

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145741	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Citadel of Glenview,the		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 East Lake Avenue Glenview, IL 60025	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview and record review the facility failed to treat each resident with respect , dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality, and failed to provide a dignified dining experience for 1 of 3 residents observed during meal service in the resident's room for 1 of 3 resident's (R13) in a sample of 25. Findings include: On 7/23/2025 at 11:45am R13 was observed in bed with a meal tray in front of her the top lid off and a fork down in the food.On 7/23/2025 at 11:50am V20 (Certified Nursing Assistant-CNA) was observed escorting three residents to the dining area.On 7/23/2025 at 11:57am V20 said, I am (R13's) CNA, the nurse called me away to escort residents to the dining area, I'm in the process of assisting her with eating, she eats very well and needs full assistance. V20 was asked should her meal tray be uncovered while not eating. V20 said, Her food is not cold, the bottom tray is warm.On 7/23/2025 at 12:04pm V20 was observed taking the top lid off the table and removed a half-eaten sandwich from under the top lid, wrapped the sandwich in a napkin and placed it in her pocket, then proceeded to feed R13.An Order Summary Report dated 7/24/2025 indicates that R13 has a diagnosis of blindness in the left eye, hemiplegia, and hemiparesis, an order summary report dated 7/24/2025 that indicates R13 must be suctioned for oral secretions and pocketed food, a care plan dated 6/27/2025 that indicates R13 is able to eat her meal with supervision/setup assist.A facility policy: Quality of Life -Dignity Revised February 2020Policy Statement: Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, feeling of self-worth and self-esteem.Policy Interpretation and Implementation1.Residents are treated with dignity and respect.</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>Based on observation, interview, and record review the facility failed to ensure prevention of using physical restraints to unnecessarily impede R9's freedom of movement affecting 1 of 1 resident (R9) reviewed for freedom of restraint in a total sample of 25. Findings Include:On 7/23/2025 at 12:45 PM, R9 was seated in the wheelchair with self-releasing belt applied around the chest-abdominal area. V18 (Korean Program Director) translated to R9 to demonstrate how to release the self-releasing belt. R9 was not able to remove the belt independently and was not able to follow command. V18 stated R9 is not able to release the belt on her own. On 7/23/2025 at 2:05 PM, V2 (Director of Nursing) stated self-releasing belt is removed by the resident without assistance from staff. V2 said R9 uses the self-releasing belt to prevent her from standing up. V2 said there was no restraint assessment completed for R9.Review of R9's medical records read: Initial admission Date: 11/18/2023. Diagnosis Information include Metabolic Encephalopathy, Unspecified Dementia, Unspecified Severity, with Psychotic Disturbance, Other Reduced Mobility, Lesion of Sciatic Nerve, Bilateral lower Limbs. BIMS score =4, Quarterly Assessment 4/30/2025. Order Summary Report read: Order Date: 7/22/2025, Start Date: 7/22/2025, Self-releasing belt to be applied when the resident is sitting on her wheelchair. Care Plan Report read: R9 uses a self-release belt: at risk for skin injury, date initiated 9/11/2024. Nurses Progress Note, 7/23/2025 read: Note text: Patient unable to Self-releasing belt. NP notified with orders to D/C.Policy and Procedure: Title: Physical Restraint Application, Revised October 2016Purpose: The purpose of this procedure is to provide safety or postural support of a resident to prevent injury to the resident or others when resident has medical symptoms that warrant the use of restraints. Definition: Physical restraints are defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.Preparation: 1. Verify physician's order for the use of restraints. 2. Review the resident's care plan to assess for any special needs of the resident.Documentation: The following information should be recorded in the resident's medical record: 4. The specific reason the restraint was applied.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>Based on interview and record review the facility failed to refer a resident to the appropriate state designated authority for a PASARR level 2 screening for evaluation and determination of newly evident serious mental illness related condition, for two of four residents (R12, R62) reviewed for a PASARR level 2 screening in a sample of 25. Findings include:1. On 7/23/25 at 12:23PM, V1(Administrator) said a level II PASARR was completed for R12 in 2018 and if a new mental diagnosis is added then a new level II PASARR should be completed by social services.</p> <p>On 7/23/25 at 12:52PM, V5 (Social Services) said in 2021 when the new diagnosis was added she was not working in the facility. V5 said she will find out if R12 needs a level II PASARR completed again.</p> <p>On 7/23/25 at 1:45PM, V5 said there is no level II PASARR for R12 completed after a new diagnosis and medication was added V5 said a level II PASARR should have been completed again to provide appropriate program and services to resident.</p> <p>An admission record indicates that R12 has a diagnosis of Major Depressive Disorder, recurrent, unspecified, bipolar disorder, unspecified dated 2/5/2021, anxiety disorder dated 8/27/2021, Paranoid Personality Disorder dated 6/10/2025. A psychotropic medication Seroquel 200 MG dated 6/18/25, Clonazepam 0.5mg dated 6/18/25.</p> <p>2. On 7/23/2025 at 12:30pm V5(Social Service Director-SSD) observed with this writer, R62 has a new diagnosis of unspecified psychosis dated 4/19/2023, Delusional Disorder dated 1/13/2023 and a psychiatric medication added Risperdal 1mg dated 1/13/2023 for psychosis.</p> <p>On 7/23/2025 at 12:40pm V5 said that R62 should have a new PASARR level 2 completed with services and does not at this time.</p> <p>An admission record indicates that R62 has a diagnosis of Unspecified psychosis not due to a substance or know physiological condition dated 3/23/2023, Delusional Disorder dated 1/13/2023. A psychotropic medication Risperdal 1mg dated 1/13/2023 for psychosis.</p> <p>A facility Policy: admission Criteria Revised December 2016.</p> <p>Policy: Our facility will admit only those residents who's medical and nursing care needs can be met.</p> <p>8. Nursing and medical needs of the individual with mental disorders or intellectual disabilities will be determined by coordination with the Medicaid Pre-admission Screening and Resident Review program (PASARR) to the extent practicable.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure Preadmission Screening and Resident Review (PASARR, Level I and Level II) was conducted prior to admission affecting 2 of 2 residents (R91, R122) reviewed for PASARR in a total sample of 25. Findings Include: 1. On 7/23/2025 at 12:35 PM, V19 (admission director) stated that the social service department should be the one to complete PASARR of every residents in the facility.</p> <p>On 7/23/2025 at 2:00 PM, V1 (Administrator) stated there was no PASARR completed for R122 prior to admission in the facility. V1 said that he is aware that PASARR needs to be done for all admissions to determine any specialized services to be provided.</p> <p>Review of records of R122 read; [AGE] year-old female patient initially admitted in the facility on 5/20/2022. R122 has diagnosis including Dementia, unspecified severity, with other behavioral disturbance, Unspecified psychosis not due to a substance or known physiological condition, Delusional disorder, bipolar disorder, adjustment disorder with depressed mood, Restlessness and agitation. Order summary read; Divalproex Sodium Oral Tablet Delayed Release 125 MG (Divalproex Sodium) and Mirtazapine Tablet 7.5 MG.</p> <p>The Care Plan report states revision 12/12/2023 Focus, R122 exhibits symptoms of rejecting/resisting care which is related to Psychiatric illness, severe mental illness, Alzheimer's disease or a related dementia; Focus, R122 demonstrates mood distress related to diagnosis of dementia or psychopathology (e.g., schizophrenia, bipolar disorder, personality disorder). 2. On 7/23/2025 at 10:52AM, V1 (Administrator) stated there was no PASARR completed for R91 prior to admission. V1 stated PASARR need to be completed for all residents prior to admission to provide the appropriate services and if eligible for Nursing Home admission.</p> <p>On 7/23/2025 at 12:25PM, V19 (admission Director) stated PASARR need to be completed prior to resident admission. V19 said he is responsible for all new admission; however, social service is responsible for running PASARR for residents already in the facility.</p> <p>Review of R87 admission Record indicate an admission date of 7/6/2022. Diagnosis Information include Major Depressive Disorder, Recurrent, Unspecified, Delusional Disorders. Care Plan report state, 1/13/2025 Focus: R91 has history of behavior. Mental health factors include: Evidence of severe mental illness (i.e., active psychosis, major depression, lack of sound judgment, poor contact with reality). Poor impulse control. Lack of awareness of the full impact of committing suicide (i.e., finality of death, impact on loved ones, belief that a problem may be resolved through death). Feelings of helplessness, hopelessness; little hope that life will improve.</p> <p>Policy and Procedure:</p> <p>Policy: admission Criteria, Revised December 2016</p> <p>Policy Statement: Our facility will admit only those residents whose medical and nursing care needs can be met.</p> <p>Procedure:</p> <p>(continued on next page)</p>		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8. Nursing and medical needs of individuals with mental disorders or intellectual disabilities will be determined by coordination with the Medicaid Pre-admission Screening and Resident Review program (PASARR) to the extent practicable.		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** Based on observation, interview, and record review the facility failed to provide nail care to dependent resident. This deficiency affects one (R129) of three residents in the sample of 25 reviewed for ADLs (Activity of Daily Living) Program. Findings include: On 7/23/25 at 9:39AM, Observed R129 sitting in the dining room. He is alert and responsive in Spanish language. V8 WCN (Wound Care Nurse) said that he is confused. R129 needs assistance with ADLs and transfers. Observed long and dirty fingernails with black matter underneath the nails. V8 said the CNA (Certified Nurse Assistant) is responsible for providing nail care as part of the ADLs program.R129 was admitted on [DATE] with diagnosis listed in part but not limited to, Altered mental status, Dependence of renal dialysis, End stage renal disease (ESRD), Chronic Obstructive Pulmonary disease (COPD). MDS/Resident assessment dated [DATE] Section GG Functional abilities GG0130 Self-care indicated: Personal hygiene marked 2 Substantial/maximal assistance (Helper does more than half the effort. Helper lift or holds or supports trunk or limbs and provides more than half the effort). Comprehensive care plan indicated he has an ADL self-care performance deficit related to activity intolerance due to ESRD, hemodialysis and COPD.On 7/23/25 at 11:23AM, Informed V2 DON (Director of Nursing) of above observation and concern. V2 said the assigned CNA is responsible for providing nail care to R129 as part of the ADL program.Facility's policy on Supporting ADLs (Activity of Daily Living) reviewed March 2018 indicates:Policy statement: Residents will provide with care, treatment, and services as appropriate to maintain or improve their ability to carry out ADLs. Resident who are unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming, and personal oral hygiene.Policy interpretation and implementation:2. Appropriate care and service will be provided for residents who are unable to carry out ADLs independently with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:a. Hygiene- bathing, dressing, grooming and oral care.Facility's policy on care of Fingernails/toenailsPurpose: to clean the nailbed, to keep nails trimmed and to prevent infections.General guidelines:1. Nail care includes daily cleaning and regular trimming</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>(continued on next page)</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to complete infectious screening assessment for resident started on antibiotics and formulate a care plan for its usage. The facility also failed to monitor behavior and medication side effects for resident on psychotropic medications. This deficiency affects all 4 residents (R3, R8, R123 and R129) in the sample of 25 reviewed for Unnecessary medications. Findings include: R3 On 7/22/25 at 11:50AM, Observed R3 lying in bed watching TV. He is alert and oriented x 3. Reviewed R3's medical record. R3 was admitted on [DATE] with Chronic Obstructive Pulmonary, End Stage Renal disease, Dependence of renal dialysis, acquired absence of right and left below the knee amputation. Active physician order sheet indicated: Azithromycin oral tablet 500mg 1 tablet by mouth in the morning every MWF for prophylaxis PNA (Pneumonia) date 7/11/25. Infectious screening assessment for Antibiotic completed on 7/22/25 and Care plan for antibiotic usage as prophylaxis was initiated on 7/22/25 after surveyor made an inquiry. On 7/23/25 at 9:24AM, V3 ADON said she is responsible for completing infectious screening assessment when a resident receives an antibiotic ordered. V3 said, ideally prior to start of antibiotic but when it happened on weekends, she will do it on Monday. The infectious screening assessment is like McGeer Criteria. When the assessment did not meet the criteria, she will do the antibiotic time out assessment. V3 is also responsible for formulating care plan for antibiotic usage. Informed V3 R3's medical record was reviewed on 7/22/25 and noted she does not have infectious screening assessment and care plan for antibiotics usage for PNA prophylaxis. The medication was ordered last on 7/11/25. Both antibiotic assessment and care plan were initiated yesterday 7/22/25 after the surveyor made an inquiry about it. V3 said it was an oversight. She said she was on vacation for 3 weeks and just returned. R8 On 7/22/25 at 12:11PM, Observed R8 eating in the dining room with her mother. R8 was admitted on [DATE] with diagnosis listed in part but not limited to metabolic encephalopathy, Acute pyelonephritis, history of UTI, Proteus mirabilis as cause of disease. Active physician order sheet indicated Trimethoprim oral tablet 100mg give 1 tablet by mouth one time a day for prophylaxis UTI date 6/18/25. Infectious screening assessment for Antibiotic completed on 7/22/25 and Care plan for antibiotic usage as prophylaxis was initiated on 7/22/25 after surveyor made an inquiry. On 7/23/25 at 9:24AM, Informed V3 that R8's medical record was reviewed on 7/22/25 and noted R8 does not have infectious screening assessment and care plan for antibiotics usage for UTI prophylaxis. The medication was ordered 6/18/25. Both antibiotic assessment and care plan were initiated yesterday 7/22/25 after the surveyor made an inquiry about it. V3 said it was an oversight. She said she was on vacation for 3 weeks and just returned. R123 On 7/23/25 at 9:04AM, Observed R123 lying on bed with Oxygen via nasal cannula. R123 said he uses his oxygen as needed for shortness of breathing. Observed R123 cough occasionally. He said he was on antibiotics last 2 weeks. R123 was admitted on [DATE] with diagnosis listed in part but not limited to Nontraumatic subarachnoid hemorrhage, Kidney transplant, End stage renal disease, Obstructive reflux uropathy. Active physician order sheet indicated: Sulfamethoxazole-Trimethoprim oral tablet 400-80mg give 1 tablet by mouth in the evening every MWF for renal transplant infection prophylaxis date 7/8/25. Infectious screening assessment for Antibiotic completed on 7/22/25 and Care plan for antibiotic usage as prophylaxis was initiated on 7/22/25 after surveyor made an inquiry. On 7/23/25 at 9:24AM, Informed V3 ADON that R123's medical record was reviewed on 7/22/25 and noted she does not have infectious screening assessment and care plan for antibiotics usage for renal transplant prophylaxis. The medication was ordered 7/8/25. Both antibiotic assessment and care plan were initiated on 7/22/25 yesterday after the surveyor made an inquiry about it. V3 said it was an oversight. She said she was on vacation for 3 weeks and just returned. R129 On 7/23/25 at 9:30AM, Observed R129 sitting in the activity room. He is alert and responsive in Spanish language. On 7/23/25 at 10:05AM, V14 LPN said R129 is on psychotropic medications- Xanax, Sertraline and Zolof for his depression and anxiety. He can be agitated and resistant to care. Reviewed R129's electronic medical records. Observed R129 did not have order for behavior monitoring/recording of occurrence of target symptoms and medication side effects. No documentation of behavioral monitoring and medication side effects every shift in Medication administration record. V14 said usually a resident on psychotropic medications is monitored for occurrence of behavior and medication side effects in MAR (Medication Administration Record). V14 said she will refer it to V2 DON and V3 ADON. R129 was admitted on [DATE] with diagnosis listed in part but not limited to Altered mental status, Insomnia, Anxiety disorder, Restlessness and agitation, Dementia, End stage renal disease, Active physician</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** Based on observation, interview, and record review the facility failed to ensure that no treatment medication is left at bedside without physician order. This deficiency affects one (R8) of three residents in the sample of 25 reviewed for Medication safety. Findings include: On 7/23/25 at 9:53AM, V8 WCN (Wound Care Nurse) and V21 Wound Tech assisted R8 to stand up from the wheelchair to perform skin check to sacral area. Observed R8's sacral area with redness. V21 Wound tech grabbed the nystatin powder bottle from the bedside table to apply. Surveyor asked if they are providing treatment to R8's sacral redness and leaving the medication at bedside. V8 WCN said the floor nurses are the one providing treatment to R8 for redness and no medication should be left at bedside. On 7/23/25 at 2:16PM, Informed V2 DON (Director of Nursing) of above observation and concern. V2 DON said that no medication should be left at bedside for safety unless order by physician. R8 was admitted on [DATE] with diagnosis listed in part but not limited to metabolic encephalopathy, Demyelinating disease of central nervous system, Cognitive communication deficit. Active physician order sheet indicated Nystatin powder apply to perineal area topically every shift for redness. She is alert and confused with BIMS (Brief interview of mental status) score of 3. Facility's policy on Storage of Medication revised April 2019 indicated: Policy statement: Th facility stores all drugs and biologicals in a safe, secure, and orderly manner.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to place EBP (Enhanced Barrier Precaution) signage and set up for resident on dialysis. The facility also failed to clean and disinfect vital signs equipment after resident use. This deficiency affects three (R55, R7, R129) of three residents in the sample of 25 reviewed for Infection Control Management. Findings include:</p> <p>1. On 7/22/25 at 10:24AM, V2 DON (Director of Nursing) presented list of residents on EBP. R129 was not listed in the list of residents on EBP.</p> <p>On 7/22/25 at 11:30Am, V14 LPN (Licensed Practical Nurse) said R129 is currently on dialysis. Observed R129's room with no signage for EBP and no EBP set up outside the door. V14 said R129 should be EBP due to his dialysis. V14 said she did not realize there is no signage posted and no EBP isolation cart set up outside the door. V14 said she will inform V3 ADON/Infection Coordinator to place a signage and set up for EBP for R129</p> <p>On 7/22/25 at 2:16PM, V2 DON said residents with indwelling medical devices such hemodialysis catheters for residents on dialysis should be placed on EBP. There should be a clear signage posted on the door or wall outside the resident's room indicating EBP and isolation cart set up available immediately outside the room.</p> <p>On 7/23/25 at 9:24AM, V3 ADON (Assistant DON) said she is the Infection coordinator/preventionist. V3 said residents on dialysis should be placed on EBP. There should be a clear signage posted on the door or wall outside the resident's room indicating EBP and isolation cart set up available immediately outside the room. There should be a written physician order of EBP in resident's chart. V3 said she is responsible for formulating care plan for residents on EBP. Informed V3 of observation made to R129 yesterday, he is on dialysis but no signage of EBP outside his door and no isolation cart set up outside the door. Informed V3 R129 does not have order for EBP and there is no EBP care plan written. V3 said it was an oversight, she placed EBP signage and cart outside R129's door, and she wrote the EBP order in his chart and formulated EBP care plan for R129 yesterday 7/22/25.</p> <p>R129 was admitted on [DATE] with diagnosis listed in part but not limited to Altered mental status, Dependence on renal dialysis, Hypertension, Chronic congestive heart failure. Physician order sheet indicated: AV fistula location on left forearm date 5/19/25. Hemodialysis at Citadel of Glenview with Concerta on these days: MWF. Monitor resident upon return for nausea, vomiting, fatigue, bleeding at site very shift MWF date 5/19/25. On enhance barrier precaution due to left fistula date 7/22/25. Comprehensive care plan indicated: 7/22/25 initiated EBP care plan: R7 requires EBP precautions- noted with left AV fistula. Interventions: Ensure appropriate signage for EBP.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Citadel of Glenview,the		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 East Lake Avenue Glenview, IL 60025	
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 - Few</p>	<p>Facility's policy on Enhanced Barrier Precaution (EBP) revised March 2023 indicated: Purpose: EBP may be indicated (when contact precaution do not otherwise apply for resident with any of following: *Indwelling medical devices regardless of MDRO colonization status (central lines, urinary catheters, feeding tubes, hemodialysis catheters, tracheostomies and ventilators).Definitions used in EBP implementation: *Indwelling medical devices include but not limited to central vascular lines (including hemodialysis catheters), indwelling urinary catheters, feeding tubes and tracheostomy tubes. What are EBP? * EBP expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated.*EBP requires the use of gown and gloves when performing high contact resident care activitiesWhat PPE is required? *Hand hygiene every time*Gown and gloves every time with high contact activities (We are trying to prevent the transfer of multidrug-resistant organism to staff hands and clothing)*PPE required when performing high contact resident care activities.</p> <p>*Post clear signage on the door or wall outside the resident room, indicating the type of precautions and required PPE (gown and gloves)*Make PPE, including gowns and gloves available immediately outside the resident room*Ensure access to alcohol-based hand rub product*Place trash inside the resident room and near the exit for discarding PPE after removal.</p> <p>Facility's signage for Enhanced barrier Precaution from CDC indicated:STOP: Enhanced Barrier Precautions everyone must: Clean their hands, including before entering and when leaving the room.Providers and staff must also: Wear gloves and a gown for the following High-Contact Resident Care Activities: Dressing, Bathing/showering, Transferring, changing linens, Providing hygiene, Changing briefs or assisting with toileting, Devices care or use: central line, urinary catheter, feeding tube, tracheostomy, Wound care: any skin opening requiring a dressing. *Do not wear the same gown and gloves for the care of more one person.</p> <p>2. On 7/22/2025 at 9:30 AM during medication pass observation, V14 (Licensed Practical Nurse) performed vital sign on R55 using the facility's durable medical equipment. Reusable blood pressure cuff and pulse oximeter were used to obtain vitals of R55. V14 then stated she was completely done with medication administration for R55 and attempted to proceed to the next resident without cleaning and disinfecting the vital sign medical equipment. V14 stated cleaning and disinfection of reusable vital sign medical equipment must be done after using it.</p> <p>On 7/22/2025 at 10:39 AM, V2 (Director of Nursing) stated vital sign machine must be cleaned and disinfected before and after resident use.</p> <p>Policy and Procedure read:</p> <p>Title: Cleaning and Disinfecting Non-Critical Resident-Care Items, Revised June 2011</p> <p>Purpose: The purpose of this procedure is to provide guidelines for disinfection of non-critical resident-care items.</p> <p>General Guidelines:</p> <p>3. The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used in resident care:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Citadel of Glenview,the		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 East Lake Avenue Glenview, IL 60025	

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 - Few</p>	<p>d. Reusable items are cleaned and disinfected or sterilized between residents (e.g. stethoscopes, durable medical equipment)</p>

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NAME OF PROVIDER OR SUPPLIER Citadel of Glenview,the		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 East Lake Avenue Glenview, IL 60025	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to implement monitoring of antibiotics. This deficiency affects one (R14) of three residents in the sample of 25 reviewed for Antibiotic Stewardship Program. Findings include: On 7/24/25 at 11:25AM, V3 (Infection Preventionist) said residents should have an infection screening evaluation assessment completed upon the start of antibiotic medication. V3 said R14 should have an assessment completed on 7/14/25. V3 said when she is not in facility the assessments do not get completed on time since she is the only one to do them. On 7/24/25 at 1:55PM, V2 (Director of Nursing) said his expectations for antibiotic stewardship program are for residents to be screened at the start of antibiotics, the infection screening evaluation should be completed in the absence V3. R14 was admitted on [DATE] with diagnosis listed in part but not limited to local infection of the skin and subcutaneous tissue, unspecified. Physician order summary report: Doxycycline 100mg two times a day for 14 days for wound care order date 7/14/25. Infection screening evaluation completed on 7/22/25. Facility Policy for Antibiotic Stewardship- revised 12/2018 Policy statement- Antibiotic will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program. 1. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents. Facility Policy for Antibiotic Stewardship- Review and Surveillance of Antibiotics Use and Outcomes Policy Statement- Antibiotics usage and outcome data will be collected and documented using the facility approved antibiotic surveillance tracking form, The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility-wide antibiotic stewardship. 1. As part of the facility Antibiotic Stewardship Program, all clinical infections treated with antibiotics will undergo review by the Infection Preventionist or designee.</p>		