STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145819	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Barr Buffalo Grove	150 North Weiland Road Buffalo Grove, IL 60089

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview and record review the facility failed to accommodate residents' food preferences and allergies for 3 of 5 residents (R1-R3) reviewed for food preferences and allergies in the sample of 5.The findings include:1.R1's admission progress note dated 6/20/26 showed R1 was admitted to the facility with diagnoses of dementia and cerebrovascular accident (stroke). R1 was confused with a history of both short-term and long-term memory loss.R1's progress note dated 6/24/26 showed R1 was identified as having an allergy to eggs. The note showed Allergy to eggs was added to the patient file. Diet form indicating patient food allergy was highlighted and forwarded to the kitchen. A physician order for R1 dated 6/29/26 showed, General diet Regular Texture, Thin liquids consistency, NO EGGS, NO SALT PACKET.On 6/30/26 at 8:50 AM, R1 was seated on the side of her bed with her breakfast tray in front of her. No staff were present in R1's room. An egg and cheese sandwich was noted on R1's tray. R1 had not consumed any of the egg sandwich. R1 pointed to the sandwich and stated, I don't eat eggs. I haven't eaten them since I was a little girl. I am not exactly sure why I can't eat them. The meal ticket noted on R1's breakfast tray was reviewed and showed no documentation of R1's egg allergy.On 6/30/26 at 11:00 AM, V5 Registered Nurse stated on 6/24/26, she was informed of R1's allergy to eggs. V5 stated, on 6/24/26, I called the kitchen to tell them about (R1's) food allergy. I am not sure who I talked to. I didn't get a name. I also filled out a dietary communication form and sent it to the kitchen to let them know about the allergy.A facility Diet Order and Communication form dated 6/24/26 showed R1 was identified as having a food allergy to eggs. On 6/30/26 at 1:00 PM, V4 Food Service Supervisor stated V8 Dietary Technician is responsible for adding food allergies to a resident's meal ticket. V4 stated, The cook plates the food. If an allergy is not listed on the resident's meal ticket, the cook doesn't know what a resident can or can't have. On 6/30/26 at 1:15 PM, V8 Dietary Technician stated she was notified of R1's egg allergy on 6/24/26. V8 stated she did not add R1's egg allergy to R1's meal ticket. V8 stated, I am not responsible for adding food allergies to a resident's meal ticket. I believe nursing is. 2. On 6/30/26 at 8:45 AM, R2 was seated in her room with her breakfast tray in front of her. When R2 was asked how her breakfast was, R2 stated, Well not good. I again didn't get what I wanted. This has happened multiple times this week. I asked for Cheerios, they gave me Cream of Wheat. I wanted a banana and sliced oranges; they tried to give me diced apples. I sent the apples back. I don't want them. No Cheerios, bananas or oranges were noted on R2's tray. The meal ticket noted on R1's breakfast tray showed R1 had ordered Cheerios, one banana, and sliced oranges for breakfast. 3. On 6/30/26 at 10:50 AM, when R3 was asked about the facility's food service, R3 stated, Where do I start? No matter what I order, they keep giving me a chicken breast. One day this week, I ordered egg salad in a cup, but they sent me a chicken breast. I get a menu to fill out, one week ahead of time. I circle what I want on the menu. The CNA (Certified Nursing Assistant) sends my menu to the kitchen.On 6/30/26 at 12:19 PM, R3's lunch tray was delivered to R3 in her room. The meal ticket on R3's lunch tray showed R3 had ordered a bowl of cream of mushroom soup and potato wedges with lunch. No potato wedges were noted on R3's tray. A bowl of chicken noodle soup was noted on her tray. R3 stated, See I'm missing my potato wedges. I don't want chicken noodle soup. I wanted cream of mushroom.On (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145819	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Barr Buffalo Grove	150 North Weiland Road Buffalo Grove, IL 60089

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6/30/26 at 1:00 PM, V4 Food Service Supervisor stated residents are to receive their food preferences as requested. V4 stated each resident receives a weekly menu for the resident to circle what food they want based on what is being offered on the menu. V4 stated, The cook plates food for every resident. Each resident has a meal ticket. The cook is supposed to plate the food based on what the resident circled on their meal ticket. The dietary aide is then responsible for making sure the food matches what the resident ordered prior to covering the plate and taking the food to the resident.The facility's Resident Council Meeting Minutes date April 2026-June 2026 were reviewed. The minutes showed resident complaints of residents not receiving food that they ordered or requested. The facility's Food Preference Policy dated 6/30/25 showed, The facility will provide food that accommodates allergies and preferences. The facility will identify resident's allergies, intolerances, and preferences based on medical record and interviews. The facility will ensure that residents will not be given food that they are allergic too or food that gives them intolerance reactions.