STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145921	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hitz Memorial Home	201 Belle Street Alhambra, IL 62001

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 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 store food in a manner that prevents foodborne illness. This has the potential to affect all 43 residents living in the Facility.Findings include: On 3/3/26 at 7:58 AM, the standing refrigerator held three containers of an orange gelatinous substance labeled with R28's last name. The containers were not dated or labeled with the contents inside. V6, Cook, looked at a form labeled Audit: Food/Beverages Brought into the Facility and stated the containers were R28's orange tapioca gelatin and were placed in the refrigerator on 2/22/26. There was also a clear plastic cup containing brown liquid from a retail coffee establishment that was not labeled or dated. The Facility's Audit: Food/Beverages Brought into the Facility documents R28's gelatin was prepared on 2/22/26. On 3/3/26 at 8:00 AM, in the walk-in refrigerator, there was a container labeled beef broth and dated 2/20/26. On 3/3/26 at 8:25 AM, V5, Dietary Manager, stated foods are thrown out three days after preparation. V5 stated she has talked to R28 about throwing the tapioca out, but R28 is often resistant to throwing out food, stating it is still fine for her to eat. On 3/3/26 at 3:58 PM, the front of the refrigerator in the kitchenette next to the lobby had a posting which read, Attention Staff Anything in refrigerator has to have Name and Date on it or it will be thrown out. This pertains to all items, Staff and Residents. The refrigerator contained a bowl of salad covered with plastic wrap that was not labeled or dated. The freezer above contained a bag of taquitos that had been opened, but were not resealed, leaving the contents open to air, and were not labeled or dated. On 3/5/26 at 1:50 PM, V1, Administrator, stated she would expect staff to follow Facility policies regarding food storage and labeling. The Facility's Undated (Facility) Policy on Food Storage in Resident Rooms documents, It is the Policy of [NAME] Home that all food items brought in to the facility from outside must be kept in an air tight container. Any food items left out will be removed from the room. Any perishable foods will be kept in the kitchen refrigerator with name date and food identified on label. These foods will only be kept for two days related to possible risk factors. The Facility's Undated (Facility) Food Safety Requirements Policy documents, It is the policy of (Facility) to provide safe and sanitary storage, handling, and consumption of all foods. This includes food and fluids brought in by family and other visitors. All food items brought into the facility from outside must be kept in an airtight container, with a label of contents, and the date it was put into the refrigerator or freezer is perishable. Any food items not in containers and properly labeled will be removed from the room and thrown away. These foods will only be kept for two days related to possible risk factors. The Facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS 671) dated 3/3/26 documents there are 43 residents living in the Facility.

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the Facility failed to monitor infection trends and follow infection control procedures in the Facility. This has the potential to affect all 43 residents living in the Facility.Findings include: 1-The Facility's Infection Control Log does not list a causative organism for R2's 8/29/25 UTI (Urinary Tract Infection). The Facility's Infection Control Log does not list a causative organism for R39's 10/29/25 UTI. The Facility's Infection Control Log does not list a causative organism for R6's 11/7/25 UTI. The Facility's Infection Control Log does not list a causative organism for R27's 11/10/25 UTI. On 3/4/26 at 2:51 PM, V1, Administrator, stated R39 was sent home from the hospital to the facility on oral antibiotics, but no urine culture was obtained for R39 during hospitalization. On 3/5/26 at 2:00 PM, V3, Infection Preventionist, stated she tries to put the causative organisms for infections on the Infection Control Log, but there are some missing. Sometimes antibiotics are ordered for residents when no culture has been obtained to determine the organism causing the infection. V3 has not been monitoring the log for infection trends. On 3/5/26 at 4:00 PM, V1 stated she expects the Facility to follow its infection control policy. 2. R3's Undated Face Sheet documents R3 was admitted to the facility on [DATE] and has a medical diagnosis of Functional Urinary Incontinence, Specified Disorders of Kidney and Ureter, and Fistula of Vagina to Large Intestine. R3's Minimum Data Set, dated [DATE] documents R3 is cognitively intact, is dependent on staff for toileting hygiene, and has an indwelling catheter. R3's Undated Care Plan documents R3 is at risk for impaired elimination related to colostomy placement related to fistula, foley catheter. Undated interventions document R3 needs total assistance with catheter care every shift and as needed (prn). R3's Physician Order dated 12/29/2025 at 7:20 PM documents Enhanced Barrier Precautions related to catheter every shift. R3's Physician Order dated 12/29/2025 at 7:20 PM documents Cath care every shift and as needed. On 3/6/2026 at 12:58 PM catheter care performed by V11, Certified Nursing Assistant, (CNA), and V37, CNA. V11 and V37 did not put on a gown before entering R3's room or before performing catheter care. V11 emptied R3's foley catheter and stated she needed to dispose of R3's urine in another room because R3 has biohazard urine. Sign on R3's door documents Enhanced Barrier Precautions Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and Staff Must Also: Wear gloves and a gown for the following High-Contact Resident Care Activities. Dressing, Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, Changing briefs or (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy, Wound Care: any skin opening requiring a dressing. On 3/10/2025 at 10:35 AM V3, Infection Preventionist/Assistant Director of Nursing, stated when a resident is on Enhanced Barrier Precautions there will be a sign on the resident's door stating what should be worn when providing care including a gown and gloves. V3 stated if a resident is receiving catheter care and is on Enhanced Barrier Precautions, staff are expected to wear a gown and gloves when providing care. The Facility's Infection Prevention and Control Program Policy reviewed 2/11/26 documents the Infection Prevention and Control Program is a system of surveillance designed to identify possible communicable disease or infections before it can spread to other people in the facility, ensure standard and transmission-based precautions are followed to prevent spread of infections, and monitor infection trends and patterns. The Facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS 671) dated 3/3/26 documents there are 43 residents living in the Facility.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the Facility failed to follow its antibiotic stewardship policy to help prevent antibiotic resistance for 4 of 4 residents (R6, R16, R18, R39) reviewed for infection control in the sample of 26. Findings include: 1-The Facility's October 2025 Infection Control Log does not document a causative organism for R39's 10/29/25 UTI (Urinary Tract Infection). R39's Order Summary Report documents the order Cephalexin 500 milligram (mg) oral capsule, give one capsule by mouth twice per day related to unspecified abnormal findings in urine for ten administrations. R39's Medication Administration Records (MARs) for October and November 2025 document R39 received ten doses of Cephalexin. On 3/4/26 at 2:00 PM, V1, Administrator, stated R39 came back from the hospital on oral antibiotics, but no urine culture was completed to justify the use of the antibiotic Cephalexin. On 3/5/26 at 4:00 PM, V1 stated she expects the Facility to follow its infection control policy. 2.R16's Undated Face Sheet documents R16 was admitted to the facility on [DATE] and has a medical diagnosis of Dementia, Type 2 Diabetes Mellitus, Personal History of Urinary (Tract) Infections, Female Intestinal-Genital Tract Fistulae, and Encounter for Prophylactic Measures. R16's Minimum Data Set (MDS) dated [DATE] documents R16 is severely cognitively impaired, needs substantial/maximal assistance with toileting hygiene, and is always incontinent of urine. R16's Undated Care Plan documents R16 is on long-term antibiotics related to history of Urinary Tract Infections (UTI's) and vaginal fistula. Undated Interventions document R16 alternates Keflex, Macrobid, and Bactrim every 3 months. Undated R16's Physician Order dated 11/12/2025 at 8:23 AM documents Bactrim DS Oral Tablet 800-160 MG (Sulfamethoxazole-Trimethoprim) Give 1 tablet by mouth in the afternoon related to Encounter for Prophylactic Measures for 90 administrations. R16's Physician Order dated 11/24/2025 at 7:12 AM documents Lactobacillus Oral Tablet (Lactobacillus) Give 1 tablet by mouth one time a day for Daily long term antibiotic use related to Encounter for Prophylactic Measures. R16's Physician Order dated 3/4/2026 at 10:38 AM documents Cephalexin Tablet 500 MG Give 1 tablet by mouth in the morning related to Encounter for Prophylactic Measure for 90 Administrations. R16's December 2025 Medication Administration Record (MAR) to March 2026 MAR reviewed and R16 received Bactrim DS as scheduled. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/3/2026 at 12:22 PM V36, R16's family member, stated R16 is on antibiotics for recurrent UTI's. 3.R18's Undated Face Sheet documents R18 was admitted to the facility on [DATE] and has a medical diagnosis of Personal History of Urinary (Tract) Infections and Encounter for Prophylactic Measures. R18's MDS dated [DATE] documents R18 is cognitively intact, is dependent on staff for toileting hygiene, and is frequently incontinent of urine. R18's Undated Care Plan documents R18 is on long-term antibiotics related to UTI prevention. Undated Interventions document R18 is currently taking Keflex prophylactically. R18's Physician Order dated 11/26/2024 at 11:38 PM documents Cephalexin Oral Tablet 250 mg Give 1 tablet by mouth at bedtime for UTI prevention. R18's January 2025 Medication Administration Record (MAR) to March 2026 MAR reviewed and R18 received Cephalexin as scheduled. On 3/10/2026 at 8:40 AM R18 stated she was not on any antibiotics for urinary tract infections before coming into the facility and the doctor in the facility put her on it and told her that she will more than likely me on the antibiotic for the rest of her life. 4. R6's Face sheet documents an admission date of 2/10/2026 with a diagnosis of Parkinson's Disease, Urinary Tract Infections, and Osteoarthritis. R6's order sheet dated 2/10/2026 documents Azithromycin Oral Tablet 250 MG (Azithromycin) Give 1 tablet by mouth one time a day every Monday, Wednesday, Friday related to personal history urinary tract infection. R6's Medication Administration Sheets, MARS, dated 2/1/2026-2/28/2026 documents Azithromycin Oral Tablet 250 MG (Azithromycin) Give 1 tablet by mouth one time a day every Mon, Wed, Fri related to personal history urinary tract infection. Doses administered are documented as 2/11/2026, 2/13/2026, 2/16/2026, 2/18/2026, 2/20/2026, 2/23/2026, 2/25/2026, 2/27/2026. R6's Medication Administration Sheets, MARS, dated 3/1/2026-3/31/2026 documents Azithromycin Oral Tablet 250 MG (Azithromycin) Give 1 tablet by mouth one time a day every Mon, Wed, Fri related to personal history urinary tract infection. Doses administered are documented as 3/2/2026, 3/4/2026, 3/6/2026. Facility's Infection Control log does not document a causative organism for R6 or document R6 is prescribed Azithromycin. On 3/6/2026 at 10:30AM V3, Infection Preventionist stated R6 admitted with the Azithromycin, and we continued it. She is a hospice resident, so they take over the orders. We do not do any urinalysis or cultures. We just continue the antibiotic. R16's Face sheet documents admission date of 8/22/2023. Diagnosis includes heart failure, osteoarthritis, and urinary tract infections. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R16's order sheet dated 11/26/2024 documents Cephalexin Oral Tablet 250 MG (Cephalexin). Give 1 tablet by mouth at bedtime for UTI prevention. On 3/6/2026 at 10:20AM V3, Infection Control Preventionist, ICPC, stated If a resident is ordered an antibiotic prophylactically, we continue that order. We do not do extra urinalysis or cultures. We just continue the orders. On 3/9/2026 at 7:15AM V35, Medical Director, I don't usually prescribe antibiotics prophylactically so that order was probably written by R6's urologist. I would have to investigate it. Facility's Antibiotic Stewardship policy dated 8/18/2018 states Long term care facilities must develop an Infection Prevention and Control Program that includes an Antibiotic Stewardship Program and designate at least one Infection Preventionist. Antibiotic stewardship programs should include protocols and systems for monitoring antibiotic use. The Antibiotic Stewardship Committee will support and promote protocols which include assessment of residents for infection using standardized tools and criteria. The criteria used by this facility are adapted from the revised McGeer Criteria.