

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 11/15/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39182</p> <p>Based on observation, interview, and record review, the facility failed to have a call light accessible to dependent residents. This applies to 3 of 3 residents (R1, R2 and R3) reviewed for accommodation of needs in a sample of 9.</p> <p>The findings include:</p> <p>1. On 11/12/24 at 11:15 AM, observed R1 in semi-Fowler's position in bed. R1 stated he is doing alright. Alert, oriented X 3. Observed R1's call light is on the floor at his head end of the bed. R1 stated, call lights don't always work. R1 stated, he just yells out or knocks hard on the wall for the CNA (Certified Nursing Assistant) to come. R1 stated, he usually cannot reach the call light because it is not long enough.</p> <p>On 11/13/24, at 9:25 AM, observed R1's call light hanging over his bed, out of reach of the R1.</p> <p>On 11/14/24 at 9:45 AM, observed R1's call light is lying on the floor at the head end of the bed. V9 (LPN-Licensed Practical Nurse) verified the observation and stated, the call light should be within resident's reach.</p> <p>R1's MDS (Minimum Data Set) dated 10/17/24 showed, R1 was [AGE] years old, admitted to the facility on [DATE], and needed extensive assist for ADLs.</p> <p>R1's care plan (reviewed 10/17/24) showed R1 is at risk for falls related to generalized weakness and decreased mobility with the intervention for resident to use call light when assistance is needed.</p> <p>2. On 11/12/24 at 11:40 AM, observed R2 lying in supine position in bed using oxygen via nasal cannula. Observed R2 looking for the call light & not able to find it. Observed call light is on the floor near the wall at the head end of the bed.</p> <p>On 11/13/24, at 9:30 AM, observed R2's call light hanging over bed, out of reach of R2.</p> <p>On 11/14/24 at 9:50 AM, observed R2's call light on the handle of a chair near the bed, out of reach of the resident. V9 (LPN) verified the observation and stated call lights must be within patient's reach.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's MDS (Minimum Data Set) dated 9/2/24 showed, R2 was [AGE] years old, admitted to the facility on [DATE] and needed extensive assist for ADLs.</p> <p>R2's care plan (reviewed 8/27/24) showed R2 is at risk for falls related to generalized weakness and decreased mobility with the intervention for resident to use call light when assistance is needed.</p> <p>3. On 11/12/24 at 2:30 PM, observed R3 in bed, resting. Alert, oriented X 3. Says he is doing alright, but he cannot find his call light. Observed, R3's call light across the head end of the bed, out of R3's reach.</p> <p>On 11/13/24, at 9:45 AM, observed R3's call light hanging on the side of the bed, out of R3's reach.</p> <p>R3's MDS (Minimum Data Set) dated 10/21/24 showed, R3 is [AGE] years old, admitted to the facility on [DATE] and had no cognitive impairment. R3 needed extensive assist for ADLs.</p> <p>R3's care plan (reviewed 10/21/24) showed R3 is at risk for falls related to generalized weakness and decreased mobility with the intervention for resident to use call light when assistance is needed.</p> <p>On 11/12/24 at 1:00 PM, V6 (RN-Registered Nurse) stated, call lights must be placed within the reach of the resident. It is a means for them to call for help.</p> <p>On 11/13/24 at 11:25 AM, V2 (DON-Director of Nursing) stated, nursing staff are expected to ensure whenever residents are in bed or sitting in their room, they must have the call light within their reach.</p> <p>Policy for 'call lights' dated 07/11 showed, ' Procedure: . 10. Be sure call lights are placed within resident reach at all times, never on the floor or bedside stand.</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>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** 39182</p> <p>Based on observation, interview, and record review the facility failed to provide the necessary services to maintain good personal hygiene for 5 of 5 residents (R1, R2, R3, R4 and R5) reviewed for ADLs (activities of daily living) in a sample of 9.</p> <p>The findings include:</p> <p>1. On 11/12/24 at 11:15 AM, observed R1 in semi-Fowler's position in bed. R1 stated he is doing alright. Alert, oriented X 3. Observed R1's finger nails on both hands are over-grown with brown debris underneath the nails. R1 stated, nobody had offered to clip his nails for him. Observed R1's beard is overgrown and untidy.</p> <p>On 11/13/24 at 9:25 AM, observed R1 dozing in semi-Fowler's position. Observed his finger nails on both hands are over-grown with brown debris underneath the nails. Observed R1's beard is unkempt.</p> <p>On 11/13/24 at 9:45 AM, observed R1's beard is unkempt.</p> <p>R1's MDS (Minimum Data Set) dated 10/17/24 showed, R1 was [AGE] years old, admitted to the facility on [DATE] and needed extensive assist for ADLs.</p> <p>2. On 11/12/24 at 11:40 AM, observed R2 lying in supine position on her bed. Alert, oriented X 3. Observed R2's finger nails on both hands are over-grown with brown debris underneath the nails. R2 stated, nobody had offered to clip her nails for her.</p> <p>On 11/13/24 at 9:30 AM, observed R2 dozing in semi-Fowler's position. Observed R2's finger nails on both hands are over-grown with brown debris underneath the nails.</p> <p>On 11/14/24 at 9:50 AM, observed R2's finger nails on both hands are over-grown with brown debris underneath the nails.</p> <p>R2's MDS (Minimum Data Set) dated 9/2/24 showed, R2 was [AGE] years old, admitted to the facility on [DATE] and needed extensive assist for ADLs.</p> <p>3. On 11/12/24 at 2:30 PM, observed R3 sitting in semi-Fowler's position bed. R3 was alert, oriented X 3. Observed R3's finger nails on both hands are over-grown with brown debris underneath the nails. R3 stated, nobody had offered to clip his nails for him. Observed R3's beard is overgrown and unkempt.</p> <p>On 11/13/24 at 9:45 AM, observed R3's finger nails on both hands are over-grown with brown debris underneath the nails. Says no-one has cut my nails since I came here.</p> <p>R3's MDS (Minimum Data Set) dated 10/21/24 showed, R3 is [AGE] years old, admitted to the facility on [DATE] and had no cognitive impairment. R3 needed extensive assist for ADLs.</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>4. On 11/12/24 at 1:30 PM, observed R4 lying on her side. No verbal response to cues. Observed R4's finger nails on both hands are over-grown with brown debris underneath the nails and hair is disheveled.</p> <p>On 11/13/24 at 9:55 AM, observed R4's finger nails on both hands are over-grown with brown debris underneath the nails and hair is disheveled.</p> <p>R4's MDS (Minimum Data Set) dated 9/2/24 showed, R4 was [AGE] years old, admitted to the facility on [DATE] and had severe cognitive impairment. R4 needed total assist for ADLs.</p> <p>5. On 11/12/24 at 1:35 PM, observed R5 lying on her back. R5's speech is incoherent. Observed R5's finger nails on both hands are over-grown with brown debris underneath the nails and hair is disheveled.</p> <p>On 11/13/24 at 10:00 AM, observed R5's finger nails on both hands are over-grown with brown debris underneath the nails and hair is disheveled.</p> <p>R5's MDS (Minimum Data Set) dated 8/12/24 showed, R5 is [AGE] years old, admitted to the facility on [DATE] and needed extensive assist for ADLs.</p> <p>On 11/12/24 at 10:45 AM, V11 (CNA-Certified Nursing Assistant) stated, if the resident asks or if V11 (CNA) observes, the resident had long nails, V11 (CNA) would trim the nails for them.</p> <p>On 11/13/24 at 11:25 AM, V2 (DON-Director of Nursing) stated, when CNAs get the resident up for the day, they are expected to wash up the resident, give oral care, brush their hair & make them look presentable. Usually they shave & cut the finger nails during shower.</p> <p>Facility policy on 'Guidelines for nail care' dated 3/27/23 showed, 'It is the policy of the facility to provide personal hygiene needs and to promote health, safety and prevention of infection. This includes clean, smooth nails at a safe length acceptable to the resident'.</p> <p>Facility policy on 'Guidelines for A.M. care dated 3/21/23 showed, ' Procedure .16. Apply deodorant and make-up, comb hair and shave as needed .'</p>		