STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145798	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Countryside Nursing & Rehab Ctr	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interviews, and record reviews, the facility failed to follow its enhanced barrier precautions policy and don appropriate PPE (personal protective equipment) prior to entering resident rooms with enhanced barrier precautions and providing wound care treatments. This failure affected three residents (R4, R5, and R6) out of three reviewed for infection control in a sample of 6.Findings include:On 5/1/26 at 10:00 AM, this surveyor observed V10 (wound care nurse) perform wound treatments for R4. The signage on R4's door notes EBP (enhanced barrier precautions) and there is an isolation cart next to R4's door with PPE (personal protective equipment). V10 nor V7 CNA (certified nurse aide) donned PPE prior to entering R4's room to perform wound care treatment for R4.R4's care plan, initiated 10/2/25, notes R4 requires enhanced barrier precautions due to open wound.On 5/1/26 at 12:07 PM, the surveyor observed V10 perform wound treatment for R5. The signage on R5's door notes EBP and there is an isolation cart next to R5's door with PPE. V10 nor V12 NP (wound care nurse practitioner) donned PPE prior to entering R5's room to perform wound care treatment.R5's care plan, initiated 6/17/25, notes R5 requires enhanced barrier precautions due to open wound.On 5/1/26 at 12:44 PM, the surveyor observed V10 perform wound treatment for R6. The signage on R6's door notes EBP and there is an isolation cart next to R4's door with PPE. V10 nor V12 NP (wound care nurse practitioner) donned PPE prior to entering R6's room to perform wound care treatment.R6's care plan, initiated 3/3/26, notes R6 requires enhanced barrier precautions due to open wound.On 5/1/26 at 2:35 PM, when questioned what enhanced barrier precautions on a resident's door refers to, V10 responded that it refers to hand hygiene. When questioned if PPE needed to be worn when performing wound care, V10 responded that she would need to check into that.The facility's enhanced barrier precautions policy, dated 3/21/24, notes enhanced barrier precautions refer to the use of gown and gloves for use during high-contact resident care activities for residents at increased risk of MDRO (multi-drug resistant organisms) acquisition (e.g., residents with wounds). Clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions, required personal protective equipment (PPE), and the high contact resident care activities that require the use of gown and gloves. High contact resident care activities include in part: wound care: any skin opening requiring a dressing.

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