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	06/17/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility failed to follow policy procedures, failed to ensure that (R2's) skin assessments were endorsed by a Nurse, and failed to document and/or provide required showers/skin assessments for three of three dependent residents (R1, R2, R3) reviewed for ADL (Activities of Daily Living) care.Findings include:R1 is [AGE] years old with diagnoses which include COPD (Chronic Obstructive Pulmonary Disease). R1's (5/22/26) functional assessment affirms resident requires partial/moderate assistance with showers. R1's (5/23/26) care plan states the resident is limited in ability to groom self, related to decreased mobility and endurance, interventions: provide set up with supplies as needed. Provide assistance with grooming. R1's (5/22/26) BIMS (Brief Interview Mental Status) determined a score of 13 (cognition intact). On 6/10/26 at 11:15am, surveyor inquired about facility concerns R1 stated Sometimes they (CNAS/Certified Nursing Assistants) say they ain't got enough staff at night, sometimes it's only 2 of them (CNAS) and they can't do all the things they need to do. Surveyor inquired if R1 recently showered R1 responded I (R1) took a shower yesterday and affirmed that staff assisted. R1's (June 2026) bath and skin report sheet (reviewed 6/16/26) affirms refused was documented on 6/11 however no additional showers/skin assessments were documented. On 6/16/26 at 10:46am, surveyor inquired when R1's showers are scheduled, V19 (CNA/Certified Nursing Assistant) reviewed the shower schedule and stated His (R1) shower is Thursday morning and Monday evening. Surveyor inquired about R1's showers received V19 reviewed R1's (June 2026) bath and skin report sheet and responded, It says he (R1) refused on 6/11 and affirmed that no additional entries were documented. Surveyor inquired about facility requirements for bath and skin assessments V19 replied You (staff) would put the date, your signature and the Nurse has to verify the skin was done. On 6/16/26 at 11:13am, surveyor inquired about facility showers V2 (Director of Nursing) stated We (facility) have the shower schedule, they (CNAS) follow the shower schedule. If residents refuse a shower, they (CNAS) let the Nurses know. The Nurses try to encourage them (residents) to take a shower. If they refuse a shower we (staff) let Social Services know so they can put that in the care plan. The wound care nurse (V18) is supposed to be monitoring the sheets to make sure they are being filled out. On 6/17/26 at 1:10pm, surveyor inquired about staff requirements for bath and skin report sheets V18 (Wound Care Nurse) stated The CNAS are to fill them out after every shower whether the shower is refused or given. If the shower is refused, they (CNAS) let the Nurse know. The Nurse is supposed to encourage them (residents) to take a shower, and if it's still refused, they (Nurse) are to document the refusal. Surveyor inquired about concerns with R1's (June 2026) bath and skin report V18 reviewed the documentation and responded It's only one entry, that lets me (V18) know that they (staff) are not documenting the shower on the assigned shower days and the skin assessment as well. The nurse is supposed to be documenting a skin assessment during every shower day, twice a week. R2 is [AGE] years old with diagnoses which include bipolar disorder and major depressive disorder.R2's (4/6/26) functional assessment affirms the resident requires supervision or touching assistance for showers.On 6/9/26 at 3:56pm, surveyor inquired about facility concerns R5 (R2's roommate) stated He (R2) doesn't bathe. He smelled so bad I (R5) had to open both windows. Somebody got him (R2) and made him take a (continued on next page)

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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	shower.R2's (June 2026) bath and skin report sheet (reviewed 6/16/26) affirms showers/skin assessments were documented on 6/7, 6/13 and 6/16 and refused was documented on 6/10 however only one of three skin assessments were endorsed by the Nurse. On 6/16/26 at 10:55am, surveyor inquired when R2's showers are scheduled V20 (CNA) reviewed the shower schedule and stated, Tuesday morning and 2nd shift Friday. Surveyor inquired about R2's showers received V20 (CNA) reviewed R2's (June 2026) bath and skin report and responded He (R2) had one today. He (R2) refused 6/10 and affirmed that on 6/7 and 6/13 showers were also documented however from 6/1-6/6 (6 days) nothing was documented. On 6/17/26 at 1:14pm, surveyor inquired about concerns with R2's (June 2026) bath and skin report sheet V18 reviewed the documentation and replied I (V18) see a couple of Nurse signatures that are not there, and it started on the 7th. That tells us, the first week that they (CNAS) didn't document for the showers and affirmed that skin assessments documented by a Nurse were also excluded from 6/1-6/6. R3 is [AGE] years old with diagnoses which include unspecified psychosis and anxiety disorder. R3's (4/9/26) functional assessment affirms the resident requires supervision or touching assistance with showers. R3's (7/27/24) care plan states resident may require staff assistance for completion of ADLS related to chronic obstructive pulmonary disease exacerbation, intervention: staff to provide required level of assistance with care. R3's (4/9/26) BIMS determined a score of 14 (cognition intact). On 6/9/26 at 11:33am, surveyor attempted to interview R3 however R3 responded I don't want you in here (room) and dismissed surveyor. R3's (June 2026) bath and skin report sheet (reviewed 6/16/26) affirms a shower/skin assessment was documented on 6/2 however no additional showers/skin assessments were documented. On 6/16/26 at 10:59am, surveyor inquired when R3's showers are scheduled V20 (CNA) stated Tuesday 2nd shift and Friday morning. She (R3) showers almost every day. Surveyor inquired about R3's showers received V20 reviewed R3's (June 2026) bath and skin report and responded, This one says 6/2 nothing else. V20 inspected the bath and skin binder for additional documentation (for R3) to no avail. On 6/17/26 at 1:17pm, surveyor inquired about concerns with R3's (June 2026) bath and skin report sheet V18 reviewed the documentation and responded, She (R3) only has one shower documented. The (January 2026) ADL policy states a program of assistance and instructions in ADL skills is care planned and implemented. Showers or baths are scheduled, and assistance is provided when required.The bath (shower) policy (revised 2/2024) includes Policy: To be completed for all residents at least twice weekly based on facility bathing schedule. Procedure: Minimally twice a week, residents will receive shower/bath and hair wash. Resident's skin will be checked. If resident refuses shower, CNA will notify Nurse and will provide interventions or education of the proposed care of treatment. Documentation in clinical record.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on interview and record review the facility failed to follow policy procedures, failed to ensure that staff are aware of minimum staffing requirements, failed to follow staffing requirements, failed to schedule adequate Nursing staff, failed to replace scheduled staff when call off/NCNS (No Call No Show) occurs, failed to monitor shower/skin sheets to ensure that required care/skin assessments were provided, failed to document/provide required showers/skin assessments, and failed to ensure that adequate staff were available to meet the needs of three of three dependent residents (R1, R2, R3) reviewed for ADL (Activities of Daily Living) care. These failures have the potential to affect 146 residents residing in the facility. Findings include:The (6/9/26) census includes 146 residents.The (3/2026-3/2027) facility assessment tool states the average daily census is 152 (minimum 144). The ADL Bathe Self section affirms that 0 residents are independent, 83 residents require setup or clean-up assistance, 16 residents require partial/moderate assistance, 26 residents require substantial/maximal assistance, and 28 residents are dependent. The staffing information for unit and shift affirms 9 CNAS and 4 Nurses are required for Nights Shift (therefore a total of 13 staff). The (5/24/26-5/30/26) 11pm-7am facility daily staffing forms were reviewed, and the following concerns were identified: On (5/24/26) four (4) Nurses and two (2) CNAS were documented (6 staff). On (5/25/26) four (4) Nurses and seven (7) CNAS were documented (11 staff). On (5/26/26) four (4) Nurses and five (5) CNAS were documented (9 staff). On (5/27/26) four (4) Nurses and six (6) CNAS were documented (10 staff). On (5/28/26) three (3) Nurses and four (4) CNAS were documented (7 staff). On (5/29/26) four (4) Nurses and five (5) CNAS were documented (9 staff). On (5/30/26) four (4) Nurses and six (6) CNAS were documented (10 staff). Lack of staff was noted daily - per facility assessment staffing requirements.R1's (5/22/26) functional assessment affirms resident requires partial/moderate assistance with showers. R1's (5/22/26) BIMS (Brief Interview Mental Status) determined a score of 13 (cognition intact). On 6/10/26 at 11:15am, surveyor inquired about facility concerns R1 stated Sometimes they (CNAS/Certified Nursing Assistants) say they ain't got enough staff at night, sometimes it's only 2 of them (CNAS) and they can't do all the things they need to do. Surveyor inquired if R1 recently showered R1 responded I (R1) took a shower yesterday and affirmed that staff assisted. On 6/9/26 at 11:29am, surveyor inquired about the current staffing on the C/D unit V8 (Registered Nurse) stated We got 3 CNAS today and 3 Nurses I (V8) think for 46 residents. Surveyor inquired if 3 CNAS assigned to the C/D unit was adequate considering the acuity of the residents V8 responded It will be chaotic sometimes but it's safe for example there will be 2 or 3 behaviors and our (staff) situation will be different but its quiet today. Surveyor inquired about the C/D unit CNA staffing - on night shift V8 replied Sometimes they got 4 but mostly it's 3. R1's (June 2026) bath and skin report sheet (reviewed 6/16/26) affirms refused was documented on 6/11 however no additional showers/skin assessments were documented. On 6/16/26 at 10:46am, surveyor inquired when R1's showers are scheduled V19 (CNA/Certified Nursing Assistant) reviewed the shower schedule and stated His (R1) shower is Thursday morning and Monday evening. Surveyor inquired about R1's showers received V19 reviewed R1's (June 2026) bath and skin report sheet and responded, It says he (R1) refused on 6/11 and affirmed that no additional entries were documented. Surveyor inquired about facility requirements for bath and skin assessments V19 replied You (staff) would put the date, your signature and the Nurse gotta verify the skin was done. On 6/16/26 at 11:13am, surveyor inquired about staff requirements for facility showers V2 (DON/Director of Nursing) stated We (facility) have the shower schedule, they (CNAS) follow the shower schedule. If residents refuse a shower, they (CNAS) let the Nurses know. The Nurses try to encourage them (residents) to take a shower. If they refuse a shower, we (staff) let Social Services know so they can put that in the care plan. The wound care nurse (V18) is supposed to be monitoring the sheets to make sure they are being filled out. On 6/17/26 at 1:10pm, surveyor inquired about staff requirements (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	for bath and skin report sheets V18 (Wound Care Nurse) stated The CNAS are to fill them out after every shower whether the shower is refused or given. If the shower is refused, they (CNAS) let the Nurse know. The Nurse is supposed to encourage them (residents) to take a shower, and if it's still refused, they (Nurse) are to document the refusal. Surveyor inquired about concerns with R1's (June 2026) bath and skin report V18 reviewed the documentation and responded It's only one entry, that lets me (V18) know that they (staff) are not documenting the shower on the assigned shower days and the skin assessment as well. The Nurse is supposed to be documenting a skin assessment during every shower day, twice a week. R2's (4/6/26) functional assessment affirms the resident requires supervision or touching assistance for showers. On 6/9/26 at 3:56pm, surveyor inquired about facility concerns R5 (R2's roommate) stated He (R2) doesn't bathe. He smelled so bad I (R5) had to open both windows. R2's (June 2026) bath and skin report sheet (reviewed 6/16/26) affirms showers/skin assessments were provided/documented on 6/7, 6/13 and 6/16 however only one of three skin assessments were endorsed by the Nurse, and nothing was documented from 6/1-6/6 (6 days). On 6/16/26 at 10:55am, surveyor inquired when R2's showers are scheduled V20 (CNA) reviewed the shower schedule and stated, Tuesday morning and 2nd shift Friday and affirmed that R2's (Tuesday) 6/2/26 and (Friday) 6/5/26 showers/skin assessments were not documented. On 6/17/26 at 1:14pm, surveyor inquired about concerns with R2's (June 2026) bath and skin report sheet V18 (Wound Care Nurse) reviewed the documentation and replied I (V18) see a couple of Nurse signatures that are not there, and it started on the 7th. That tells us, the first week that they (CNAS) didn't document for the showers and affirmed that R2's skin assessments were also excluded from 6/1-6/6. R3's (4/9/26) functional assessment affirms the resident requires supervision or touching assistance with showers. R3's (4/9/26) BIMS determined a score of 14 (cognition intact). On 6/9/26 at 11:33am, surveyor attempted to interview R3 however R3 responded I (R3) don't want you in here (room) and dismissed surveyor. R3's (June 2026) bath and skin report sheet (reviewed 6/16/26) affirms a shower/skin assessment was documented on 6/2 however no additional showers/skin assessments were documented. On 6/16/26 at 10:59am, surveyor inquired when R3's showers are scheduled V20 (CNA) stated Tuesday 2nd shift and Friday morning. She (R3) showers almost every day. Surveyor inquired about R3's showers received V20 reviewed R3's (June 2026) bath and skin report and responded, This one says 6/2, nothing else. V20 inspected the bath and skin binder for additional documentation (for R3) to no avail. On 6/17/26 at 1:17pm, surveyor inquired about concerns with R3's (June 2026) bath and skin report sheet V18 (Wound Care Nurse) reviewed the documentation and responded, She (R3) only has one shower documented. The (5/24/26) 11pm-7am facility schedule affirms that 4 CNAS were scheduled (a minimum of 9 is required - per facility assessment). V17 (CNA) is marked NCNS and V14 is marked C/O (call-off) however no additional staff were added to the typewritten schedule - on this shift. On 6/16/26 at 11:05am, surveyor inquired why only 2 CNAS clocked in on 5/24/26 (11pm-7am) per time sheets received V2 (DON) stated It was one NCNS and one call off that day. Surveyor inquired what the facility implements when scheduled staff call off and/or don't show up V2 responded Usually I (V2) call around and try to get people (staff) to come in or come early. We (facility) also send out text messages to all the CNAS to try and get someone to pick it up or we'll ask the CNAS to stay late. Surveyor inquired if the facility uses Agency staff V2 replied No. Surveyor inquired about the facility (11pm-7am) CNA minimum staffing requirements V2 stated The lowest is like 4 to 7 CNAS however 9 are required - per facility assessment. Surveyor inquired about the current census, V2 responded Today the census is 146. The (5/28/26) 11pm-7am facility schedule affirms that 5 CNAS were scheduled. V14 (CNA) was marked NCNS (No Call No Show) however no additional staff were added to the typewritten schedule - on this shift. On 6/16/26 at 11:20am, surveyor inquired how many residents currently reside at the facility V13 (Scheduler) stated I (V13) believe like 147. Surveyor inquired about the facility (11pm-7am) CNA staffing requirements V13 responded Nighttime we (facility) have 4 to 6 however 9 are required - per facility assessment. Surveyor inquired if the facility is short of CNA staff on the 11pm-7am shift V13 replied No. Surveyor inquired if V14 (CNA) (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	was a NCNS on 5/28/26 (11pm-7am) V13 stated Yes. Surveyor inquired how many CNAS clocked in on 5/28/26 (11pm-7am) per time sheets received V13 responded 4. Surveyor inquired if V14 was replaced by other staff V13 replied No. Surveyor inquired if facility Nurses and/or qualified staff from other departments work as CNAS when scheduled staff call off or don't show up V13 stated Not that I'm (V13) aware of, I'm (V13) not sure. The facility staffing policy was requested on 6/16/26, however, was not received during this survey. The department duty hours, nursing services policy (revised August 2008) states nursing service is provided twenty-four (24) hours per day, seven (7) days a week. There may be occasions when an employee is expected to remain on his/her assignment until appropriate relief is assigned. Departmental work schedules may be revised by the Director of Nursing Services when deemed necessary and appropriate to ensure that each resident's needs are met. The (January 2026) ADL policy states a program of assistance and instructions in ADL skills is care planned and implemented. Showers or baths are scheduled, and assistance is provided when required.The bath (shower) policy (revised 2/2024) includes Policy: To be completed for all residents at least twice weekly based on facility bathing schedule. Procedure: Minimally twice a week, residents will receive shower/bath and hair wash. Resident's skin will be checked. If resident refuses shower, CNA will notify Nurse and will provide interventions or education of the proposed care of treatment. Documentation in clinical record.