattress, only flat sheet and a draw sheet like a one sheet not folded. Because the air mattress would lose its purpose of alternating pressure if multiple sheets were used. On 01/14/2026 at 10:45 AM, V9 was asked regarding R20 and the use of low air loss mattress. V9 stated, She is alert, oriented, able to verbalize needs; forgetful; incontinent of bowel and bladder; total assist. MASD was identified on 10/23/25 on the right buttock. It was treated with calcium alginate with silver. It was resolved on 11/13/25. On 11/20/25, MASD was identified on the lower sacrum. It was treated with calcium alginate with silver. The MASD on the lower sacrum progressed to Stage 2. She was placed on low air loss mattress. When using low air loss mattress, we use flat sheet, and a draw sheet, folded into two. The flat sheet and the draw sheet allow the (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	alternating pressure of the mattress and the air to circulate.V3 (Director of Nursing) also stated during interview on 01/14/2026 at 11:42 AM that a draw sheet and a cloth incontinence pad should be used to cover the low air loss mattress. On 01/14/2026 at 11:48 AM, V4 (Assisted Director of Nursing) also mentioned during interview that flat sheet is used for low air loss mattress and if care planned, an unfolded draw sheet can be used.R20's care plan related to skin breakdown documented:Revision: 01/06/26Interventions:Revision 04/26/24 - The resident needs low air loss mattress, to protect the skin while in bed set to alternating pressure, use flat sheet on mattress and draw sheet for turning and repositioning. R20's care plan did not mention that draw sheet should be folded into two or four. On 01/14/2026 at 2:47 PM, V10 (Wound Physician) was interviewed regarding R20 and how many sheet needed on low air loss mattress. V10 stated, She has a Stage 2 pressure ulcer on the sacrum, it reopened, MASD before on the right buttock, healed, it was okay for a little while and reopened in sacrum in cluster, opened to different areas. She is incontinent, immobile, unable to turn self, very dependent. It's hard to say why it reopened. Albumin is okay but heals slowly. She is on a low air loss mattress, but wound is still slow to heal. Probably because there are some elements to it. Multiple sheets used on low air loss mattress can possibly causing the slow healing. Its standard for mattress company to make sure one sheet is used which makes the mattress effective. One sheet helps relieve the pressure; more layers decrease the effectiveness in dissipating the heat. R20's low air loss mattress manufacturer's guidelines documented in part but not limited to the following: Installation: 10. Patients can directly lie on the mattress or cover with a sheet and tuck loosely, to increase the comfort of the patient. Facility's policy titled Skin Integrity Documentation - SNF (Skilled Nursing Facility) dated 06/01/23, stated in part but not limited to the following: Policy: To assist the community in the documentation related to the occurrence, treatment, and prevention of pressure and non-pressure related wounds. Process: Management nurse/Wound Nurse steps: (page 2) 3. Validate a care plan with appropriate interventions initiated.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a resident with restorative services to aid in maintaining range of motion per resident's plan of care. This failure applied to one (R42) of three residents reviewed for restorative services.Findings include:R42 is an [AGE] year-old male who originally admitted to the facility on [DATE] and continues to reside in the facility. R42 has multiple diagnoses including but not limited to the following: dysphagia, right elbow contracture, urine retention, type II DM, quadriplegia, bell's palsy, and heart failure.On 1/12/2026 at 11:00AM, R42 said the staff does not get me up out of bed. I am in pain in my back and legs.On 1/12/2026 and 1/13/2026, R42 was observed on multiple occasions laying in bed. This surveyor observed resident to have a contracted right arm.On 1/14/2026 at 2:07PM, V20 (Restorative Aide) said I do work with R42. We do passive range of motion exercises to help with his contractures. I'd say on average I work with him about 2-3 times a week.V20 said however, I am the only restorative aide in the building and some days I do get pulled to the floor to work as a CNA. V20 said today there was a call off, so I am working on the floor and unable to do restorative therapy.Master Restorative Program List shows R42 should be getting passive range of motion exercises with restorative therapy five times a week.Restorative Monthly Report shows from 11/26/2025-1/14/2026, R42 received 10 restorative therapy sessions out of the 26 times he should have received them during this time period.Facility policy titled Restorative Nursing dated 8/21/2023 states in part but not limited to the following: It is the policy to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level.