STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145958	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany Rehab & Hcc	3298 Resource Parkway Dekalb, IL 60115

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 observation, interview, and record review, the facility failed to ensure residents received a shower/bath at least twice a week for 1 of 3 (R1) residents reviewed for activities of daily living (ADLs) in the sample of 5.The findings include:On 3/31/26 at 8:48 AM, R1 was lying flat in bed on a low air loss mattress. R1 said her last shower was six to seven weeks ago. R1 said they don't offer to shower her, but staff mentioned giving her a shower yesterday and didn't do it. R1 said staff later mentioned giving her a bed bath but didn't do it either. R1's hair appeared greasy, and she had dry, flaky skin on her feet.On 3/31/26 at 9:40 AM, V6, (Certified Nursing Assistant-CNA), said residents are to be showered at least twice a week.On 3/31/26 at 9:47 AM, V8, (CNA), said showers are given at least twice a week to each resident. V8 said there is a shower schedule in the shower book at the nurse's station. V8 provided the book and showed the schedule. V8 said they chart the resident showers in the resident's chart.On 3/31/26 at 1:22 PM, V2, (Director of Nursing-DON), said if the CNA offers a resident a shower and the resident refuses, the CNA should inform the nurse. The nurse should confirm with the resident they don't want their shower and should reeducate them on the benefits, etc. Then, if the resident still refuses their shower, the nurse should write a progress note indicating that. V2 said the X's on the shower sheet are non-shower days, if there is a blank, the shower was not given and wasn't documented. V2 said showers should be given twice a week. On 3/31/26 at 2:30 PM, V2 said they have no ADL/shower policy, just a guide on what should be done with showers.R1's Documentation Survey Report for February and March of 2026 shows she received a total of four showers/baths, on 02/02/26, 2/16/26, 3/5/26, and 3/12/26. No shower/bath refusals were documented in R1's chart from February to March of 2026.R1's Minimum Data Set, dated [DATE] shows R1 is cognitively intact and is dependent on staff for showers/baths. R1's admission Record dated 3/31/26 shows her diagnoses include, but are not limited to, weakness, left hand and wrist contracture, and need for assistance with personal care. R1's Order Summary Report dated 3/31/26 shows R1's shower days are Mondays and Thursdays, and if R1 refuses, nurse must educate R1, notify her Power of Attorney (POA), and document those actions.The facility's CNA Professional Orientation Guidebook (undated) under the heading Bathing shows the following: report all refusals to bathe to the nurse. You may need to re-approach the resident several times to encourage them to bathe.

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
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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 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure routine dental care was provided and failed to provide transportation to an oral surgery procedure for 2 of 3 residents (R1 and R2) reviewed for dental care in the sample of 5.The findings include:1.On 3/31/26 at 8:48 AM, R1 said she needs to see an oral surgeon because a tooth needs to be pulled. R1's teeth appeared to be in poor condition. On 3/31/26 at 10:30 AM, V1, Administrator, said she spoke to R1's sister, V10, about R1's teeth. V1 said R1 needs to see an oral surgeon.R1?s Progress Notes dated 4/10/26 at 11:46 AM shows R1 is set up for tooth extraction on 4/15/26 at the hospital with V11, oral surgeon. R1's primary care provider was made aware R1 needed medical clearance for the procedure and planned to see R1 on 4/11/26. R1?s Progress Notes dated 4/11/26 at 9:21 AM shows staff left a voicemail informing V10 about R1's tooth extraction appointment on 5/15/26. A request for transportation was left with the former Transformation Specialist, V12. R1?s Progress Notes dated 4/14/26 at 11:57 PM show no ride is scheduled, no rides are available, and R1's oral surgery procedure will be rescheduled.R1's Minimum Data Set, dated [DATE] shows she is dependent on staff to transfer from the bed to chair and chair to bed. R1's current care plan initiated on 12/22/17 shows R1 requires two staff participation and is totally dependent on transferring with a Hoyer (mechanical lift). 2. On 3/31/26 at 9:28 AM, R2 said she needs two teeth removed because the cavities have gotten too big. R2 said she has not seen the dentist because they (the facility) cannot find her a dentist. R2's teeth appeared to be in good condition. The last documented dental visit found in R2's electronic medical record (EMR) is dated 4/29/24. The facility was unable to provide documentation of a more recent dental visit for R2 after 4/29/24 and before 3/30/26.On 3/31/26 at 11:05 AM, V2, Director of Nursing (DON), said she does not know how often residents are supposed to see the dentist; she assumes at least yearly, but perhaps even every six months. V2 said the dentist comes to the facility every three months to see residents. V2 said R1 needs to have all her teeth removed and will need dentures. V2 said R2 needs to have her teeth cleaned and needs a root canal done prior to her having cancer treatments, so they need to get her set up. On 3/31/26 at 1:02 PM, V2 said there's a broken process. Once a resident is seen by the dentist and gets a follow up ordered, then they should automatically be put on the list to be seen; they shouldn't have to wait for a request to come.On 3/31/26 at 12:30 PM, V3, Social Services Director, said the residents are put on the list to be seen by the dentist if a nurse, family, or the resident requests a visit to be seen. If no one asks or requests, then the resident will not be seen; she can only add them to the list per request. V3 said she does not know how R1's transportation to see the oral surgeon did not get scheduled (in April 2025). V3 said she does not know if the facility is responsible for arranging transportation for residents' appointments, and she does not know how they arrange transportation at this time.On 3/31/26 at 1:05 PM, V9, Transportation Director, said she is responsible for making sure transportation is set up for residents' appointments. V9 said the family is not responsible for residents' transportation to appointments. V9 said the facility either needs to make transportation arrangements or the family can transport the resident if they choose. V9 said if the resident can stand and pivot, she transports them herself in the van, if they are a mechanical lift, they go by a third-party transportation service which can accommodate stretchers. V9 said there are no problems with the third-party transportation service not showing up or cancelling transportation appointments. V9 said she calls them, and they know their schedule at least several months in advance. V9 said she has never had problems with the facility's van not being available for her to transport residents to appointments. V9 said it should never happen that a resident has an appointment, and no transportation has been arranged forcing them to reschedule the appointment.The facility was unable to provide a policy or procedure for routine dental care or transportation policy.