

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145786	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/21/2025
NAME OF PROVIDER OR SUPPLIER  Lincolnwood Place		STREET ADDRESS, CITY, STATE, ZIP CODE  7000 North McCormick Blvd. Lincolnwood, IL 60645	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>Based on observation, interview, and record review, the facility failed to follow Medication Administration Policy by not labelling a multi-dose jar of petroleum jelly with the open date. This failure affected 1 resident (R35) of 12 reviewed for medications. Findings include: On 11-19-25 at 8:10 AM, surveyor observed V3 (Registered Nurse) apply petroleum from R35s jar without an open date. Surveyor and V3 verified there was not an open date on the jar. On 11-19-25 at 8:25 AM, V3 (Registered Nurse) said the nurse who opens the jar is responsible for writing the open date. V3 said significance of the open date is so staff can refer to how long the medication is good for. On 11-19-25 at 12:58 PM, V2 (Director of Nursing) said the significance of an open date allows staff to know when the medication expires. The staff who opens the medication is responsible for labelling the open date. V2 said all nurses are responsible for checking for open dates on multi-dose medications. Medication Administration Policy revised 2-23-24 documents: When opening a multi-dose container, the date shall be recorded on the container.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to follow the food storage policy by not removing lettuce that appeared rotten and waterlogged and not labeling, dating, and monitoring refrigerated foods. This deficient practice has the potential to affect all 31 residents who consume food prepared in the facility's kitchen. On 11/19/2025 at 9:55 AM, the second refrigerator contained a single-serve garden salad on a transparent plate that was not covered. Multiple single-serve red gelatin portions were uncovered on a large tray with no date. Two individual transparent containers of ranch dressing were covered but had no date. V6 (Director of Dining Services) stated the gelatin was poured the day before on 11/18/2025 and that all foods placed in the refrigerator should be covered and labeled. V6 stated he was unsure when the ranch dressing was placed in the refrigerator. On 11/19/2025 at 9:55 AM, V6 stated that the garden salad was prepared the day before and that both the garden salad and the gelatin should not have been left in the refrigerator uncovered and unlabeled. On 11/19/2025 at 10:02 AM, the walk-in refrigerator contained a large opened clear container holding multiple peeled white onions with no cover, label, date, or time. An opened package of prosciutto was also present with no date. On 11/19/2025 at 10:02 AM, V7 (Dietary Manager) stated that the peeled onions and prosciutto should have been covered and labeled with a date. On 11/19/2025 at 10:04 AM, the walk-in refrigerator was observed to contain 5 rotten lettuce heads (dark brown and yellow, soggy and moist) inside a transparent bag that was dripping fluid. The bag was placed on top of a brown carton box holding individual romaine lettuce heads in an unsealed transparent bag. On 11/19/2025 at 10:04 AM, V6 and V8 (Executive Chef) stated that the transparent bag containing rotten lettuce should not have been placed on top of the unsealed box of romaine lettuce. V6 stated the lettuce had arrived in a shipment that morning and that he was supposed to call the company to report that the lettuce arrived rotten. V6, V7, and V8 all stated that the rotten lettuce should not have been stored inside the walk-in refrigerator. On 11/21/2025 at 9:33 AM, Reviewed the facility's food purchase invoice from US Foods, ordered on 11/17/2025 and received on 11/19/2025. Invoice number 2195039, page 2, documented the purchase of lettuce, fresh, 24-count box. On 11/21/2025 at 10:04 AM, V6 stated that the shipment containing lettuce consisted of round, circular lettuce heads packaged inside a box. On 11/21/2025 at 9:15 AM, a record review of the policy Skilled - Food Safety Requirements, revised on 10/22/2025, documents: It is the policy of the facility to procure food from sources approved or considered satisfactory by federal, state, and local authorities. Food will be stored, prepared, distributed, and served in accordance with professional standards for food service safety. The policy defines food service safety as handling, preparing, and storing food in ways that prevent foodborne illness. Policy Explanation and Compliance Guidelines: 1. Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with delivery of the food to the resident. Elements of the process include the following: a. Procurement (obtaining) of food from sources approved or considered satisfactory by federal, state, and local authorities. b. Storage of food in a manner that helps prevent deterioration or contamination of the food, including from growth of microorganisms. 3. Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely and proper storage. a. Follow contract/vendor procedures when food arrived damaged, or concerns are noted. Remove these foods from use. c. Refrigerated storage- food that require refrigeration shall be refrigerated immediately upon receipt or placed in freezer, whichever is applicable. Practices to maintain safe refrigerated storage include: iv. Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/ discarded. v. Keeping foods covered or in tight containers. On 11/21/2025 at 10:10 AM, V1, V6, and V7 stated that all 31 residents consume food provided by the facility's dietary services.</p>		