STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145901	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lemont Nursing & Rehab Center	12450 Walker Road Lemont, IL 60439

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to maintain the kitchen in a manner that prevents food borne illness.This applies to all 135 residents receiving dietary services.Findings include:The CMS 671 start date of 01/06/2026 shows a total of 135 residents residing in the facility. On 01/07/2026 at 2:35 PM, V1 Administrator confirmed all 135 residents received meal services from the dietary department.On 01/06/2026 at 1:51 PM, R108 stated he did not want to eat from the facility cutlery because it isn't clean when he receives it. R108 stated he would rather use plastic.On 01/06/2026 at 9:53 AM, the kitchen tour began with V19 Dietary Manager.The stove had a silver facility pan on an open flame with brown gravy and had plastic wrap covering.Two areas of the kitchen were prepping food. Only one red sanitation bucket was in use. The red sanitization bucket tested at 0 ppm (Parts Per Million).The high temperature dish machine was run to test. The dishwasher was dirty inside and out with the mint-colored flaps in the dishwasher caked and with a thick tan [NAME]. Test strips used turn orange at 160 degrees. The wash dial reached a maximum temperature of 150 degrees Fahrenheit. The rinse dial reached a maximum temperature of 120 degrees Fahrenheit.No logs for refrigerators, coolers, red buckets, three compartment sink or dishwasher were noted in the kitchen.V30 Dietary Aide stated he knew he was supposed to have a red sanitization bucket in his area, but forgot. V30 stated he had not logged the dish machine temperatures in weeks, and he did not know where the logs were. V30 stated he should inform V19 (Dietary Manager) of any issues with the dishwasher or if it does not get to a rinse temperature of 180 degrees. V32 Dietary Aide stated he hadn't logged the sanitizer level of the three-compartment sink in over three weeks and had forgotten to complete the task. V31 [NAME] stated they have never done logs for the red sanitization buckets.V19 Dietary Manager stated the dishwasher hadn't gotten to 180-degree Fahrenheit since she started working in the facility. V19 stated the dishes were still safe to use if the test strip turns orange at 160 degrees Fahrenheit.The mixer, meat slicer and equipment identified as a tomato slicer that were not in use were dirty and uncovered. The toaster oven was dirty with excessive amounts of crumbs. Cooking utensils on an open cart were dirty. Two sliver drawers containing utensils were dirty inside and held dirty utensils.DRY STORAGETwo personal winter coats were hanging on storage racks. Food item identified as breadcrumbs by V19 was wrapped in plastic without a label or dates. Tortilla chips in a clear plastic bag had no label or dates. A bin with contents identified by V19 as powdered sugar had no label or dates and had a measuring cup stored in the product. A bin of flour without a label or dates had a scoop stored in the product. A large trashcan-like container labeled oats was lined with a garbage bag and did not have dates. A large trashcan-can like container lined with a garbage bag with contents identified by V19 as breadcrumbs had no label or dates. A bin identified by V19 as sugar had no label or dates. The bin contained a scoop, black particles, and a piece of parchment paper resting in the product. A 6lb 10oz can of mandarin oranges, a 3lb 2oz can of chicken soup, and two 6lb 10oz of apple sauce were dented.A facility container with panko breadcrumbs was open to air and was dated 11/27/24, use by 5/27/28. Potato pearls 31.9 oz wrapped in plastic was undated. Bran cereal with raisins in a facility (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	container had a single date of 9/12/25. Granola cereal in a facility container had a single date of 9/25/25. Corn flaked cereal, crisped rice cereal and oat circles cereal in facility containers were without labels and dates.WALK IN COOLERThe floor was dirty with crumbs, and the corner had an orange spill against the wall and floor.Two blocks of white sliced cheese were poorly wrapped in plastic with the edges open to air and corners dried out with a single date of 12/25. Two blocks of yellow sliced cheese were poorly wrapped in plastic with the edges open to air and corners dried out. One block of sliced white cheese was poorly wrapped in plastic and open to air. There was a silver facility bin with tomato soup with a single date of 12/12, banana pudding in a facility container dated 12/31, and a silver bin with barbecue sauce with a single date of 12/26.A 2-gal (gallon) container of kosher dill chips with chips floating on top was open to air and had a single date of 11/08/25. Ten cups identified by V19 as apple crisps had no labels, dates or lids. One hundred and thirty cups identified by V19 as pear cobbler had no labels, dates or lids. Thirteen saucers identified by V19 as yellow cake had no labels, dates or lids.WALK IN FREEZERA clear plastic bag identified by V19 as sausage patties had no labels or dates, and a clear plastic bag identified by V19 as hash brown patties had no labels or dates.On 01/08/2026 at 2:54 PM, V19 Dietary Manager stated kitchen equipment like slicers and mixers should be cleaned and covered to keep them from being contaminated. Personal belongings should not be kept in the kitchen because it can cause contamination of food items. Food items should be labeled with contents and prepared-on and use-by dates so staff can be sure it is safe to use. V19 stated scoops and cups should not be kept in bins with food items because it can be a source of cross contamination. V19 stated I don't know if those bags (liners) were food safe or not. The containers should probably not be lined with those bags if they aren't food safe- it could leach into the food and contaminate the food potentially causing illness. Parchment paper should not be in the product. V19 stated the bins need to be washed sanitized and filled with new product. Dented cans should be tossed and not used. They could be contaminated and cause illness.V19 stated foods should not be left open to air when being stored so they don't dry out or become contaminated. V19 stated outdated items should be thrown out so they aren't served and cause illness. Individual servings of food should be covered with a lid or wrapped so they don't become contaminated. V19 stated the gravy that was being heated on the stove with plastic wrap could melt and contaminate the gravy.V19 stated the kitchen staff is responsible for cleaning the kitchen and that includes mopping the floors and wiping everything down. Utensils should be put away clean and without food particles, so it doesn't contaminate food we are preparing.V19 stated I don't know the low range of the ppm (parts per million) for red buckets or the three compartment sink, the high end is 400 ppm. The sanitization level should be checked and logged to prevent illness. The refrigerator logs were not done either. Tracking the temperatures assures the food stored at the proper temperature and is not spoiling or going bad. V19 stated red buckets should be at every food prep station so we can assure the stations are clean and sanitary if not it can cause cross contamination. V19 stated the wash temp for dishwasher should be 160 F and the rinse temperature should be 180 F to assure the dishes are properly disinfected. If the required temperatures are not reached, dishes aren't disinfected so they would need to be manually sanitized. Serving food on unsanitary dishes can cause illness. Kitchen staff should be reporting it to me or maintenance so it can be fixed immediately. The company came out and added an extra line, and the dishwasher now disinfects by chlorine. V19 stated I don't know what the chlorine level should be and I don't have test strips and there is no log. The facility policy Food Storage dated June 2023 stated:The food storage area shall be clean at all times Refrigerator and freezer temperatures will be monitored twice daily and recorded on temperature monitor logs by culinary personnel Staple foods are stored in an orderly and systematic arrangement with the older stock to the front of the shelves. First in first out system Food and nonfood supplies are to be clearly labeled Leftover foods are labeled, dated, immediately placed under refrigeration and used within 72 hours or discarded All exposed foods should be stored tightly covered No personal items will be stored with food items.The facility policy Equipment (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Maintenance dated June 2023, states all food service equipment will be operated, maintained, serviced and cleaned according to manufacturer's directions.The facility policy Sanitation and Infection Control dated June 2023, states utilize and fill red buckets with sanitizing solutions, replace every 2 hours. Sanitizer solution should read 200 ppm.Dishwasher sanitizing method- Keep the machine clean. Clean and sanitize daily before closing down and before using the machine. Check the water temperature, pressure and sanitizer levels document temperatures daily. Wash temperature should reach 150 degrees Fahrenheit. Rinse temperatures should reach 180 degrees Fahrenheit.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review, the facility failed to provide the required twelve (12) hours per year of continuing competence training for Certified Nursing Assistants (CNA's), including dementia management training. This failure has the potential to affect all 135 residents in the facility. The findings include: The facility's January 6, 2026, Centers for Medicare and Medicaid Services (CMS) Form 671, Long-Term Care Facility Application for Medicare and Medicaid, showed 135 residents live in the facility. On 01/07/26 at 2:19 PM, V5 (Human Resources Director) said V2 (Director of Nursing) is responsible for in-service trainings and competencies of the CNAs. V5 stated she did not know who tracks the CNA yearly hours and did not know how many hours are required. V5 stated she did not know which mandatory trainings must be included in the hours. On 01/07/26 at 2:32 PM, V2 stated she did not know how many training hours CNAs were supposed to have every year. V2 stated she didn't know what the mandatory trainings for the CNAs were. On 01/07/26, review of the facility's CNA orientation packet showed no evidence of dementia-related in-services. A sample review of five CNA personnel files also showed no documentation of dementia specific training. On 01/08/26 at 9:15 AM, V12 and V7 (CNAs) stated they do not keep track of their own annual training hours. On 01/08/26 at 9:45 AM, V10 and V11(CNAs) stated they do not keep track of their annual training hours. Review of the facility's Diagnosis Report dated 01/08/26 showed 87 current residents with diagnoses of dementia and/or Alzheimer's disease. On 01/08/26 at 8:37 AM, V1 (Administrator) stated the facility did not have a specific policy regarding staff education requirements, they follow the regulation.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents have orders in place for pacemaker monitoring and that the orders are carried out. This applies to 2 residents (R4 and R93) reviewed for pacemaker care.The findings include:1.On 1/6/26 at 10:49 AM and 1/8/26 at 9:52 AM a pacemaker monitor with a green light was observed on the nightstand in R4's room.R4's Face sheet shows she was initially admitted to the facility on [DATE] and has the following diagnoses: dementia, hypertension, heart failure, sick sinus syndrome, and presence of cardiac pacemaker. As of 1/7/26, R4's POS (Physician Order Sheet) did not show any physician order for pacemaker checks and there was no documentation in the electronic health record showing what type of pacemaker R4 had, the model or serial number, the programmed pulse rate, and/or how often pacemaker checks are to be completed. R4's Care Plan initiated on 11/18/25 shows she has a pacemaker related to atrial fibrillation and dysrhythmias but does not specify the pacemaker type in the area designated. Intervention states monitor/document/report PRN (as necessary) any signs or symptoms of altered cardiac output or pacemaker malfunction including pulse rate lower than programmed rate.On 1/8/26 at 9:53 AM, V15 (LPN/Licensed Practical Nurse) said as R4's nurse she knows R4 has a pacemaker, but she does not know what the settings and/or model are or how often the pacemaker checks occur. V15 said the model and serial number used to be documented in the electronic medical record, but since the facility got a new documentation system in the past year, she does not know where to find that information now.2. On 1/6/26 at 12:09 PM R93 was observed asleep in her bed with a pacemaker monitor device on her nightstand, not lit up.R93's Face sheet shows she was initially admitted to the facility on [DATE] and she has the following diagnoses: dementia, hypertension, atrial fibrillation, sick sinus syndrome, heart failure, and presence of cardiac pacemaker. As of 1/7/26 at 2:18 PM, R93's POS did not show any physician order for pacemaker checks and there was no documentation in the electronic health record showing what type of pacemaker R93 had, the model or serial number, the programmed pulse rate, and/or how often pacemaker checks are to be completed. As of 1/8/26, R93's Care Plan was reviewed and there was no Care Plan specific to R93's pacemaker care or interventions.On 1/8/26 at 9:44 AM, V13 (RN/Registered Nurse) said she was not sure what the nurse's role was when the resident has a pacemaker. V13 said she would need to check with V2 (DON/Director of Nursing). V13 said R93 has the pacemaker monitor on her nightstand, and the cardiology office hasn't called regarding the pacemaker function, so she assumes the pacemaker is working. V13 said she does not know how often R93's pacemaker checks are done.On 1/8/26 at 1:28 PM, V2 (DON) said the facility's responsibility when providing care for a resident with a pacemaker is to follow the physician orders and both R4 and R93 need to have physician orders entered for pacemaker checks. V2 said both R4 and R93 should be care planned for having a pacemaker and the interventions should say to check the pacemaker as ordered. V2 said both R4 and R93 have forms that document the pacemaker model, but she has not uploaded the forms into the electronic medical record yet. V2 said R93 has not had a pacemaker check completed since her admission to the facility. V2 said it is important to complete pacemaker checks and monitor pacemaker functionality because the pacemaker is responsible for pacing the resident's heart rate and there are a lot of negative outcomes, up to and including death, that can occur if the pacemaker is not functioning appropriately.The facility's policy titled, Pacemakers dated 4/04 states, General: To provide guidance on the care of residents with pacemakers. Responsible Party: Nursing Staff Guideline:.2. Pacemaker checks are done per manufacturer's instructions and per orders.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview, and record review, the facility failed to implement interventions for a resident's comprehensive pressure ulcer management strategy, including offloading a wound, mattress use, and nutritional supplement use. This applies to 1 resident (R123) reviewed for pressure injuries in a sample of 3. The findings include: R123's Face Sheet shows an admission date of 8/9/2025 with diagnoses including stage 4 pressure ulcer of the sacral region, dementia, and dysphagia. On 1/8/2026 at 1:40 PM, V26 (R123's Primary Physician) stated that his expectation is for facility staff to follow V24's (Wound Doctor) recommendations to ensure proper offloading, perform turning/repositioning, and administer nutrition supplements as ordered to support healing. V26 stated that failure to implement these interventions could impact functional status, wound healing, and overall health, including delayed healing, disease exacerbation, and increased risk of infection. R123's Kardex dated 1/8/2026, provided by V2 DON (Director of Nursing) showed that R123 requires total assistance for bed mobility and should be turned and repositioned in bed as necessary. V2 stated the Kardex system is intended to provide floor staff with resident instructions since they do not have access to residents' full care plans. Observation by surveyor from 10:36 AM to 12:50 PM on 1/6/2026, (either inside R123's room or within visual range of his door) noted the following staff activity and resident interactions:10:50 AM: V22 (CNA) entered briefly to set supplies down.10:55 AM: V22 returned to provide perineal care.11:00 AM: V2 (DON/Director of Nursing) observed outside room; did not enter.11:14 AM: V22 removed bagged dirty linen per V18 (R123's Niece) request.11:16 AM: V18 (R123's Niece) requested R123 be weighed via mechanical lift.11:20 AM: V21 (Nursing Supervisor) and V22 (CNA) positioned resident to prepare to obtain R123's weight per V18's request 11:31 AM: V23 (RN/Registered Nurse) had just finished checking R123's blood sugar as V24 entered for wound care.12:00-12:30 PM: Facility staff observed in hallway for tray service; V18 remained in R123's room and assisted him with lunch.12:50 PM: V18 (R23's Niece) stated R123 had not been positioned to offload his wound during this shift. Per V18, V24 (Wound Care Coordinator-WCC) stated manual turning is unnecessary due to R123's alternating-pressure mattress. On 1/7/2026 at 2:56 PM, V24 (WCC) stated that residents with alternating pressure mattresses do not require manual turning every two hours, as the mattress redistributes pressure and turning could cause pain or discomfort. V24 stated that such specialty mattresses take the place of manual turning, repositioning, and offloading. On 1/6/2026 at 10:36 AM, R123's specialty mattress was set for a 160 lb. (pound) person. The next day on 1/7/2026 at 2:30 PM and the day after that on 1/8/2026 at 12:40 PM, the mattress remained set for a 160 lb. person. R123's most recent weight was documented as 125.6 lbs. as of 1/2/2026. The (brand of mattress) Operation Manual for R123's mattress showed the mattress system is intended for prevention and treatment of pressure ulcers when used in conjunction with a comprehensive pressure ulcer management program. The Manual does not indicate that the mattress would replace wound offloading, manual turning, or repositioning interventions. On 1/7/2026 at 2:56 PM, V24 stated that floor nurses are expected to verify and adjust mattress weight settings each shift, and incorrect settings could affect pressure distribution and wound offloading, potentially worsening the injury. R123's POS (Physician Order Sheet) included an order to check and ensure mattress settings match resident weight each shift. R123's January 2026 POS (Physician Order Sheet) also included orders for (arginine powder) oral packet (a nutritional supplement to support wound healing) to be given three times per day, since admission in August. Review R123's EMAR (Electronic Medical Record) showed 75 doses of the (arginine powder) had been missed/not given and documented as not available or awaiting pharmacy delivery. V25's (Wound Doctor) 11/11/2025 wound assessment included wound deterioration as Lower back wound looks more pale. There are areas of undermining in the most inferior portion of the wound not present there before with watery drainage and pale granulation tissue. Assessment: patient wound base looks less organized with areas covered with granulation tissue now bare. Bone coverage is not great. There are areas of undermining that (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	were not present before on his last visit. It is imperative that patient continue offloading this area. We should supervise that patient nutrition is high protein and minimal carbohydrate. On 1/8/2026 at 2:15 PM, V2 (DON) stated that it is her expectation that the facility's pressure ulcer prevention and management protocols be followed. V2 stated this includes ensuring residents receive ordered nutritional supplements; residents with impaired mobility are turned and repositioned every two hours regardless of mattress type; soiled dressings are removed; and new dressings are applied after appropriate wound cleansing. Per V2, failure to follow these interventions could result in infection and delayed wound healing. The facility's policy, Pressure Ulcer and Wound Prevention/Management Program (revised 9/30/2025), states that residents admitted with pressure ulcers or who develop them in-house must receive necessary treatment and services to promote healing, prevent infection, and prevent new sores when possible, and that wound care is managed by a team of healthcare professionals.

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents were seen by Podiatry for foot care needs.This applies to 1 resident (R10) reviewed for podiatry services in a sample of 28 residents.The findings include:One 1/6/26 at 12:11 PM, R10 said she asked the facility staff in November if she could be seen by a Podiatrist to have her toenails cut. Her toenails were observed to be long, thick, and uneven, measuring about a quarter inch to half inch above the tips of her toes. R10 said her long toenails cause her pain when her sheet or blanket gets stuck on them. R10 said the last time her toenails were cut was prior to admission, when she was at home and she would have a Podiatrist come to her house every 2 months. On 1/8/26 at 9:38 AM, R10 said she told her nurse again a few days prior that she needed her toenails cut and the nurse told her she had to wait until the Podiatrist comes around again and makes his rounds.On 1/8/26 at 9:42 AM, V13 (RN/Registered Nurse) said when a resident tells her they want to see the Podiatrist, the facility procedure is for her to notify Social Services so they can add the resident to the podiatry list. On 1/7/26 at 2:03 PM, V14 (Social Service Director) said she is notified by the nurses when a resident requests to see the Podiatrist, and then V14 will coordinate with Podiatry to see the resident the next time they come to the facility. V14 said the Podiatrist comes to the facility anywhere from 2-3 times a month and the Podiatrist will see every resident at a minimum of every 3 months. V14 said the Podiatrist sends the facility the list of what residents have been seen during each visit and the facility keeps a running list of what residents need to be seen. On 1/8/26 at 11:39 AM, V1 (Administrator) provided the running Podiatry list of which residents need to be seen. R10 is not listed. The facility provided Podiatry List of residents that have been seen since 8/2025 was reviewed, R10 is not listed. On 1/8/26 at 1:28 PM, V2 (DON/Director of Nursing) said every resident should be seen by Podiatry at a minimum of every 3 months, and diabetic residents more frequently. V2 said it is not appropriate for a diabetic resident to go over 4 months without seeing a Podiatrist because they are at greater risk for foot infection/foot sores due to poor circulation and delayed healing.R10's Face sheet shows she was initially admitted to the facility on [DATE]. R10's Face sheet shows diagnoses: Morbid Obesity, Non-Pressure Chronic Ulcer of left lower leg, Type 2 Diabetes Mellitus, and long-term use of insulin. R10's POS (Physician Order Sheet) shows an order dated 9/16/25 she may be seen by the Podiatrist. R10's MDS (Minimum Data Set) dated 11/12/25 shows her cognition is intact. R10's Care Plan initiated 11/17/25 states she has Diabetes Mellitus and intervention states Refer to Podiatrist/foot care nurse to monitor/document foot care needs and to cut long nails.The facility provided policy titled, Foot Care last revised 10/25 states, General: Foot care is given to promote cleanliness, prevent infection, control odor, provide comfort, monitor for skin breakdown and promote healing. Responsible Party: All nursing staff. Guideline:.9. Residents with diabetes and circulatory issues will be referred to the podiatrist as necessary.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide indwelling urinary catheter care in a manner to prevent urinary tract infection (UTI). This applies to 1 resident (R123) reviewed for urinary catheters. R123's Face Sheet shows an admission date of 8/9/2025 with diagnoses including sepsis, urinary tract infection, benign prostatic hyperplasia with lower urinary tract symptoms, and obstructive uropathy. Review of R123's Minimum Data Set (MDS) dated [DATE] shows R123 had an indwelling Foley catheter in place, was always incontinent of bowel, and was totally dependent on staff for toileting hygiene and perineal care. On 1/6/2026 at 10:55 AM, R123 was observed with bowel movement present in the perineal area and V22 (CNA/Certified Nursing Assistant) provided incontinence care. R123 had an indwelling Foley catheter in place at the time of care. During this episode, V22 did not cleanse the Foley catheter, catheter tubing, or the catheter insertion site after removal of bowel movement. During the same observation, V22 was observed wiping the scrotal area upward toward the penile head rather than using a front-to-back cleansing technique. On 1/8/2026 at 2:15 PM, V2 (DON/Director of Nursing) stated that Foley catheter care and perineal care should be performed together, and that proper technique is essential for urinary tract infection prevention, especially for high-risk residents. Per V2, it is her expectation that staff perform routine checks at least every two hours, cleanse the area around the catheter insertion site per facility policy, and wipe away from the urinary meatus, as improper technique increases the risk of infection. Review of R123's hospital record titled Emergency Department Note dated 12/17/2025 showed R123 was sent to the emergency room for altered mental status and was hospitalized with an admitting diagnosis of urinary tract infection (UTI). Review of R123's POS (Physician Order Sheet) with active orders as of 1/8/2026 showed an order for Indwelling Catheter: Catheter care daily and as needed every shift. Review of R123's Care Plan dated 12/26/2025 included interventions directing staff to provide catheter care every shift and as needed. Review of the facility policy titled Catheter Care, Urinary (last revised September 2005) states that the purpose of catheter care is to prevent infection of the resident's urinary tract. The policy outlines catheter care for male residents, including cleansing around the meatus using a circular motion from the meatus outward, changing the washcloth with each stroke, and rinsing using the same technique. Review of the facility policy titled Incontinence Care states that care is provided to keep residents clean, dry, comfortable, and odor-free, and specifies that cleansing of the perineal area should always be performed from front to back.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145901	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lemont Nursing & Rehab Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to safely and securely store medications.This applies to 1 of 1 resident (R125) reviewed for medication storage in the sample of 28.The findings include:On 01/06/26 at 10:23 AM, R125 had one container of (nystatin) topical powder 100,000/30 grams and a two-ounce tube of (Zinc Oxide Paste) Maximum Strength paste on the dresser. R125 stated she applies the (Zinc Oxide Paste) herself but rarely uses the (nystatin) topical powder. On 01/08/26 at 9:50 AM, the container of (nystatin) topical powder and the (Zinc Oxide Paste) Maximum Strength paste remained on the dresser in R125's room. On 01/08/26 at 9:50 AM, V24 (Wound Care Nurse) stated R125 did not have orders for medications to be left at the bedside. On 01/08/26 at 3:29 PM, V2 (Director of Nursing) stated medications should not be left unsecured in the resident's possession. V2 stated another resident can accidentally take the medications that are stored in resident's rooms. V2 stated the medications can be used incorrectly.R125 was admitted to the facility on [DATE] with multiple diagnoses which included acute on chronic congestive heart failure, chronic obstructive pulmonary disease, cognitive communication deficit, dementia, major depressive disorder, and anxiety per the face sheet.R125's MDS (Minimum Data Set) dated 12/29/25 showed R125 had moderate cognitive impairment. R125's current Order Summary Report dated 01/08/26, showed no active orders for (nystatin) powder or (Zinc Oxide Paste) Maximum Strength paste.The facility's Storage of Medications Policy, effective date 10/25/24, showed, Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only by licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145901	A. Building B. Wing	01/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lemont Nursing & Rehab Center	12450 Walker Road Lemont, IL 60439

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. Based on observation, interview, and record review, the facility failed to provide double portions and nutritional shakes as ordered for a resident with diagnoses of pressure ulcer and malnutrition.This applies to 1 resident (R123) reviewed for following diets in a sample of 28 residents.R123's Face Sheet shows an admission date of 8/9/2025 with diagnoses including dehydration, diabetes mellitus, stage 4 pressure ulcer of the sacral region, dementia, and dysphagia. On 1/6/2026 at 10:36 AM, R123 was lying in bed with the head of the bed elevated attempting to drink a protein shake that family had brought in. V18 (R123's Niece) was at bedside. V18 assisted R123 as he was drinking. Per V18, she had repeatedly expressed concern to facility staff regarding R123's weight loss and stated that staff were not assisting with feeding, providing double portions, or supplying ordered nutritional supplements. V18 further noted that the protein shake at the bedside was family-supplied because the facility had not provided it, and that a milkshake ordered with breakfast was not provided that morning. On 1/6/2026 at 12:32 PM, R123 was observed during lunch with V18 assisting him. The tray did not include any supplements, and the beef entree was served as a regular portion, not double. On 1/7/2026 at 12:15 PM, R123 was observed for lunch again. No supplements were on the tray, and the spaghetti entree was served as a regular portion, not double. On 1/6/2026 at 12:35 PM, V22 (R123's CNA/Certified Nursing Assistant) stated there was no need to assist R123 with feeding because since he is independent. On 1/9/2026 at 9:20 AM, V18 (R123's Niece) stated that R123 was sent to the emergency room on 1/8/2026 and remains hospitalized with an admitting diagnosis of failure to thrive and severe malnutrition with muscle wasting. On 1/9/2026 at 9:36 AM, R123's status and admitting diagnosis were confirmed by the hospital-assigned RN (Registered Nurse). R123's Physician Order Sheet (POS) included a diet order for a NAS/LCS mechanical soft diet with Mighty Shakes (nutritional supplement) at breakfast and lunch with double portions, Med Pass (nutritional supplement) twice daily, and bedtime snacks, along with an order to notify the primary physician of significant weight changes. R123's Care Plan dated 12/26/2025 specifies that the resident requires partial to moderate assistance with eating due to ADL (Activities of Daily Living) self-care deficit. Interventions include that staff are expected to provide the diet as ordered, and the dietitian is to evaluate the resident and make diet change recommendations as needed. The facility's policy titled Interventions for Unintended Weight Loss (last revised June 2023) states, Individuals with unintended weight loss or insidious weight loss will be identified and monitored so that appropriate interventions can be implemented. Purpose: to address the needs of high-risk residents.