

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145776	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Beacon Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  4538 North Beacon Chicago, IL 60640	

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>43351</p> <p>Based on observation, interview, and record review, the facility failed to ensure the indwelling catheter drainage bag was covered for dignity. This failure affected 1 (R51) resident reviewed for indwelling catheter in the total sample of 45 residents.</p> <p>Findings include:</p> <p>On 03/10/2025 at 11:21am, R51's indwelling catheter drainage bag did not have a privacy bag. The indwelling catheter drainage bag was facing R51's door.</p> <p>On 03/10/2025 at 11:27am, this observation was pointed out to V3 (Assistant Director of Nursing/Infection Preventionist). V3 stated he (R51) does have an indwelling catheter and the catheter drainage bag is not in privacy bag and it is facing the door. Anybody who has indwelling catheter should have the catheter drainage bag in a privacy bag for privacy of the resident.</p> <p>On 03/12/2025 at 11:43am, V2 (Director of Nursing) stated the policy is everyone who has an indwelling catheter, the drainage bag should have privacy bag for dignity and privacy of the resident.</p> <p>R51's (active orders as of: 03/11/2025) Order Summary Report documented in part Diagnoses: (include but not limited to) cerebral infarction, benign prostatic hyperplasia, neuromuscular dysfunction of bladder, and obstructive and reflux uropathy. Change Indwelling catheter drainage bag every 4 weeks and as needed. Order date: 01/02/2025.</p> <p>R51's (01/30/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 09. Indicating R51's mental status as moderately impaired. Section H - Bladder and Bowel. H 0100. Appliances. A. indwelling catheter.</p> <p>R51's (01/27/2025) care plan documented, in part has indwelling catheter.</p> <p>The (undated) Dignity policy and procedure documented, in part Each resident shall be cared for in manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feeling of self-worth and self-esteem. Policy Interpretation and Implementation. 1. Residents are treated with dignity and respect at all times. 12. Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist resident; For example: a. helping the resident to keep urinary catheter bags covered.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>43351</p> <p>Based on observation, interview, and record interview, the facility failed to complete Medication Self-Administration Safety Screen Assessment and failed to get an order to, may self-administer medication and treatment prior to a resident initiating self-administration of medication and treatment. This failure affected 1 (R36) resident reviewed for self-administration of medication in the total sample of 45 residents.</p> <p>Findings include:</p> <p>On 03/10/2025 at 10:23am, there were Trimove oral drops and Calamine lotion on top of R36's bedside table. R36 stated the Trimove is my vitamin. I put one drop under my tongue once a day.</p> <p>ON 03/10/2025 at 10:30am, with V8 (Registered Nurse) inside R36's room. R36 stated I used the calamine lotion for my stomach because I get the heparin shot. Wound care gave me the calamine lotion. This surveyor pointed to V8 the Trimove oral drops and calamine lotion which were on top of R36's bedside table. V8 stated I don't know why she has these medications.</p> <p>On 03/10/2025 at 10:37am, V8 stated I don't know if the doctor was called about the treatment and medication. Our policy is to let the doctor know about the meds at bedside, that she (R36) wanted them at bedside. It should also be care planned, and resident should be assessed if she knows how to use the medication, knows the principles of medication administration like the route, dose, administration time and frequency of medication administration.</p> <p>On 03/12/2025 at 11:14am, V2 (Director of Nursing) stated we should know the BIMS (Brief Interview for mental status) of the resident first, then assess if the resident can open the medication, then we notify the doctor, get an order from the doctor to may self-administer the medication, and to care plan the self-administration of medication. So, we know if the resident is cognitively and physically able to do the self-administration safely.</p> <p>On 03/12/2025 at 1:26pm, V6 (MDS Coordinator) stated all medications to be self-administered should be ordered by the doctor. Any medications, even OTC (over-the-counter) meds have to be disclosed by the resident in case there is a contraindication. This be documented and we can educate the resident.</p> <p>On 03/12/2025 at 2:05pm, V8 stated I spoke with (V24- R36's Primary Care Physician) today and he (V24) said to talk to the resident and ask when the resident started the calamine lotion and trimove. According to her (R36), the calamine lotion was given by her family and was started last week with no specific day. She did not say specifically stated when, but last week. She only used it as needed for itching. Trimove was used Monday and Tuesday. She got 2 doses only. Her doctor did not want her to take the Trimove. This surveyor inquired how medication should be ordered in electronic health record. V8 stated it should be ordered as calamine lotion, may keep at bedside, and may self-administer Calamine Lotion.</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R36's (Active Order as Of: 03/11/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) morbid severe obesity due to excess calories and Type 2 Diabetes Mellitus. Of note, no order to may self-administer medication or treatment; and no order noted for Calamine Lotion and Trimove oral drops.</p> <p>R36's (01/23/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15. Indicating R36's mental status as cognitively intact.</p> <p>R36's (07/15/2024) Self-Administration of Medication was reviewed with no list of medications to be self-administered.</p> <p>R36's (03/12/2025) MEDICATION SELF-ADMINISTRATION SAFETY SCREEN documented, in part INSTRUCTIONS. Complete this assessment prior to resident initiating self-administration of medication and with any medication order changes, changes in function, condition that might affect the resident's ability to safely self-administer medications. Ongoing assessment should occur at a minimum of quarterly. A. Medications. List all medications that are being considered for resident self-administration. Medication #1. Calamine Lotion 8%. Storage: bedside. Medication #2. Tolnaftate 1%. Storage: bedside. Of note, screening was completed prior to 03/10/2025 observation and Trimove drops was not included for self-administration and no other self-administration of medication screening was provided between 07/15/2024 and 03/12/2025.</p> <p>R36's (03/2025) MAR (medication Administration record) was reviewed with no order to may self-administer Trimove.</p> <p>R36's (03/2025) TAR (Treatment Administration Record) documented, in part May self-administer Calamine lotion. may keep at bedside as needed for self-administration. Start Date. 03/12/2025 1500.</p> <p>The (undated) Self-Administration Of Medications documented, in part Policy Heading. Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. Policy Interpretation And Implementation. 6. For self-administering residents, the nursing staff determines who is responsible for documenting that medications are taken. 8. Self-administered medications are stored in a safe and secure place, which is not accessible by other residents. 9. Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party. 12. Nursing staff reviews the self-administered medication record for each nursing shift, and transfer pertinent information to the medication administration record (MAR) kept at the nursing station, appropriately noting that doses were self-administered.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 52136</p> <p>Based on Observation, interview, and record review, the facility failed to ensure that residents' Low Air Loss Mattresses (LALM) for pressure ulcer prevention are set at the correct weight settings. This failure affected four residents (R4, R25, R37, R77) out of four residents reviewed for pressure ulcer prevention and treatment in a sample of 45 residents.</p> <p>Findings include:</p> <p>R4's Face sheet dated March 12, 2025, documents that R4 was admitted to facility on October 12,2023 with diagnosis including Encephalopathy, hemiplegia, cerebral palsy, chronic obstructive pulmonary disease, major depressive disorder, hypertension, convulsions, dysphagia, cerebral infraction, cirrhosis of liver.</p> <p>R4's MDS (Minimum Data Set) dated December 27,2024, shows R4 has a BIMS score of 8 which means R4 is has mild cognitive impairment, Section (M) Skin Conditions/ Determination of Pressure Ulcer/Injury Risk states resident at risk of developing pressure ulcers/injuries.</p> <p>R4's Braden scale score dated 12/30/24 has a score of 13 which means R4 is at Moderate risk for developing pressure ulcers.</p> <p>R4's Physician Orders Sheet dated 2/21/2024 The low air loss mattress is set according to the manufacturer guideline.</p> <p>On 3/10/25 at time 10:15 am, R4 was observed in bed, low air loss mattress setting was observed by surveyor between 325-350 pounds, the air loss mattress was located at foot of bed.</p> <p>On 3/12/2025 at 11:28am V6(Registered Nurse/ MDS Coordinator) provided Monthly Weight Report sheet with R4's March weight that is 176.6 pounds.</p> <p>R37's Face sheet dated March 12, 2025, documents that R37 was admitted to facility on June 18,2024 with diagnosis including Dementia, cerebral infarction, aphasia, bipolar disorder, protein calorie malnutrition, hypertension, hyperlipidemia.</p> <p>R37's MDS (Minimum Data Set) dated December 20,2024, shows R37 has a BIMS score of 00 which means R37 is has severe cognitive impairment, Section (M) Skin Conditions/ Determination of Pressure Ulcer/Injury Risk states resident at risk of developing pressure ulcers/injuries.</p> <p>R37's Braden scale score dated 12/23/24 has a score of 10 which means R37 is at High risk for developing pressure ulcers.</p> <p>R37's Physician Orders Sheet dated 6/19/2024 The low air loss mattress is set according to the manufacturer guideline, pressure reducing device for bed to be used.</p> <p>On 3/10/25 at time 11:30 am, R37 was observed in bed, low air loss mattress setting was observed by surveyor between 300-320 pounds, the air loss mattress was located at foot of bed.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/12/2025 at 11:29am V6 provided Monthly Weight Report sheet with R37's March weight that is 168.1 pounds.</p> <p>On 3/12/2025 at 9:50am V13 Licensed practical Nurse stated R37 currently weighs 168.1 and that low air loss mattress setting was currently set at 350. V13 stated she was not aware why the low air loss mattress was set at such high rate and when a low air loss mattress is set at such a high setting it can cause pressure or harm to the patient.</p> <p>On 3/12/2025 at 9:54 am V2 Director of Nursing stated that staff need to check low air loss mattresses daily to ensure that mattress setting is appropriate according to residents' weight, if low air loss mattress is set to high causing the mattress to be to firm it will cause harm to patient.</p> <p>R77's Face sheet dated March 12, 2025, documents that R77 was admitted to facility on July 11,2024 with diagnosis including Necrotizing Fasciitis, supraventricular tachycardia, diabetes mellitus, major depressive disorder, post-traumatic stress disorder, respiratory failure with hypoxia.</p> <p>R77's MDS (Minimum Data Set) dated February 17,2025, shows R77 has a BIMS score of 15 which means R77 is cognitively intact, Section (M) Skin Conditions/ Determination of Pressure Ulcer/Injury Risk states resident at risk of developing pressure ulcers/injuries, pressure reducing device for bed to be used.</p> <p>R77's Braden scale score dated 2/18/25 has a score of 16 which means R77 is at Risk for developing pressure ulcers.</p> <p>R77's Physician Orders Sheet dated 7/13/2024 The low air loss mattress is set according to the manufacturer guideline.</p> <p>On 3/10/25 at time 10:40 am, R77 was observed in bed, low air loss mattress setting was observed by surveyor between 660-750 pounds, the air loss mattress was located at foot of bed.</p> <p>On 3/12/2025 at 14:20pm V6(Registered Nurse/ MDS Coordinator) provided Monthly Weight Report sheet with R77's March weight that is 405.8 pounds</p> <p>The facility's policy dated 6/8/22 titled as Low Air- Loss Mattress/Bed</p> <p>States Purpose as: A specialty bed will be obtained upon provider order. The low air-loss mattress/bed will be utilized according to manufacturer's recommendations.</p> <p>General Guidelines include protecting the resident's skin: Ensure Low air loss mattress is set correctly to residents weight based on resident's desired firmness and healthcare professionals' suggestion in accordance with manufacturer's recommendations to prevent skin breakdown.</p> <p>The Manufacturer guideline for air loss mattress on weight setting is described as follows: Users can adjust air mattress to a desired firmness according to patient's weight or suggestion from a health care professional.</p> <p>47303</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Findings include:</p> <p>R25 is [AGE] year old with diagnosis including but not limited to: stage 4 pressure ulcer of sacral region, paraplegia, lymphedema, subluxation of unspecified lumbar vertebra and unspecified osteoarthritis.</p> <p>R25's BIMS (Brief Interview of Mental Status) score is 15, which indicates, no cognitive impairment.</p> <p>On 3/10/25 at 11:15 AM, R25 was observed lying on a LALM (Low Air Loss Mattress).</p> <p>At that time, the settings on R25's mattress was 200 lbs. (pounds) and the mattress was thin/ deflated.</p> <p>Surveyor asked R25 if she was comfortable in bed.</p> <p>On 3/10/25 at 11:15 AM, R25 said that she would like her mattress a little firmer because she felt like it was too soft.</p> <p>Surveyor inquired about the purpose of the LALM.</p> <p>On 3/12/25 at 2:25 PM, V2 (DON/ Director of Nursing) said the purpose of a LALM is to prevent a resident's wound from worsening and to prevent skin breakdown.</p> <p>Surveyor inquired about expectations regarding LALM settings.</p> <p>On 3/12/25 at 2:30 PM, V23 (Wound Care Coordinator) said that the LALM is set based on a resident's weight and that when the LALM setting is lower than the resident's weight, it deflates and makes the mattress less firm.</p> <p>R25's Monthly weight report for March of 2025 documents a weight of 231 Lbs.</p> <p>R25's Section M- Skin conditions assessment dated [DATE] documents, R25 has one stage 4 pressure ulcer; R25 uses a pressure reducing device for bed.</p> <p>Facility policy titled Low Air- Loss Mattress/ Bed documents, ensure low air loss mattress is set correctly to resident's weight based on resident's desired firmness and healthcare professionals suggestion in accordance with manufacturer's recommendations to prevent skin breakdown.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>45644</p> <p>Based on observation, interview, and record review the facility failed to label and date oxygen equipment (oxygen tubing) and failed to properly contain oxygen equipment (Bilevel Positive Airway Pressure mask and oxygen tubing) when not in use. These failures affected two residents (R52 and R233) reviewed for respiratory care in a sample of 45 residents.</p> <p>Findings include:</p> <p>R52's admission diagnoses includes but not limited to Chronic Obstructive Pulmonary Disease (COPD), pneumonia, acute respiratory distress, heart failure, and dependence on supplemental oxygen.</p> <p>R52's Brief Interview of Mental Status (BIMS) score is 15. R52 is cognitively intact.</p> <p>On 3/10/25 at 10:33 am, observed R52's BIPAP mask laying on the nightstand in R52's room uncontained.</p> <p>R52's (Active orders as of 3/11/25) Order Summary Report) documents in part, BIPAP (Bilevel Positive Airway Pressure) at nighttime every shift.</p> <p>R233's admission diagnoses includes but not limited to Chronic Obstructive Pulmonary Disease (COPD), respiratory failure, congestive heart failure, bronchiolitis, and Respiratory Syncytial Virus (RSV).</p> <p>R233's Brief Interview of Mental Status (BIMS) score is 15. R233 is cognitively intact.</p> <p>R233's Active orders as of 3/11/25 documents in part, Oxygen per nasal cannula as needed every 24 hours as needed SOB (Shortness of Breath).</p> <p>On 3/10/25 at 12:35 pm, observed R233's nasal cannula on the floor in R233's room not dated when changed and not contained.</p> <p>On 3/12/25 at 12:20 pm, V2 DON (Director of Nursing) stated that if the oxygen and mask is not being used it needs to be in a plastic bag to prevent gross contamination. Oxygen tubing should not be on the floor. If a tubing is on the floor it needs to be changed because it can acquire an infection. Oxygen tubing is changed weekly and prn (as needed). V2 stated tubing's should be dated when changed.</p> <p>Facility's policies titled Departmental (Respiratory Therapy)- Prevention of Infection undated documented in part, Steps in the Procedure: 7. Change the oxygen cannula and tubing every 7 days, or as needed. 8. Keep the oxygen cannula and tubing used PRN (As Needed) in a plastic bag when not in use.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's job description titled Registered Nurse (RN), dated 3/25/16 documented in part, Summary: The RN is responsible for providing direct nursing care to the resident, and to supervise the day-to day nursing activities performed by nursing assistants. Such supervision must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern our facility, and as may be required by the Director of Nursing to ensure that the highest degree of quality care in maintained at all times.</p> <p>Facility's job description titled Licensed Practical Nurse (LPN), dated 4/1/17 documented in part, Summary: The LPN is responsible for providing direct nursing care to the resident, and to supervise the day-to day nursing activities performed by nursing assistants. Such supervision must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern our facility, and as may be required by the Director of Nursing to ensure that the highest degree of quality care in maintained at all times.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>43351</p> <p>Based on observations, interviews and record reviews, the facility failed to follow Pharmacy recommendation for medication storage, failed to ensure multidose medications have open and discard dates, failed to ensure the refrigerator was within the temperature range for proper storage of medication, and failed to ensure a treatment cart was kept locked when unattended. These failures affected 3 (R29, R57, and R83) residents reviewed for medication storage and have the potential to affect all 41 residents on the second floor and all 40 residents on the third floor.</p> <p>Findings include:</p> <p>The (03/10/2025) Resident Listing Report documented that there were 41 residents on the second floor and 40 residents on the 3rd floor.</p> <p>On 03/10/25 at 11:35AM during the medication storage and labeling task with V7 (Registered Nurse) of the second floor wing 2 medication cart, noted the following observations:</p> <ol style="list-style-type: none"> <li>1. R29's opened Dorzolamide and Timolol eye drops with no open date and end date.</li> <li>2. R57's unopened Novolin R with auxiliary pharmacy label 'Store in Refrigerator'.</li> <li>3. R83's opened Glargine vial with no open date and end date.</li> </ol> <p>On 03/10/2025 at 11: 36am, V7 stated the unopened Novolin R should be kept refrigerated until opened. And the nurse who opened the Dorzolamide eye drops, timolol eye drops, and the Glargine vial should write the open date and end date, so we know when to discard these medications.</p> <p>On 03/10/2025 at 11:58am, of the 2nd floor medication storage room with V7. Prior to opening the refrigerator, V7 was informed that V7 has to check first the temperature reading on the small refrigerator thermometer. Upon opening the refrigerator, V7 checked the temperature registered on the thermometer and stated the temperature is 52F. V7 stated the refrigerator temperature should be below 46F. Inside the refrigerator were medications including unopened insulin vials and tubersol for TB test.</p> <p>On 03/12/2025 at 11:56am, V2 (Director of Nursing) stated if the insulin vial is not yet opened, our policy is to keep it in the refrigerator to ensure the potency of the medications is maintained.</p> <p>On 03/12/2025 at 11:59am, V2 stated the multidose medications have yellow sticker where nursing will write the open date of the medication. It is already indicated in the container of the dorzolamide, timolol and Glargine that staff has to write the date it was opened. I don't know why they still missed it. The purpose of labeling the multidose medications with open date is to remind the staff how long they can use the medication and when to discard the medication.</p> <p>On 03/12/2025 at 12:02pm, V2 stated refrigerator temperature should be kept below 46F to ensure the potency of the medication is maintained.</p> <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R29's (Active Order as Of: 03/11/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) ocular hypertension, conjunctival hyperemia, and exposure keratoconjunctivitis. Order Summary: dorzolamide HCL solutions 2%. Instill in both eyes. Order Date: 10/27/2022. Timolol Maleate Solution 0.25% instill in both eyes. Order Date: 10/27/2022.</p> <p>R57's (Active Order as Of: 03/11/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) Type 2 Diabetes Mellitus. Order Summary: Insulin regular Human Solution inject 3units subcutaneously. Order Date: 05/19/2022.</p> <p>R83's (Active Order as Of: 03/06/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) Type 2 Diabetes Mellitus. Order Summary: Insulin Glargine solution 100unit/ml. Inject 45 units subcutaneously at bedtime for diabetes. Order date: 02/15/2025.</p> <p>The (03/13/2025) email correspondence with V8 (MDS coordinator) documented, in part Thank you for your inquiry regarding our pharmacy's auxiliary label practices. Our policy stated that all staff strictly adhere to auxiliary label instructions unless contraindicated by specific patient circumstances or medication interactions. This protocol ensures consistency, accuracy, and patient safety throughout our operations.</p> <p>The (undated) Daily Refrigerator Temperature log documented, in part Acceptable temperature ranges are Medication Storage 36F - 46F for refrigerators.</p> <p>The (undated) storage of medications documented, in part policy heading the facility stores all drugs and biologicals in a safe, secure, and orderly manner. Policy interpretation and implementation #1 drugs and biologicals used in the facility are stored in locked compartments under proper temperature. 7. Medications requiring refrigeration are stored in a refrigerator located in a drug room at the nursing station or other secured location.</p> <p>The (undated) labeling of medication containers documented in part Policy Statement. All medications maintained in the facility are properly labeled in accordance with current state and federal guidelines and regulations. 8. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened.</p> <p>45196</p> <p>Findings include:</p> <p>On 03/11/25 at 9:15 am, V1 (Administrator) presented a facility census of 40 residents on the third floor.</p> <p>On 03/11/25 at 10:39 am, Surveyor toured the facility's third floor unit and observed residents ambulating in the hallways without assistance.</p> <p>On 03/11/25 at 10:50 am, Surveyor observed the third-floor treatment cart unlocked and unattended while V2 (Director of Nursing, DON) was performing wound care inside R77's room.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/11/25 at 11:15 am, Surveyor brought this observation to V2 and V2 stated, The treatment cart should be locked at all times when not in use. When Surveyor questioned V2 regarding the importance of the treatment cart being locked when not in use and V2 stated, Residents can be poisoned if they drink the medication solutions inside.</p> <p>The facility's undated policy and titled Storage of Medications documents, in part: The facility stores all drugs and biological's in a safe, secure, and orderly manner. 1. Drugs and biological's used in the facility are stored in locked compartments under proper temperatures, light, and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications . 6. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biological's are locked when not in use. Unlocked medications carts are not left unattended and always in site or in view of the nurse.</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47303</p> <p>Based on observations, interviews and record review, the facility failed to provide routine dental services for one resident (R54) whose teeth are dark with multiple holes in his teeth.</p> <p>Findings include:</p> <p>R54 is [AGE] year old with diagnosis including but not limited to: cognitive communication deficit, cellulitis, dysphagia, hemiplegia and hemiparesis following cerebral infarction.</p> <p>R54's BIMS (Brief Interview of Mental Status) score is 12, which indicates moderately impaired.</p> <p>During investigation on 03/10/25 at 11:06 AM, Surveyor observed R54 with black substance on teeth and multiple teeth that with small holes in them. R54 stated that he had not received dental services in over 6 years, since living in the facility.</p> <p>On 3/12/25 at 2:25 PM, V2 (DON/ Director of Nursing) said that although R54's teeth are discolored and looked decayed, he (R54) said that his teeth don't hurt.</p> <p>On 3/12/25 at 2:25 PM, V2 (DON) said, R54 has not seen the dentist since his admission to the facility in 2019. It is hard to get a dental appointment for Medicaid patients. I have been trying to get him (R54) an appointment.</p> <p>Surveyor asked about the importance of regular dental visits, V2 said that regular dental maintenance is important to prevent tooth decay, bacteria and infection in the mouth.</p> <p>R54's Section GG- Functional Abilities assessment dated [DATE] documents, R54 requires maximal assistance with oral hygiene.</p> <p>Facility policy titled Dental services documents, routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>45644</p> <p>Based on observation, interview, and record review, the facility failed to serve hot foods to the residents at a temperature of 135 degrees Fahrenheit (F) per facility policy. This failure has the potential to affect all 42 residents residing on the 3rd floor receiving an oral diet.</p> <p>Findings include:</p> <p>On 3/11/25 at 10:35 am, in the resident council meeting multiple residents stated that the food is cold when served during mealtimes.</p> <p>On 3/11/25 at 11:45 am, Food temperature for lunch before plating were mechanical pork 176, mechanical vegetables 183, rice 190, regular vegetables 185, puree vegetables 157, puree meat 166, regular pork 180, grill cheese 159, hotdog 180, regular pork 198. Temperature steam noted coming from food while being plated. The plate was then covered with a lid and placed on the food transport cart.</p> <p>On 3/11/25 at 12:10 pm, observed third floor second cart lunch trays being served to resident on the 3rd floor. Residents in the dining area were served first then residents eating lunch in their rooms were served. Observation of V16 CNA (Certified Nursing Assistant) passing resident lunch trays in their rooms alone for 8 minutes. V5 Human Resource came and assisted V16 with passing lunch trays to the residents in their room on the third floor. After the last resident received their lunch tray at 12:25 pm, a test tray that consisted of pork, rice and vegetables was tested for temperatures with V15 Dietary Supervisor. Test tray temperatures were rice 135 degrees F, pork 120 degrees F, and vegetables 116 degrees F.</p> <p>On 3/11/25 at 12:28 pm, V15 Dietary Supervisor stated that the food should be served at a temperature of 135 degrees or higher.</p> <p>On 3/12/25 at 12:20 pm, DON (Director of Nursing) stated that there are 4 CNAs on each floor every day. Everyone can pass food trays. No one has complained of food being cold. All CNAs, nurses and staff are responsible for passing food trays. It should have been more than one person passing lunch trays yesterday.</p> <p>Facility's policy titled Tray Service undated documents in part, Procedure: Hot foods will be served at 135 degrees F or higher .</p> <p>Facility's job description titled Certified Nursing Assistant documents in part, Essential Duties and Responsibilities: Provide assistance with serving meals .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43351</p> <p>Based on observations, interviews, and record review the facility failed to ensure staff donned appropriate PPE (Personal Protective Equipment) while providing high contact resident care for a resident (R77) on EBP (Enhanced Barrier Precautions), failed to perform hand hygiene during a wound dressing change for a resident (R77), failed to ensure that urine collection canister was not placed on the floor, failed to ensure EBP signs were posted and PPE bins were available for 2 (R14 and R17) residents on EBP, and failed to sanitize medication tray between residents (R7 and R44) usage. These failures affected 5 (R7, R14, R17, R44, and R77) residents reviewed for infection control and have the potential to affect all 41 residents on the second floor and all 40 residents on the third floor.</p> <p>Findings include:</p> <p>The (03/10/2025) facility census indicated 41 residents on the second floor.</p> <p>#1</p> <p>On 03/10/2025 at 10:08am on the second floor, V8 (Registered Nurse) stated everyone who has an indwelling catheter, with wounds, and g-tube are on EBP (enhanced barrier precautions). V8 stated (R14) has a wound and (R17) has an indwelling catheter.</p> <p>On 03/10/2025 at 10:16 AM, there was no EBP sign posted, and no PPE bin noted by R14's room.</p> <p>On 03/11/2025 at 9:08am, there was no EBP sign posted and no PPE bin available by R14's door.</p> <p>On 03/11/2025 at 9:10am, inquiring if R14 has a wound. V3 (ADON/Infection Preventionist) went inside R14's room and checked. V3 stated yes she has a wound on her left heel. This surveyor inquired for the EBP signage and PPE bin for R14. V3 stated we don't have an EBP sign posted for her (R14) and no PPE bin outside her room.</p> <p>#2</p> <p>On 03/10/2025 at 10:59am, there was no EBP sign posted and no PPE bin available by R17's room. These observations were pointed out to V3. V3 stated he should be on EBP. There is no EBP sign posted and no PPE bin outside of his room.</p> <p>On 03/10/2025 at 11:07am, V3 instructed V12 (Housekeeping Supervisor) to set up the PPE bin for R17 and stated I (V3) will put up the EBP sign.</p> <p>#3</p> <p>On 03/11/2025 at 8:44am, during the medication administration task with V14 (Licensed Practice Nurse). After dispensing the medications in a med cup, V14 poured water in a drinking cup and placed the med cup and the drinking cup on a medication tray.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 03/11/2025 at 8:45am, V14 knocked on R7's door and mentioned R7's name and stated that R7's meds were ready. R7 swallowed the medications from the med cup and put the med cup back on the medication tray, drank the water in drinking cup and put this, as well, back to the medication tray.</p> <p>On 03/11/2025 at 8:46am, V14 disposed of used med cup and drinking cup in trashcan and placed the med tray on top of the medication cart and started preparing R44's medications without sanitizing the medication tray he used for R7.</p> <p>On 03/11/2025 at 8:51am, V14 poured R44's pantoprazole in a med cup. The med cup was on a med tray that was previously used for R7. At this time, this surveyor stopped V14 from dispensing R44's other medications and inquired about the facility policy when using a med tray between residents. V14 stated, I should have sanitized the med tray first before preparing the medications of the next resident to prevent the spread of germs to the next resident.</p> <p>On 03/12/2025 at 12:02pm, V2 (Director of Nursing) stated for residents on EBP, there should be a sign posted and PPE bin for the residents. Purpose of posting an EBP sign is for the staff to determine what appropriate PPE to wear when they give direct care to the resident to prevent cross contamination of infection. PPE bin should also be available so PPEs will be readily available for staff.</p> <p>On 03/12/2025 at 12:05pm, V2 stated I don't have a policy on medication tray but the expectation is to sanitize the med tray between residents to prevent cross contamination of infection.</p> <p>R7's (Active Order as Of: 03/11/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) human immunodeficiency syndrome and benign prostatic hyperplasia.</p> <p>R14's (Active Order as Of: 03/11/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) obesity, mild intellectual disabilities and lack of coordination. Diagnostic: x-ray L (left) foot/heel, active draining wound, r/o (rule out) osteo (sic). Order date: 01/22/2025. Left hell cleans with NSS (normal saline solution) Apply skin pre to periwound. Apply Calcium Alginate, cover with ABD pad and wrap with kerlix. Order date: 03/05/2025.</p> <p>R14's (12/30/2024) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15. Indicating R14's mental status as cognitively intact. Section M. M0300. F. Unstageable pressure ulcers: 1. Number of these unstageable pressure ulcer that were present upon admission: 1.</p> <p>R14's (Target Date: 03/31/2025) care plan documented, in part has unstageable pressure sore to left and right heel.</p> <p>R17's (Active Order as Of: 03/11/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) acute kidney failure and benign prostatic hyperplasia. foley catheter Fr. 16. With 10cc balloon. For urinary retention. Order Date: 12/13/2024.</p> <p>R17's (12/19/2024) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 02 Indicating R17's mental status as severely impaired. Section H - Bladder and Bowel. H 0100. Appliances. A. indwelling catheter.</p> <p>R17's (Target Date: 03/25/2025) care plan documented, in part has indwelling catheter.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R17's (Target Date: 03/25/2025) care plan documented, in part Enhanced Barrier Precautions. Risk for infection related to compromised host defenses and exposure to pathogens. Ensure appropriate PPE is available and used correctly by staff.</p> <p>R44's (Active Order as Of: 03/11/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) chronic obstructive pulmonary disease and muscle weakness.</p> <p>The (03/12/2025) email correspondence with V6 (MDS Coordinator) documented, in part In our commitment to maintain the highest standards of care and to prevent contamination during medication administration, it is crucial to adhere to effective medication pass strategies specially when passing multiple medications to a resident. Using of tray to ensure accuracy in medication delivery is permitted. If using tray is necessary to minimize risk of error, tray should be sanitized between uses to ensure infection control protocol.</p> <p>The facility provided document (7/2021) Consideration For Use Of Enhanced Barrier Precautions In Skilled Nursing Facilities documented, in part Framework For Applying Enhanced Barrier Precautions In Skilled Nursing Facilities. Facilities should develop a method to identify residents with wounds or indwelling medical devices, and post clear signage out of residence room indicating the type of PPE required and defining high risk resident care activities. Gowns and gloves should be available outside of each resident room.</p> <p>The (undated) EBP (Enhanced Barrier Precautions) documented, in part Policy statement. Enhanced Barrier Precautions are used in the care for residents with wounds requiring dressings or indwelling medical devices. Policy Interpretation and Implementation. 4. Enhanced based (sic) precautions will be implemented for residents with wounds that requiring dressing changes. 5. Enhanced Based (sic) precautions will be implemented for residents with indwelling devices.</p> <p>45196</p> <p>Findings include:</p> <p>On 03/11/25 at 9:15 am, V1 (Administrator) presented a facility census of 40 residents on the third floor.</p> <p>R77's face sheet shows that R77's has diagnosis which include but not limited to necrotizing fasciitis, supraventricular tachycardia, type 2 diabetes mellitus with hyperglycemia, vitamin D deficiency, hyperkalemia, and respiratory failure.</p> <p>R77's Brief Interview for Mental Status (BIMS) dated 02/17/25 shows that R77 has a BIMS score of 15 which indicates that R77 is cognitively intact.</p> <p>On 03/10/25 at 10:40 am, R77's room door was observed with a sign on the door titled Enhanced Barrier Precaution. Surveyor observed R77 with a Purewick external catheter in place with the Purewick canister next to R77's bed on the bare floor.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 03/10/25 at 10:46 am, V2 director of Nursing, DON) and V17 (Certified Nursing Assistant, CNA) was observed entering R77's room without donning a gown to perform wound care to R77's left lower abdomen surgical wound. V17 was observed donning gloves without performing hand hygiene in R77's room. During R77's wound care dressing change to R77's left lower abdomen surgical wound V2 and V17 was observed not wearing proper PPE (Personal Protective Equipment) a gown. V2 was observed removing R77's soiled left lower abdominal wound dressing, throwing R77's soiled left abdominal wound dressing in the trash, donning gloves, removing gauze from R77's wound tray and dressing R77's left abdominal wound without performing hand hygiene.</p> <p>On 03/10/25 at 11:15 am, Surveyor brought R77's Purewick canister on the bare floor observation to V2 and V2 stated Her (R77's) Purewick canister should not be on the floor we will get a crate or something to put it on. When V2 was asked regarding the importance of R77's Purewick canister not being on the bare floor and V2 stated, It should be on a stand so that bacteria doesn't get inside of it. V2 was asked regarding the facility's expectation for residents with a wound requiring EBP precautions and V2 stated, I (V2) should have worn a gown when I did her (R77's) wound care. I forgot. When V2 was asked regarding performing hand hygiene when removing a soiled dressing and V2 stated, Oh I (V2) did not do that. I was nervous. Surveyor asked V2 regarding the importance of EBP for residents with wounds and performing hand hygiene after removing soiled dressings and V2 stated, It is important to protect staff and residents from acquiring infections.</p> <p>On 03/12/25 at 11:37 am, V3 (Assistant Director of Nursing, ADON) stated that residents who are on EBP staff are required to wear gown and gloves when providing high contact patient care to prevent residents from acquiring a Multi Drug Resistant Organism. V3 explained that if a staff does not wear gown and gloves while providing high contact care to residents with EBP then staff are at risk for spreading infections such as MDRO to residents.</p> <p>The facility's undated document and titled Enhanced Barrier Precautions documents, in part: Enhanced Barrier Precautions are used in the care for residents with wounds requiring dressings or indwelling medical devices and successfully admit and care for those residents with and XDRO (Extensively Drug Resistant Organism) or epidemiologically important MDRO (Multi Drug Resistant Organism). 1. Enhanced Barrier Precautions means that a gown and gloves are to be used when providing care to the resident during high contact-care activities that provides opportunities for transfer of organisms from resident to staff hands and clothing. Gown and gloves are not needed to be utilized during non-high contact care activities. 2. Enhanced Barrier Precautions is to be implemented in conjunction with Standard Precautions. 3. The following are high contacts care activities that require gown and gloves to be worn if a resident is placed on Enhanced Barrier Precautions. 4. Enhanced Based Precautions will be implemented for residents with wounds that requiring dressing changes (e.g., pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous status ulcers) and only when the wound drainage is contained. 7. Enhanced Barrier precautions are to remain in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device placed that placed them at higher risk.</p> <p>R77's Physician Order Sheet (POS) shows that R77 has orders for Enhanced Barrier Precautions for wound care. Gloves and gown to be worn during wound care and prolonged contact activity . Surgical Wound-Across Left Lower ABD (Abdomen): Cleanse w/ NSS (with normal saline) Or Wound Cleanser. Pat Dry. Apply Skin Prep to peri wound. Apply collagen, then calcium Alg (Alginate) w/ silver (with) , (May use regular Alg (Alginate) if silver unavailable) to entire wound bed, cover with hydro lock and secure with med fix tape. ABD optional if drainage is excessive.</p>		