

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145901	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Lemont Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12450 Walker Road Lemont, IL 60439	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31849</p> <p>Based on interview and record review, the facility failed to obtain a resident's urine specimen in a timely manner to rule out a urinary tract infection.</p> <p>This applies to 1 of 6 residents (R2) reviewed for quality of care.</p> <p>The findings include:</p> <p>R2's Face Sheet showed she was admitted to the facility on [DATE] and her diagnoses include history of UTIs (Urinary Tract Infections), ESBL (extended-spectrum beta lactamase) resistance, acute kidney failure, and anemia of chronic disease.</p> <p>R2's 1/21/25 nursing progress note from 5:08 PM showed .writer also spoke to resident's daughter [name] who said she talked to her mom and it was disturbing. She noted her mother seems paranoid and just wanted to let writer know. Writer informed daughter of my own interaction with her and daughter believes she could maybe have a UTI because 'this happens when she has a UTI ' Labs ordered to be drawn in the AM, urine to be collected per NP [Nurse Practitioner] .</p> <p>R2's 1/22/2025 Psychiatric Evaluation progress note from 12:16 PM (written by V7- Psychiatric NP), showed . Obtain a urine sample for urinalysis and culture to rule out a UTI. Will await results to identify reversible causes of confusion and psychosis</p> <p>R2's 1/23/2025 NP progress note from 7:39 AM showed .LABS: Awaiting UA/CS [urinalysis/culture & sensitivity] results .</p> <p>R2's 1/25/2025 nursing progress note from 4:47 PM (four days after initial order on 1/21/25) showed Family came in and asked writer if resident UA collection has been done, writer stated that it had been collected but due to the lid of the specimen cup not being tightly secured the urine fell into the bag and the collection was contaminated, writer stated to family that I could straight cath resident and collect another specimen, family stated that they wanted to take her to the ER Resident left facility with family to [local] Urgent Care.</p> <p>R2's 12/3/2024 MDS (Minimum Data Set) showed she only requires partial/moderate assistance for walking 50 feet, toileting transfers, and toileting hygiene. The same MDS showed she is always incontinent of bladder and bowel.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145901	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Lemont Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12450 Walker Road Lemont, IL 60439	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/4/25 at 3:18 PM, V7 (Psychiatric NP) stated he ordered R2's UA. V7 stated They need to collect it- the resident shouldn't wait for 4 days. R2's current and discontinued orders for January 2025 showed an order for R2's UA/CS was not transcribed until 1/25/2025.</p> <p>On 2/4/25 at 9:30 AM, V2 DON (Director of Nursing) stated that R2's family took her to urgent care and they did a urinalysis and R2 has a UTI. R2's 1/28/2025 nursing admission note from 5:14 PM showed she returned from the hospital via ambulance with an IV line.</p> <p>The facility's February 2014 Medication and Treatment Order Policy showed .3. Telephone and/or verbal orders taken by licensed personnel must be promptly recorded on the Physician's Order Sheet in the resident's record</p>