

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145798	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Countryside Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1635 East 154th Street Dolton, IL 60419	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon observation, interview, and record review the facility failed to provide supervision, failed to implement fall prevention interventions, and/or failed to address safety hazards for five of 68 residents (R2, R139, R141, R144, R161) in the sample. Findings include:</p> <p>R144 is [AGE] years old and have resided at the facility since 2014, past medical history includes, but not limited to chronic obstructive pulmonary disease, unspecified dementia, type 2 diabetes, Parkinson's disease, delusional disorder, etc.</p> <p>07/28/2025 3:32 PM R144 was observed in his room at the end of the hall, awake, alert and oriented with confusion, stated he just came back from the hospital but does not know why. R144 was naked with his dirty diaper on the bed, G-tube plunger noted at the bedside table, resident's bed was unplugged from the wall, another cord not attached to anything was lying close to resident's bed. There was no call light close to resident or any floor mats noted.</p> <p>07/28/2025 3:36 PM 11 (LPN) said that she is the assigned nurse for the resident, R144 has a lot of behavior and must have unplugged the bed from the wall and now V11 cannot get it back to the wall, she will get maintenance to fix it. V11 said that resident went to the hospital for altered mental status, he had a fall recently but did not go out the same day. V11 added that resident do not have a G-tube, the g-tube plunger is not supposed to be in his room, resident has a habit of picking stuff from another room and bringing it back to his room, he is currently the only resident in the room.</p> <p>Fall risk evaluation dated 4/3/2025 scored R144 as 11, high risk for fall. Minimum Data Set (MDS) assessment dated [DATE] indicate a BIMs score of 10 for residents' cognitive pattern, section GG (functional status) indicated that resident requires supervision/ staff assistance for all Activities of Daily Living (ADLS).</p> <p>Per record review, R144 has had 3 falls this year, on 3/17/2025, resident had an unwitnessed fall in the hallway in the B wing. On 5/17/2025 resident was observed in his room on the floor at 11:30PM in a sitting position with clothes on the floor. At 0100, resident was noted in the hallway and was redirected to his room, then at 0300 the nurse aide reported that resident was bleeding, and the nurse documented a laceration to left lateral eyebrow and bruising to the left elbow. Resident was sent to the hospital for further observation. On 7/20/2025 resident had a witnessed fall while ambulating in the hallway without assistive device and sustained a skin tear on the left side of forehead. R144 was again sent out to the hospital for aggressive behavior.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>07/29/2025 9:35 AM, Resident was not in his room, room noted to be deserted, one pair of shoes and 3 tubs of deodorant on the dresser, there was a garbage can and an isolation bin at the entrance of the room. At 9:40AM surveyor asked staff about the resident, and she said that he was moved to another rom this morning. Resident was observed in his new room at the end of another hall.</p> <p>Care plan dated 7/28/2025 stated that resident is a high risk for fall related to shuffled gait, dementia, use of psychotropic medication, Parkinson, etc. Interventions include keep call light in reach, keep bed in lowest position, assure floor is free of glare, liquids, foreign objects, keep personal items within reach, floor mats x2, etc.</p> <p>On 07/30/2025 10:00 AM, surveyor asked V35 (Restorative Nurse) if R144 have a fall care plan prior to 7/28/2025 and what type of interventions were in place. V35 said that R144 has an initial fall care plan but it was updated on 7/28/2025 with additional interventions. Resident did not have a floor mat prior to the last fall, they included toileting as needed, educated resident watching the pathway, report when there is a fall, etc. V35 was unable to identify the interventions in place for R144 prior to 7/28/2025.</p> <p>Fall policy revised August 2008 stated in that as part of the initial assessment, the physician will help identify individuals with a history of falls and risk factors for subsequent falling. Under monitoring and follow up, #2 The staff and physician will monitor and document the individual's response to interventions intended to reduce falling or the consequences of falling.</p> <p>4. If the individual continues to fall, the staff and physician will re-evaluate the situation and consider other possible reasons for the resident falling (besides those that have already been identified).</p> <p>Findings include:</p> <p>The (7/28/25) facility census includes 158 residents.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R161's (7/26/25) care plan states resident is high risk for falls due to limited mobility, weakness, and missing limbs, interventions: bed to the lowest position, floor mats in place x2. On 7/28/25 at 10:10am, R161 affirmed "I (R161) arrived Saturday (7/26/25), I need Physical Therapy. I had this leg (right leg) amputated so I need to be fitted for the prosthesis." R161 was lying in bed however assistive devices to turn/reposition in bed were not in place. Surveyor inquired about facility concerns R161 stated "The biggest concern is that I (R161) don't have side rails, this table is the only thing preventing me from falling from the bed. A rail would make a big difference because that's the only way I can move." A floor mat was adjacent R161's bed (near the window) however the other floor mat present was leaning against the footboard. R161's bed was not in low position and the floor was notably wet (under the bedside table). On 7/28/25 at 10:19am, surveyor inquired about R161's fall prevention interventions V11 (LPN/Licensed Practical Nurse) stated "Lower bed, the mat on the floor and the call light within reach." Surveyor inquired about concerns with R161's floor mats V11 responded "He (R161) doesn't have a mat on this side because the tray is there" (referring to the bedside table). Surveyor inquired what was spilled on R161's floor V11 responded "It's wet but I can't tell you what it is." Surveyor inquired if R161's bed was in the lowest position V11 replied "No, it's not" and proceeded to lower the bed. Surveyor relayed concerns with R161's bed (without side rails) V11 stated "That would be something I (V11) would have to communicate with someone, I would need to go to the DON (Director of Nursing) and I would ask her (DON)." On 7/30/25 at 10:05am, surveyor inquired about R161's functional status and fall prevention interventions V35 (Restorative Nurse) stated "He (R161) requires some max assist and dependent on staff as far as moving, sitting up. He requires staff assistance with transfers, he's missing limbs on the lower extremity. He's missing the right leg and left ankle, foot. I have him for fall mats, bed in lowest position, call light within reach, toileting needs addressed." Surveyor inquired if R161 was offered side rails V35 responded "He was not because we (facility) do not do side rails here. He asked when I saw him and it was the weekend, I said I would speak to administration about side rails." Surveyor inquired if V35 spoke to administration about R161's siderails V35 replied "No, we (staff) were busy doing other things. I could probably do an overhead trapeze if he (R161) wants to use it" (R161 was admitted 4 days prior). Surveyor inquired if it was appropriate to use only 1 floor mat when R161 was lying in bed V35 stated "They should have both been put down while he was in bed."</p> <p>R2's (7/1/25) functional assessment affirms partial/moderate assistance is required for putting on footwear. R2's (4/5/25) care plan states resident is at risk for falls due to lower extremity weakness and unsteady balance, intervention: encourage resident not to attempt self-transfer or self-ambulation. ADL (Activities of Daily Living) care includes the following intervention: ensure proper fitting shoes are being worn. On 7/28/25 at 10:31am, R2 was observed in the dining room seated in a wheelchair. The back of R2's shoes were folded downward, and both heels were on top of the shoes. Surveyor inquired if R2 can walk V11 (LPN) stated, "With assistance." Surveyor inquired about concerns with R2's shoes V11 refrained from responding and proceeded to pull the back R2's upward then placed both feet in the shoes correctly. On 7/30/25 at 10:11am, surveyor inquired about R2's functional status and fall prevention interventions V35 stated "He (R2) requires assistance, contact while he's walking. He's currently in a wheelchair now because he's weak. He's encouraged not to self-transfer." Surveyor inquired if R2 requires assistance with placing shoes on V35 responded "Yes, properly making sure they're on all the way, laced."</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/28/25 at 10:40am, ten (10) residents were noted to be unsupervised in the dining room (with soda/snack machines). V23 (Medical Records) subsequently entered the dining room, surveyor inquired who was supposed to be monitoring the dining room V23 (Medical Records) stated, "I'm not sure, they (facility) have a list on the front board." Surveyor inquired if staff were present in the dining room V23 responded "No ma'am";</p> <p>On 7/28/25 at 12:33pm, water was noted to be dripping from the main dining room ceiling onto the floor. Surveyor inquired why the water was leaking from the ceiling V7 (Maintenance Director) stated "It's been coming from the HVAC (Heating Ventilation Air Conditioner) it's fixed"; and affirmed "I just repaired that";</p> <p>On 7/29/25 at 9:38am (the following day), a large puddle of water was observed on the main dining room floor with a bath blanket present. Water was noted to be dripping from the ceiling and a wet floor sign was near the puddle however collection containers were not in use "to prevent hazards."</p> <p>R141's (11/25/24) care plan states resident is limited in his functional abilities due to left sided weakness without full range of motion to left shoulder, intervention: provide required level of assistance and support. On 7/29/25 at 1:00pm, R141 was in the dining room wearing a shoe on the left foot and a sock (with holes) on the right foot. V11 (LPN) directed R141 to go to his room for medication administration and failed to address the footwear. Surveyor inquired why R141 was not wearing both shoes V11 stated "He (R141) refuses to put the other one on"; and failed to offer any assistance with ambulation and/or footwear. On 7/30/25 at 10:21am, surveyor inquired about R141's functional status and fall prevention interventions V35 stated "He (R141) able to provide his own dressing assistance and uses a roller walker for ambulation but he doesn't like to wear shoes on one of his feet but he does put on non-skid footwear." Surveyor inquired why R141 wears only 1 shoe V35 responded "His foot is actually swollen, he just doesn't want to, he's very difficult to manage." Surveyor inquired if R141 was offered different shoes (due to identified swelling) V35 replied "I'm not sure";</p> <p>R139's (5/1/25) BIMS (Brief Interview Mental Status) determined a score of 7 (severe cognitive impairment). R139's (2/3/25) care plan states resident receives limited to extensive assist with dressing, intervention: allow extra time to complete ADLS (Activities of Daily Living). On 7/29/25 at 1:26pm, R139 was observed seated in a wheelchair (in the hallway) with his pants pulled down (a pullup and both thighs were exposed). R139 was wearing a sock on the right foot however the left foot was exposed, and both feet were on the floor. V26 (LPN) was in the hallway (standing next to surveyor) during observation however failed to address concerns with R139's privacy and/or safety until surveyor inquired about the resident. On 7/30/25 at 10:17am, surveyor inquired about R139's functional status and fall prevention interventions V35 stated "He (R139) uses a wheelchair, he can walk with an assistive device with staff. Keep areas free of obstacles, ensure positioning, items within reach, provide toileting assistance as needed." Surveyor inquired if R139 can dress himself V35 responded "Yes, he can put his clothes on with cueing." Surveyor relayed concerns regarding R139 observed in a wheelchair without shoes and/or non-slip socks on V35 replied "Everyone should have on shoes unless he has on slippers";</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based upon observation, interview, and record review the facility failed to ensure that sufficient nursing staff were available to meet the needs for 20 of 68 dependent residents (R2, R3, R5, R7, R8, R14, R23, R36, R46, R51, R66, R76, R109, R114, R127, R139, R140, R141, R150, R161) in the sample and failed to ensure a licensed nurse had the required training/coursework to manage the facility restorative program. These failures have the potential to affect 158 residents. Findings include:</p> <p>Review of facility assignment sheet for 7/20/2025 on third shift documents that V39 (Certified Nursing Assistant) was assigned to A/B unit and V40 (Certified Nursing Assistant) was assigned to the C/D unit. The sheet also documents that V39 and V40 were responsible for the following activities &quot;Answer all call lights, ADLs, POC (point of care)&rdquo;.</p> <p>On 7/29/2025 at 12:35 AM, V2 (Director of Nursing) affirmed that on 7/20/2025 only 2 certified nursing assistants were assigned to care for the residents in the facility. V2 explained that V2 was not notified of the staffing issues until the morning, when V3 (Infection Preventionist) arrived to the facility at around 4:00 AM. V2 affirmed that no other staff were called or arrived to assist the staffing shortage. V2 affirmed that the usually staffing for the unit for 3rd shift was around 5-6 CNAs.</p> <p>On 7/30/2025 at 10:14 AM, V34 (MDS Nurse, Licensed Practical Nurse) stated that V34 was working on 3rd shift on 7/20/2025. V34 stated that there were only 2 CNAs scheduled for the facility during that shift. V34 stated that management was notified but no other certified nursing assistants arrived prior to the end of the shift. V34 stated that the unit that V34 was assigned to was &quot;mainly residents that were ambulatory and didn&rsquo;t need as much assistance with ADLs so with the nurses performing the work of the aides, we were able to get by&rdquo;. V34 was unsure if only having 2 certified nursing assistants was a safe ratio for the facility&rsquo;s care needs. V34 affirmed that the aides had to care for around 75 residents per aide.</p> <p>On 7/30/2025 at 12:34 PM, V39 (Certified Nursing Assistant) affirmed that V39 worked on 7/20/2025 and was the only certified nursing assistant working on the C/D unit for 3rd shift. V39 explained that there was usually 3-4 nursing assistants working on the C/D unit at night. When asked if the residents needs were able to be met, V39 replied, &quot;It wasn&rsquo;t an ideal situation&rdquo;. V39 stated that V39 reported that there was only 1 nursing assistant to the staff nurses who told the management of the facility. V39 affirmed that V39 did not go to the A/B unit.</p> <p>On 7/30/2025 at 1:03 PM, V40 (Certified Nursing Assistant) affirmed that V40 was the only certified nursing assistant assigned to the A/B unit on 7/20/2025 on 3rd shift. V40 explained that the majority of the residents on the A/B unit are in need of assistance with activities of daily living and are incontinent. V40 recalled the night and explained that the assignment was &quot;not doable, but I had to make it doable. All I could do was try to check and change them as best I could. No one was called in to help, it was just me. Management was aware. I couldn&rsquo;t go to the C/D unit to help, we couldn&rsquo;t afford to leave and help each other&rdquo;. V40 affirmed that the staffing ratio for that night was unsafe and inappropriate.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/31/2025 at 11:43 AM, V1 (Administrator) affirmed that the facility's census on 7/20/2025 was 153 residents. This affirms that the ratio of certified nursing assistants to residents is 1:76.5.</p> <p>Facility provided list of incontinent residents documents in part that 57 residents in the facility are incontinent and 54 residents require assistance with activities of daily living.</p> <p>Facility assessment (4/4/2025) identifies that approximately 9 certified nursing assistants are needed on to meet the facility's resident needs on night shift.</p> <p>Findings include:</p> <p>The (7/28/25) facility census includes 158 residents.</p> <p>On 7/28/25 at 9:44am, gnats were observed flying in R127's room. Surveyor inquired about facility concerns R127 stated "There's gnats all over the place. The bathroom is a s**t show with gnats in there. The showers are filthy and smell bad. The food here sucks, the food in prison is better than this place." R127's CPAP (Continuous Positive Airway Pressure) mask was uncontained. Surveyor inquired if staff keep the CPAP mask in a bag (to prevent infection) when not in use R127 stated "No."</p> <p>On 7/28/25 at 9:56am, surveyor inquired about the gnats observed flying in the (Unit B) hallway V9 (Housekeeping) stated "I ain't been here in a couple days so I don't know about that." Surveyor inquired what was hanging on the walls in R139's room V9 responded "That's a fly thing, I see gnats on there." Surveyor inquired why so many gnats were flying around in R139's room V9 replied "I see what you're talking about. He (R139) always has food in his drawer or food in his room and I don't know why." V9 inspected R139's room and dresser drawers (as requested) however there was no food present. A urinal was noted on R139's dresser - with a tan crusty substance inside the container. Surveyor inquired about concerns with R139's urinal V9 stated "They're (staff) supposed to be pouring the urine out they're (gnats) attracted to that pee. They (staff) need to get a new jug (urinal) and pour that stuff out."</p> <p>On 7/28/25 at 10:01am, a pullup was observed on R140's bedroom floor and a thick clump of dirt was lying next to it. The pullup appeared to be stepped on (smears dirt was noted on the outside). Trash was covering R140's dresser and was also noted on the floor. Surveyor inquired what was on R140's floor V10 (CNA/Certified Nursing Assistant) subsequently entered the room and responded, "There's a brief right here, and a piece of paper" then picked up several items from the floor and stated "This looks like dirt ma am, he (R140) doesn't let anybody come into his room" however nobody was in the room prior to observation. Surveyor inquired about the trash on R140's dresser V10 replied "I see a lot of cups and pieces of paper." Surveyor inquired about staffing concerns V10 stated "I (V10) usually work on the C/D side, they (facility) put me on B hall today because were short due to call ins I'm guessing. [The 7/28/25 schedule affirms V15 (CNA) scheduled for dayshift (7am-3:30pm) called off].</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/28/25 at 10:10am, R161 affirmed &ldquo;l (R161) arrived Saturday (7/26/25), I need Physical Therapy. I had this leg (right leg) amputated so I need to be fitted for the prosthesis.&rdquo; R161 was lying in bed however assistive devices to turn/reposition in bed were not in place. Surveyor inquired about facility concerns R61 stated &ldquo;The biggest concern is that I (R161) don&rsquo;t have side rails, this table is the only thing preventing me from falling from the bed. A rail would make a big difference because that&rsquo;s the only way I can move.&rdquo; A floor mat was adjacent R161&rsquo;s bed (near the window) however the other floor mat present was leaning against the footboard. R161&rsquo;s bed was not in low position and the floor was notably wet (under the bedside table). R161&rsquo;s CPAP mask was lying on the bed and uncontained.</p> <p>On 7/28/25 at 10:19am, surveyor inquired about R161&rsquo;s fall prevention interventions V11 (LPN/Licensed Practical Nurse) stated &ldquo;Lower bed, the mat on the floor and the call light within reach.&rdquo; Surveyor inquired about concerns with R161&rsquo;s floor mats V11 responded &ldquo;He (R161) doesn&rsquo;t have a mat on this side because the tray is there&rdquo; (referring to the bedside table). Surveyor inquired what was spilled on R161&rsquo;s floor V11 responded &ldquo;It&rsquo;s wet but I can&rsquo;t tell you what it is.&rdquo; Surveyor inquired if R161&rsquo;s bed was in the lowest position V11 replied &ldquo;No, it&rsquo;s not&rdquo; and proceeded to lower the bed. Surveyor relayed concerns with R161&rsquo;s bed (without side rails) V11 stated &ldquo;That would be something I (V11) would have to communicate with someone, I would need to go to the DON (Director of Nursing) and I would ask her (DON).&rdquo; Surveyor inquired if R161&rsquo;s CPAP mask was dated and/or contained in a bag V11 inspected the mask and stated, &ldquo;It&rsquo;s not in a bag and there&rsquo;s no date on there.&rdquo;</p> <p>On 7/28/25 at 10:31am, R2 was up in a wheelchair however the back of R2&rsquo;s shoes were folded downward, and both heels were on top of the shoes. Surveyor inquired if R2 can walk V11 (LPN) stated, &ldquo;With assistance.&rdquo; Surveyor inquired about concerns with R2&rsquo;s shoes V11 refrained from responding and proceeded to pull the back R2&rsquo;s upward then placed both feet in the shoes correctly.</p> <p>On 7/28/25 at 10:40am, ten (10) residents were noted to be unsupervised in the dining room (with soda/snack machines). V23 (Medical Records) subsequently entered the dining room, surveyor inquired who was supposed to be monitoring the dining room V23 (Medical Records) stated, &ldquo;I&rsquo;m not sure, they (facility) have a list on the front board.&rdquo; Surveyor inquired if staff were present in the dining room V23 responded &ldquo;No ma am.&rdquo;</p> <p>On 7/28/25 at 12:20pm, the (Unit B) hallway floors were notably soiled with dirt and grime. V9 (Housekeeping) was observed mopping the floor however the dirt and grime remained on the floor.</p> <p>On 7/28/25 at 12:22pm, R161 stated &ldquo;I have not gotten my morning eye drops, the Simbrinza for my glaucoma.&rdquo;</p> <p>On 7/28/25 at 12:31pm, surveyor inquired why R161 did not receive prescribed eye drops V11 (LPN) reviewed the EMAR (Electronic Medication Administration Record) and stated &ldquo;He (R161) gets them at 9pm&rdquo; however was referring to Latanoprost on the screen. Surveyor inquired if R161 has another eye drop prescribed V11 affirmed &ldquo;He does not.&rdquo; [R161&rsquo;s (7/26/25) physician orders include Simbrinza to the left eye three times a day - scheduled for 9am administration].</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/28/25 at 12:50pm, R161 affirmed that he received Simbrinza "A few minutes ago" (roughly 3 hours late).</p> <p>On 7/28/25 at 12:33pm, water was noted to be dripping from the main dining room ceiling onto the floor. Surveyor inquired why the water was leaking from the ceiling V7 (Maintenance Director) stated "It's been coming from the HVAC (Heating Ventilation Air Conditioner) it's fixed" and affirmed "I just repaired that."</p> <p>On 7/29/25 at 8:52 am, V11's (LPN) stated that she's a new graduate (1 month ago) and assigned to "44" residents. Surveyor advised that the residents' 9am medication administration would be observed at this time V11 responded "I (V11) have 4 residents left" and affirmed she (V11) passed 9am medications to 40 of the assigned residents - since 8am (within 52 minutes) however a total of 22 minutes transpired during R75's medication administration observation. [Considering reasonable person concept, assigned workload, and R75's medication administration observation V11 likely administered 9am medications prior to 8am - therefore not within regulatory requirements].</p> <p>On 7/29/25 at 9:11am, V25 (RN/Registered Nurse) was assigned to "26" residents. Surveyor inquired about the 9am medication administration V25 stated "I only have 1 left, 1 more person to give meds to." Surveyor inquired when V25 started medication administration V25 responded "We (staff) start it when I (V25) came in, I got here at 7am so about 7:30 it was." Surveyor inquired about the regulatory requirements for 9am medication administration V25 replied "You have to start between 8am and 10:00 for the morning shift." Surveyor inquired why seven (7) residents (R7, R14, R51, R109, R114, R127, R140) assigned to V25 were highlighted red and marked "late" on the EMAR (Electronic Medical Administration Record) V25 replied "It needs to be completed, I (V25) just need to click it out" and affirmed the highlighted residents received prescribed medications however they were not documented immediately after administration.</p> <p>On 7/29/25 at 9:23am, V25 (RN) left the (Unit B) medication cart (unlocked and unattended) while administering medications to R41 in the room (behind a curtain). When V25 returned to the medication cart surveyor inquired if it was locked V25 stated "No." Surveyor inquired why the medication cart was left unlocked and unattended V25 responded "I could see it from the door" however V25 stood behind R41's curtain during medication administration and the medication cart was in the hallway.</p> <p>On 7/29/25 at 9:25am, surveyor inquired about the appearance of the (Unit B) hallway floor V16 (Housekeeping) stated "It looks like dirt and paint. You gotta use the stripper, buff it, and wax." V16 affirmed that the night shift staff is assigned to buff the floors (due to residents in the hallway during the day) however it was not getting done.</p> <p>On 7/29/25 at 9:28am, V26 (LPN) was assigned to "31" residents and affirmed that all but one (1) assigned resident (R112) who was currently receiving therapy received their medications. Surveyor inquired why five (5) additional residents (R5, R23, R46, R66, R76) assigned to V26 were highlighted green and marked "due" on the EMAR V26 stated "I (V26) just gotta sign all of the stuff, the meds and stuff." Surveyor inquired about the regulatory requirement for medication administration V26 responded "Chart it as you give."</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145798	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Countryside Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1635 East 154th Street Dolton, IL 60419	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/29/25 at 9:36am, V27 (Registered Nurse) stated that the 9am medications were passed to all her (V27's) assigned residents. Surveyor inquired why R3 and R150 were highlighted green and marked "due"; on the EMAR V27 responded "These residents are assigned to the other Nurse"; and affirmed they were assigned to V26 (on the split assignment).</p> <p>On 7/29/25 at 9:38am, a large puddle of water was observed on the main dining room floor with a bath blanket present. Water was noted to be dripping from the ceiling and a wet floor sign was near the puddle however collection containers were not in use - to prevent hazards.</p> <p>On 7/29/25 at 12:28pm, the (Unit C) medication cart was unlocked and unattended. Surveyor inquired if the (Unit C) medication cart (assigned to V11/Licensed Practical Nurse) was locked V33 (Certified Nursing Assistant) inspected the medication cart and responded, "Oh my God"; Surveyor inquired again if the (Unit C) medication cart was locked V33 proceeded to lock the cart and replied, "It wasn't";</p> <p>On 7/29/25 at 12:32pm, (4 minutes later) surveyor inquired why V11's cart was left unlocked and unattended V11 stated "That was an error that I made";</p> <p>On 7/29/25 at 12:34pm, surveyor inquired about R36's (left lower leg) lidocaine patch which was dated 7/24 (5 days prior). V11 (LPN) reviewed R36's EMAR and stated, "He (R36) gets that at 6am, so that's before I get here."; R36's physician orders state "apply Lidocaine patch to right hip - not the leg.</p> <p>On 7/29/25 at 1:00pm, R141 was in the dining room wearing a shoe on the left foot and a sock (with holes) on the right foot. V11 (LPN) directed R141 to go to his room for medication administration and failed to address the footwear. Surveyor inquired why R141 was not wearing both shoes V11 stated "He (R141) refuses to put the other one on"; and failed to offer any assistance with ambulation and/or footwear.</p> <p>On 7/29/25 at 1:26pm, R139 was observed seated in a wheelchair (in the hallway) with his pants pulled down (a pullup and both thighs were exposed). R139 was wearing a sock on the right foot however the left foot was exposed, and both feet were on the floor. V26 (LPN) was in the hallway (standing next to surveyor) during observation however failed to address concerns with R139's privacy and/or safety until surveyor inquired about the resident.</p> <p>On 7/30/25 at 10:05am, surveyor inquired about R161's functional status and fall prevention interventions V35 (Restorative Nurse) stated "He (R161) requires some max assist and dependent on staff as far as moving, sitting up. He requires staff assistance with transfers, he's missing limbs on the lower extremity. He's missing the right leg and left ankle, foot. I have him for fall mats, bed in lowest position, call light within reach, toileting needs addressed."; Surveyor inquired if R161 was offered side rails V35 responded "He was not because we (facility) do not do side rails here. He asked when I saw him and it was the weekend, I said I would speak to administration about side rails."; Surveyor inquired if V35 spoke to administration about R161's siderails V35 replied "No, we (staff) were busy doing other things. I could probably do an overhead trapeze if he (R161) wants to use it."; Surveyor inquired if it was appropriate to use only 1 floor mat when R161 was lying in bed V35 stated "They should have both been put down while he was in bed.";</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Countryside Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1635 East 154th Street Dolton, IL 60419	
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/30/25 at 10:11, surveyor inquired if R2 requires assistance with placing shoes on V35 responded &ldquo;Yes, properly&rdquo; making sure they&rsquo;re on all the way, laced.&rdquo;</p> <p>On 7/30/25 at 10:17am, surveyor inquired if R139 can dress himself V35 responded &ldquo;Yes, he (R139) can put his clothes on with cueing.&rdquo; Surveyor relayed concerns regarding R139 observed in a wheelchair without shoes and/or non-slip socks on V35 replied &ldquo;Everyone should have on shoes unless he has on slippers.&rdquo;</p> <p>On 7/30/25 at 10:21am, surveyor inquired why R141 wears only 1 shoe V35 responded &ldquo;His (R141) foot is actually swole, he just doesn&rsquo;t want to, he&rsquo;s very difficult to manage.&rdquo; Surveyor inquired if R141 was offered different shoes (due to identified swelling) V35 replied &ldquo;I&rsquo;m not sure.&rdquo;</p> <p>On 7/30/25 at 11:00am, surveyor inquired if V35 was certified in restorative V35 stated &ldquo;No, I&rsquo;m working on getting enrolled today&rdquo; however failed to provide (requested) documentation to affirm she was enrolled in a restorative nursing program.</p> <p>R8's (7/14/25) MRR (Medication Record Review) states Please take the following action described below however actions and/or instructions were excluded from the document.</p> <p>On 7/30/25 at 2:34pm, surveyor inquired about R8's (7/14/25) pharmacist recommendations which were excluded from the MRR V2 (Director of Nursing) stated He (pharmacist) checked off a recommendation for her (R8) but didn't send us (facility) a recommendation and presented (7/30/25) email (sent to consultant pharmacist) which states for (R8&rsquo;s name) in the chart you (pharmacist) documented a pharmacy recommendation for med (medication) change but there is not recommendation attached. Can you email me (V2) this information [16 days after the recommendation was made].</p> <p>The (11/2017) staffing policy states our facility provides adequate staffing to meet the needed care and services for our resident population. In addition, staffing will meet all operational activities as required. Our facility maintains adequate staffing on each shift to ensure that our resident&rsquo;s needs are met. Licensed registered nursing and licensed nursing staff are available to provide and monitor the delivery of resident care services and provide supervision to CNAS and other support staff in the absence of the Administrator and/or department heads. Certified Nursing Assistants are available on each shift to provide the needed care and services of each resident as outlined on the residents&rsquo; comprehensive care plan. Other operational support staff are adequately staffed to ensure that resident needs are met, and that the operation of this facility is conducted. The facility periodically reviews its staffing needs using census, resident assessments, skill level required, and the Facility Assessment process to determine adequate and minimal staffing levels. When the facility drops below minimal staffing levels the facility will follow this course of action: call all line staff to augment staff shortage. Call contracted agency / temp placements to fill staff shortage with administrator approval.</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>(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>Based on interview and record review, the facility failed to follow their water management policy by 1. Failed to implement the facility's water management program by failing to educate team members on the principles of an effective water management program, 2. failed to maintain documentation that describes the facility's water system, 3. failed to annually conduct a risk assessment and identify control points to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the water system, 4. failed to ensure control measures were applied to address potential hazards at each control point, 5. failed to evaluate the effectiveness of the water management program annually using infection control surveillance data, water quality data, and rounding data, 6. failed to report relevant information to the QAPI (Quality Assurance and Performance Improvement) committee, and 7. failed to document all activities related to the water management program and maintain the documentation for a minimum of three years. This failure affects all 158 residents residing in the facility. Findings include: On 07/30/2025 at 12:40 PM, V7 Maintenance Director was inquired of completing the water testing per the facility policy. V7 said, We don't test no water here. The city has come and checked the water before. The previous administrator has handled all the paperwork since I've been here three years. On 07/30/2025 at 2:30 PM, V36 Assistant Administrator was inquired of completing the water testing per the facility policy. V36 said, We don't have any documents for water testing. V7 provided a blank environmental assessment of water systems to this surveyor for review. V7 and V36 were unable to provide any documentation on implementation of the risk assessment. The 03/2023 Water Management Policy states in part: Policy: It is the policy of this facility to establish water management plans for reducing the risk of Legionellosis and other opportunistic pathogens (e.g., ASHRAE, CDC, EPA). Policy Explanation and Compliance Guidelines: 1. A water management team has been established to develop and implement the facility's water management program, including facility leadership, the Infection Preventionist, maintenance employees, safety officers, risk and quality management staff, and Director of Nursing. a. Team members have been educated on the principles of an effective water management program, including how Legionella and other water-borne pathogens grow and spread. Education is consistent with each team member's role. b. The water management team has access to water treatment professionals, environmental health specialists, and state/local health officials. 2. The maintenance director maintains documentation that describes the facility's water system. A copy is kept in the water management program binder. 3. A risk assessment will be conducted by the water management team annually to identify where Legionella and other opportunistic water-borne pathogens could grow and spread in the facility's water systems. The risk assessment will consider the following elements: a. Premise plumbing: This includes water system components as described in the documentation of the facility's water system. b. Clinical equipment: This includes medical devices and other equipment utilized in the facility that can spread Legionella through aerosols or aspiration. c. At-risk population: This facility's entire population is at risk. High risk areas shall be identified through the risk assessment process. Supporting documentation of any areas or resident population that exhibit greater risk than the general population shall be kept in the water management program binder. 4. Data to be used for completing the risk assessment may include, but are not limited to: a. Water system schematic/description b. Legionella environmental assessment c. Resident infection control surveillance data (i.e. culture results) d. Environmental culture result e. Rounding observation data f. Water temperature log s g. Water quality reports from drinking water provider (i.e. municipality, water company) h. Community infection control surveillance data (i.e. health department data) 5. Based on the risk assessment, control points will be identified. The list of identified points shall be kept in the water management program binder. 6. Control measures will be applied to address potential hazards at each control point. A variety of measures may be used, including physical control points temperature management, disinfectant level control, visual inspections, or environmental testing for pathogens. The measures shall be specified in the water management program action plan. 7. Testing protocols and control limits will be established for each control measure. a. Individuals responsible for testing or visual inspections will document findings. b. When control limits are not maintained, corrective actions will be taken and documented accordingly. c. Protocols and corrective actions will reflect current industry guidelines (i.e., ASHRAE, OSHA, CDC, EPA). 8. The water management team shall regularly verify that the water management program is being implemented as designed. 9. The effectiveness of the water management program shall be evaluated no less than annually. Routine infection control surveillance data, water quality data, and rounding data shall be utilized to validate</p>		