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| 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 01/12/2026 |
| 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) |
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| <p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observation, interview and record review the facility failed to ensure resident's mail was not opened prior to delivering it to the resident. This applies to 2 of 9 residents (R7 and R13) reviewed for resident rights in the sample of 14. The findings include: On 1/12/26 at 9:10AM (R7) was in his room sitting on his bed. R7 stated, Sometimes my mail is open. I got a check a couple months ago, and V1(Administrator) brought it to me and told me I got a check and had me sign it and then the money went into my account. It was from some State check for some missing/ lost property. It was \$88. I don't know who opened it, but (V1) brought it to me. On 1/12/26 at 11:35AM R13 was lying on her bed in her room. R13 stated, I have had my mail opened for me. It was from Social Security. They cashed it and then said the check didn't go through right away. It was for \$25. It eventually got put into my account. It was a couple months ago. Activities brought me the open envelope and (V5- Business Office Manager) brought me the check and asked me to sign it and about 2 weeks later it was in my account. I had to threaten the police on them because it was taking so long to get my money. R13 showed a piece of mail with her name on it that she said was open when it was given to her. There was no facility name on the letter. The letter was clearly opened with a letter opener and slit open cleanly across the top of the envelope. On 1/12/26 at 10:45AM V5 stated, Reception receives the mail and they separate it and give activities anything that is not (Medicaid) mail. I open the ones that have (Facility Name) on them. They are usually Medicaid applications or denials or statements. V5 pulled 2 unopened pieces of mail from the table behind her. One was addressed to the facility, and one was addressed to a resident. Both envelopes looked like they came from the same place (Medicaid). V5 stated, I have not sorted these yet, but this one will go to the resident and this one I will open. I do not open any resident mail. It has to have the facility name on it. We never hold mail for any reason. If it needs to go to a resident, then I either give it back to reception or give it to activities or if I see the resident then I might just hand it to them. On 1/12/26 at 11:11 AM V6 (Activities Director) stated, Mail goes to the business office, bills and stuff, and all the cards and gifts and things go to activities. We deliver mail 6 days a week. The front desk gives it to us, but the bills and the medical bills all stay with the business office. I have never delivered that to residents. The facility policy entitled Resident Mail Delivery dated 5/1/11 states, Purpose: To ensure that all residents receive mail unopened and in a timely manner upon delivery of the mail from the United States Postal Service to the Facility.</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 |
|---|---|--------------------------------------|
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 145752 | If continuation sheet Page 1 of 2 |

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| <p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident received yogurt with breakfast per resident preference. This applies to 1 of 8 residents reviewed for dietary services in the sample of 14. The findings include: R1's Facesheet shows R1 has a diagnosis of osteoporosis. On 1/12/26 at 8:45 AM, a case of six bulk 5 pound tubs of yogurt were in the walk in cooler in the kitchen. Five of the tubs were unopened and one was opened. V7 (Interim Food Service Director) said one case of yogurt typically lasts the facility about a week and it is an item that residents must request to receive. R1's Dietary Progress Note from 5/19/23 shows R1 prefers milk and yogurt with meals. R1's breakfast tray ticket for 1/12/26 shows R1 is to receive plain yogurt daily. On 1/12/26 at 9:20 AM, R1 said R1 started ordering yogurt at all meals to encourage optimal calcium levels after R1 was diagnosed with osteoporosis. R1 did not receive yogurt with breakfast. R1 said staff told R1 that they were waiting on a shipment because they were out of yogurt. R1 said most, if not all kitchen staff, know that R1 likes yogurt. On 1/12/26 at 11:15 AM, V8 (Dietary Aide) said when serving on the tray line, tray tickets will state either in the middle or bottom items that residents request or need as daily items. V8 said R1 is to receive yogurt daily. V8 said dietary aides on the tray line are responsible for getting and providing yogurt dished into bowls for resident trays at meals. Facility Dietary Preferences, Nutritional Requirements, and Portion Management policy dated 10/30/25 states, The facility will make every reasonable effort to accommodate each resident's cultural, religious, and personal dietary preferences while ensuring that all meals meet the resident's nutritional requirements as determined through comprehensive assessment and care planning.</p> |