

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Forest View Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 535 South Elm Itasca, IL 60143	

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 - 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** 34410</p> <p>Based on observation, interview, and record review, the facility failed to provide timely incontinent care to dependent residents. This applies to 2 of 4 residents (R1, R2) reviewed for activities of daily (ADL) care in a sample of 7.</p> <p>The Findings Include:</p> <p>1. R1 is a [AGE] year-old male admitted with severe cognitive impairment as per the Minimum Data Set (MDS) dated [DATE]. R1 is dependent on toileting hygiene.</p> <p>On 8/20/24 at 10:07 AM, R1 was in his bed and upon the surveyor's request V4 (Licensed Practical Nurse) checked on R1 for incontinence. R1 was observed with double diaper with the inner diaper soaked in urine with blackish discoloration.</p> <p>On 8/20/24 at 10:10 AM, V4 stated, R1's certified nursing assistant (CNA) is changing another resident and I will change R1. We are supposed to check on residents every two hours as needed and shouldn't put a double incontinent brief on residents.</p> <p>On 8/20/24 at 10:30 AM, V2 (Director of Nursing / DON) stated, We have couple of residents who prefers to have double diaper on them, but not R1 as he can't let us know his preference due to cognitive impairment. We shouldn't put double diaper on R1. It can cause Urinary Tract Infection (UTI) to resident. Staff are supposed to check residents for incontinent care every two hours and as needed.</p> <p>A review of R1's incontinent care plan document: Administer appropriate cleansing & peri-care after each incontinent episode.</p> <p>2. R2 is a [AGE] year-old female with moderate cognitive impairment as per the MDS dated [DATE]. MDS also documents that R1 is substantial/maximal assistance on toileting hygiene.</p> <p>On 8/20/24 at 10:10 AM, R2 stated, I am wet a little bit, and I got my morning medications. I am going to get a shower today after my lunch.</p> <p>On 8/20/24 at 11:37 AM, R2 stated, I am wet now. As per the surveyor's request, V5 (Registered Nurse / RN) checked R2 for incontinence and observed a soaked incontinent brief with mild discoloration.</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 - Few</p>	<p>On 8/20/24 at 11:40 AM, V5 stated, R2's CNA has gone for a break for almost 30 minutes. He will be back soon and will change R2.</p> <p>A record review of the care plan documents R2 was care planned for recurrent urinary tract infection (UTI) related to a history of UTI and incontinence of urine, requiring assistance with personal hygiene and interventions, including providing good peri care after each incontinent episode.</p> <p>The facility presented Guidelines for Incontinent Care dated 9/21/23 document:</p> <p>Policy: It is the policy of the facility to ensure that residents receive as much assistance as needed for cleansing the perineum and buttocks after an incontinent episode or with routine daily care. Frequency depends on bladder diary results and/or routine minimal every two hour checks as well as care planning.</p>