

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  02/09/2026
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)		
<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to arrange and provide transportation for out of facility nephrology medical appointments for residents. This applies to 6 of 6 residents (R1, R8, R9, R10, R11, and R12) reviewed for appointments in a sample of 12. Findings included: On 02/06/2026 at 10:00 AM, a review of the resident appointment calendar showed that R1, R8, R9, R10, R11, and R12 had nephrology appointments on 02/05/2025 at 11:15 AM that were canceled. On 02/06/2026 at 12:00 PM, V2 (Director of Nursing) said that all the residents were scheduled to go together by bus to the appointment on 02/05/2026, but the bus was not ready at the repair shop. V2 said the staff from the record department who arranged the appointment schedule were out due to vacation and sickness, and that transportation was to be arranged 72 hours before the appointment. The facility provided an Auto Clinic repair receipt indicating that the facility bus had been in a repair shop since 01/27/2026, with a fuel pump failure causing very low fuel pressure. The report showed that insufficient fuel pressure can lead to hard start, sudden starting, loss of power, sudden stalling while driving, and an increased risk of an accident. The report further showed that the Auto Clinic could not be repaired and that repairs need to be done to a heavy truck repair facility. 1. On 02/06/2025 at 10:15 AM, R1 said she is upset because the facility cancelled her appointment with the kidney doctor on 02/05/2026 due to not having transportation, and the bus has been in the repair shop for a while. R1 was a [AGE] year-old female with diagnoses including hypertensive kidney disease, diabetes type 2 diabetes, urinary tract infection, and anxiety disorder. R1's MDS (Minimum Data Set) dated 11/07/2025 showed R1's cognition was intact and required supervision from one staff for activities of daily living. The appointment was made on 12/04/2025.2. On 02/06/2025 at 01:30 PM, R8 said he had canceled his quarterly follow-up appointment with the kidney doctor because the facility's bus was in a repair shop for a while. R8 was a [AGE] year-old male with diagnoses including chronic kidney disease, hypertensive heart failure, anemia, and benign prostate hyperplasia. R8's Minimum Data Set quarterly assessment dated [DATE] showed R8's cognition was intact and required supervision from one staff for activities of daily living. The appointment was made on 12/11/2025.3. On 02/06/2025 at 1:48 PM, R9 was in bed and not interviewable. R9 was an [AGE] year-old male with diagnoses including obstructive and reflux uropathy, urinary tract infection, diabetes type 2 diabetes, retention of urine, and dementia. R9's MDS (Minimum Data Set) dated 01/12/2026 showed R9's cognition was severely impaired and required one to two staff assistance for activities of daily living. The appointment was made on 12/18/2025.4. On 02/06/2025 at 2:02 PM, R10 was in bed and not interviewable. R10 was a [AGE] year-old male with diagnoses including hypertensive heart disease, type 2 diabetes, and dementia. R10's MDS dated [DATE] showed R10's cognition was severely impaired and required one to two staff assistance for activities of daily living. The appointment was made on 12/11/2025.5. On 02/06/2025 at 2:30 PM, R11 said his kidney appointment was cancelled because the bus was not available to transfer residents. R11 was an [AGE]</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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