STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146061	A. Building B. Wing	12/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookdale Plaza Lisle Snf	1800 Robin Lane Lisle, IL 60532

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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. 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 49 residents receiving dietary services.Findings include:The CMS 671, dated of 12/16/2025, shows a total of 49 residents residing in the facility.On 12/16/2025 at 9:36 AM, V17, Chef, confirmed all residents residing in the facility were receiving dietary service on the survey start date of 12/16/25.On 12/16/2025 9:36 AM, the kitchen tour began with V17, Chef. The following was observed:*Three red sanitization buckets were in use during food preparation. The sanitization strips that were utilized had the normal range listed as 272- 700 PPM (Parts Per Million). The third red sanitation bucket tested was 1130 PPM.*V17, Chef, stated the dishwashing machine disinfects by temperature. V19, Dishwasher, placed a digital disk-type thermometer through the dishwasher for a test run. The reading was 159.9 degrees Fahrenheit on the digital-disk thermometer.V19, Dishwasher, stated she documents the temperature from the dishwasher dial on the log. If the digital-disk thermometer that runs through the dishwasher and the dishwasher dial don't match, the supervisor should be notified. V19 stated the temperatures had not matched earlier and she did not notify her supervisor.*Dry Storage contained:Four 6lb (pound) 14oz (ounce) dented cans of black beansA 20lb bag of jasmine rice open to air.A 20lb bag of basmati rice open to air.A 20lb bag of lentils open to air.A 20lb bag of split peas open to air.Ten new and capped carbon dioxide cylinders were not in any restraint or holder.V17 stated there is no place for dented cans and dented cans are just thrown out. V17 stated the carbon dioxide cylinders were for the soda machine. V17 did not have any information on how to store the cylinders*Outside the dry storage was a washer / dryer unit. The wash tub was filled with dirty textiles. The dryer lint trap was filled with red lint, and the dryer contained a bag of textiles.*The floor of the walk-in cooler was dirty and had onion skins and blueberries scattered on the floor. The walk-in cooler contained:A silver facility pan, with contents identified by V17 as diced parsley with no label or date.A box of 16 cucumber that had mushy soft white spots.A silver facility pan that contained spaghetti noodles that was unlabeled and had no dates.An 11lb box of yellow peppers that were wilted and wrinkledA 5lb package of American cheese with a single date of 12/8/25.A 2lb 8oz accessed package of sliced mozzarella with no opened-on or use -by dates.A 2lb accessed package of sliced smoked ham that was open to air without opened-on or use-by dates.A 32 oz package of sliced turkey, open to air, with no opened-on or use-by date.A metal facility pan of boiled eggs with a preparation date of 12/11/25 and use-by 12/14/25.A metal pan of deviled egg filling with a single date of 12/15/25.A 1-gallon jar of pepperoncini peppers with a single date of 7/28/25.An opened 8oz can energy drink.*The walk-in freezer contained:A metal facility pan, with white disks identified by V17 as ravioli, unlabeled and undated. The plastic wrap was partially open, leaving item open to air.*The three-door reach in cooler contained:32 oz package of sliced ham, open to air, undated, and partially dried out.32 oz package of sliced turkey open to air and undated.24 oz of package of Swiss cheese slices open to air and undated.Chicken salad with single date of 12/9.*The ice cream cooler contained:A 3-gallon container of rum raisin ice cream that was open to air.A 3-gallon container of butter pecan ice cream that was open to air.A 3-gallon container of mint chocolate chip ice cream that was open to air.A 3-gallon (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 of strawberry ice cream that was open to air.A 3-gallon container of chocolate ice cream that was open to air.A 3-gallon container of vanilla ice cream that was open to air.*Two mixers not in use were dirty and uncovered.*The meat slicer not in use was dirty and uncovered.On 12/16/2025 at 12:45 PM, V17 stated dented cans should not be used because they can become tainted with botulism. The kitchen staff should check items at the time of delivery and not accept the items that are damaged or spoiled. Food items should be sealed to prevent contamination. V17 stated items should be labeled with contents, open / prepared on dates, and use-by dates, so they know what the items is when it was prepared and when they should discard so residents aren't getting sick from it. Staff should not have personal food / drink in the kitchen area as it can cause contamination. Spoiled food items should be thrown out because they create bacteria. V17 stated, We do not keep logs for the red sanitization buckets. We normally take the sanitizer ppm for the three compartments sink only. The correct ppm for the sanitizer should be 400 ppm to 700pm. The dish machine disinfects by temperature, and the final rinse should be a minimum of 180 degrees. The dial on the machine and the digital disk we run should match. If not, the Dishwasher should notify the Supervisor so the machine can be calibrated. The company that manages the dishwasher would have to come out. Technically, we can't be sure the dishes are sanitized and safe to use if the two numbers aren't matching.On 12/19/2025 8:46 AM, V18, Coordinator of Dining Services, stated she oversees the kitchen staff in part, and the Dishwashers report to her. V18 stated she collects the logs for the three-compartment sink, the coolers, freezers, storeroom, dishwasher, food temps, and red sanitization buckets. V18 stated, If the Chef is not there, they will notify me, and I call the maintenance to come repair it. The staff notify me if the dishwasher is malfunctioning. The sanitizer that goes in the three-compartment sink and red sanitization buckets is automated. The Dishwashers should use a temperature strip, as well as look at the dial on the dish machine. The temperature from the dish machine dial is what is documented on the log. The dishwasher disinfects by temperature not chemical. The rinse cycle should reach 180 degrees to disinfect the dishes. The wash cycle should be between 160 and 180 degrees, but the rinse cycle is what disinfects. V18 stated she reviews the logs for completion and accuracy. The facility provided the logs for the sanitizer pail testing for November, October, and September 2025. The logs that were provided logs were completed and included testing seven times per day. Every documented test showed a sanitizer level of 200 PPM. The December 2025 sanitizer log also showed 200 PPM for seven times per day, daily, through December 16th, 2025, at 7pm. The manufacturer instructions for the sanitizer utilized by the facility documents the desired sanitizer range of 272 PPM to 700 PPM, and the manufacturer's instructions on the test strips matched the desired sanitizer range of 272 PPM to 700PPM. (200 PPM is not listed on the test strips utilized by the facility.) The high temperature dish machine logs for November, October, and September 2025 showed a rinse temperature of 170 degrees Fahrenheit, three times per day, every day. The December high temperature dish machine log also had documentation of a rinse temperature of 170 degrees Fahrenheit three times per day through December 16th, 2025, after the breakfast meal.The documentation provided by the facility as their policy indicates 272-700 PPM as the desired sanitizer concentration range. The policy documentation showed to fill the sanitization buckets from the pot and pan sanitizing dispenser and test with the litmus strip. Record on the pot and pan test strip / sanitization bucket log.The facility policy Labeling, dated 2005, states, all prepared items must have a label with the name of the item, date and time prepared, by whom, and a discard / use-by date. Discard / use-by dates should be no more than 3 days for leftovers / hazardous foods, and 7 days for all other prepared food.The facility policy Food Storage, dated 2005, states dented cans must be marked with a large X and to set aside in separate area so they will not be used.The facility policy Washing and Sanitizing Dishes 2005 states, for high temperature dish machines, wash water temperature must be a minimum of 150-165 degrees Fahrenheit, and the rinse water must reach 180 degrees Fahrenheit.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review, the facility failed to safely store hazardous chemicals and carbon dioxide cylinders in the kitchen and failed to maintain a clothes dryer in a safe manner.This applies to all 49 residents receiving dietary services. Findings include:The CMS 671, dated 12/16/2025, shows a total of 49 residents residing in the facility.1.On 12/16/2025 at 9:36 AM, during the kitchen tour with V17, Chef, ten new and capped carbon dioxide cylinders were unsecured and not restrained in a holder.V17 stated the carbon dioxide cylinders were for the soda machine. V17 stated the facility did not have any information on how to store the cylinders.2.Outside the dry storage was a washer / dryer unit with the wash tub filled with dirty textiles. The lint trap in dryer was filled with red lint, and the dryer contained a bag of textiles.On 12/17/2025 at 12:08 PM, V20, Maintenance, stated the dryer should be cleared of lint and the unit should be kept clean. V20 stated the lint keeps items from drying well and lint build up is a fire hazard.On 12/17/2025 at 10:49 AM, V1, Administrator, stated he spoke with his corporate resource, and carbon dioxide canisters should be in a rack or secured because they are under pressure. V1 stated the restraint protects the valves so the tanks don't explode.On 12/19/2025 at 10:13 AM, a 32-ounce bottle of charcoal lighter fluid was noted in a storage cabinet outside of the kitchen dry storage.On 12/19/2025 at 9:43 AM, V21, Customer Service Representative, stated carbon dioxide cylinders need to be secured and kept at room temperature. V21 stated if the cylinders aren't secured and they fall, they act as a torpedo and someone could be injured. Carbon dioxide removes the oxygen from the area the people in the room could pass out and potentially die. V21 stated there should be a carbon dioxide detector in the area. It could possibly go into the ventilation system.On 12/19/2025 at 10:26 AM, V22, Director of Operations, stated there is no carbon dioxide detector in dry storage. V22 stated there was a concern the carbon dioxide cylinders weren't secured or chained. If they fall, they turn into a torpedo. If people are in there, they could be injured by the tank falling or contents leaking. V22 stated that lighter fluid is flammable and should not be stored in the kitchen area as it could cause a fire. The facility policy Storage of Chemicals and Toxic Materials, dated 2005, states all chemical and other toxic materials must be stored appropriately away from food preparation / food storage areas to maintain the health and safety of the residents and associates.The SDS (Safety Data Sheets) carbon dioxide is liquified gas under pressure. It may displace oxygen and cause rapid suffocation. May increase respiration and heart rate. Always keep container upright.

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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 renew an as needed hospice order prior to administering the medication, failed to apply compression treatments as ordered, and failed to ensure a resident with a fungal rash was kept dry and clean. This applies to 3 of 4 (R7, R1, R34) residents reviewed for quality of care in a sample of 18.The findings include:1. On 12/16/2025 at 3 PM, R7 was in her geriatric chair at the nurse's station. R7 was severely cognitively impaired. R7 was anxious and fidgeting in her chair despite staff attempting to redirect. On 12/16/2025 at 3:25 PM, V4 (RN/Registered Nurse) said R7's ABH Gel (Ativan 0.5mg/Benadryl 12.5mg/Haldol 0.25mg) as needed medication for agitation had been administered at 3 PM. V4 said R7 continued to show periods of anxiety despite of redirection. V4 said R7's EMR (Electronic Medical Record) did not have an active renewal order for her ABH Gel medication as ordered from hospice. V4 said as needed hospice orders should be renewed prior to the completion date so medications can be administered as ordered. On 12/17/2025 at 2:20 PM, V2, Director of Nursing/DON, said medications should only be administered with a physician's order. V2 said she expected nurses to contact R7's hospice team to ensure her as needed ABH Gel was re-activated in her EMR. V2 said hospice continued to recommend the ongoing use of ABH Gel for R7's agitation and anxious behaviors. V2 said it was important to ensure all administered medications were accurately recorded in the resident's EMR. R7's EMR reviewed on 12/16/2025 showed her order for ABH Gel (Ativan 0.5mg/Benadryl 12.5mg/Haldol 0.25mg) had to be renewed prior to 12/11/2025. R7's Individual Controlled Substance Record sheet for ABH Gel showed R7 also received the medication on 12/11/2025, 12/14/2025, and 12/16/2025. The facility policy titled General Dose Preparation and Medication Administration, dated 12/01/2007, said prior to administration of medication the facility staff should take all measures required by the facility policy and applicable law, including confirmation that the MAR (Medication Administration Record) reflects the most recent orders. The facility's Hospice Nursing Facility Services Agreement, dated 11/14/2022, said if there are physician orders that are inconsistent with the hospice plan of care or hospice protocols, a nurse with facility shall notify hospice. An authorized representative of hospice shall resolve differences directly with the physician and secure the necessary orders. 2. On 12/16/2025 at 9:55 AM, R1 was sitting in his wheelchair at the nurse's station. R1 had compression wraps to his lower extremities and they were loosely wrapped around his ankles. R1's lower extremities had chronic edema and vascular discoloration. On 12/16/2025 at 1 PM, V3 (Licensed Practical Nurse/LPN) changed R1's left medial leg venous wound dressing. V3 said R1 had chronic venous statis ulcers to his left lower extremity due to his lymphedema. After V3 completed R1's treatment, she only applied a compression wrap to his right lower extremity. V3 applied a regular white sock to R1's left foot. On 12/17/2025 at 9 AM and 11:30 AM, R1 was wheeling himself on the unit. R1 did not have any (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	compression wraps to either leg. On 12/17/2025 at 12 PM, V2 (DON) said she expected nurses to follow physician treatment orders to ensure residents received proper skin management care. V2 said R1's compression wraps should be applied as ordered to ensure his chronic edema was controlled to prevent further skin breakdown. R1's Order Review Report had an order dated 11/25/2025 for (compression wrap) to bilateral extremities every morning and remove before bedtime for swelling. R1's Wound Evaluation and Management Summary, dated 12/10/2025, said R1's wound management recommendations included for him to continue with compression wraps to bilateral extremities daily. R1's skin impairment care plan said he was at risk for further skin alteration related to his venous insufficiency with venous ulcers to his bilateral lower extremities. The care plan's interventions included to provide treatment orders as ordered by the physician. The facility's policy titled Medication and Treatment Orders, dated 2001, said treatment orders will be interpretated and implemented consistent with the principles of safe and administration of treatments as ordered. 3. R34's face sheet documents she was admitted to the facility on [DATE]. Diagnoses include atrial fibrillation, congestive heart failure, hypertensive heart disease, hypothyroidism, hypertension, hypothyroidism, hyperlipidemia, gastro-esophageal reflux disease, neuralgia and neuritis, gastritis and osteoarthritis. MDS (Minimum Data Sheet), dated 11/6/25, documents she has intact cognitive functions. MDS showed R34 is dependent on staff for toileting hygiene and personal hygiene. MDS showed R34 is always incontinent for urine and bowel. On 12/16/25 at 9:46 AM, incontinence care was provided to R34 by V5 (CNA-Certified Nurse Assistant) and V6 (CNA). R34 was observed wearing two incontinent briefs. Both incontinence briefs were heavily soaked and had a strong scent of urine. Upon removal of the incontinent briefs, R34's left groin was red, and two fluid filled blisters were present. V5 said she will report the new skin issue to the nurse. V5 stepped out of the room and returned with V7 (RN- Registered Nurse). V7 assessed the skin and verified the blisters were a new skin issue and she will inform R34's physician. V7 stepped out of the room and V5 and V6 continued providing incontinence care. V5 said incontinence care on R34 was provided by the previous shift and she was not sure what time it was provided. On 12/16/25 at 10:00 AM, R34 said staff always applied two incontinent briefs on her throughout day and night because she was a heavy wetter. On 12/17/25 at 10:00 AM, review of R34's POS (Physician Order Sheet) showed a 12/16/25 order for Nystatin-Triamcinolone External Cream, to apply to groin and affected area topically twice a day for fungal rash for 10 days. On 12/17/25 at 10:00 AM, review of R34's Progress Notes showed V7 documented on 12/16/25 at 11:48 AM, V5 observed rash/redness in R34's groin area. On 12/17/25 at 2:00 PM, V2 (DON-Director of Nursing) said staff should only apply one incontinent brief. She said applying two incontinent briefs can lead to increased skin issues and increased infection risk. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility's Policy and Procedure titled Perineal Care, dated 10/2016, documents the following: Purpose: The purpose of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition. The Policy and Procedure on Perineal Care did not address the use of incontinent brief.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to reconcile controlled substances. This applies to 3 of 3 residents (R7, R47, and R59) reviewed for narcotics in a sample of 18.The findings include:1.On 12/16/2025 at 3:35 PM, the medication cart's narcotic drawer continued to be reviewed with V4. R7's had six ABH Gel droplet syringes available. R7's Individual Controlled Substance Record sheet showed seven droplet syringes should have been available. V4 said she administered a dose at 3 PM. V4 said she forgot to sign it off on the record sheet when she removed it for administration. R7's Individual Controlled Substance Record sheet showed the last administered dose was on 12/16/2025 at 12 AM. The sheet indicated there should still be seven syringes available. 2.On 12/16/2025 at 3:35 PM, a medication cart was reviewed with V4 (Registered Nurse/RN). R47's medication cards for Lacosamide 100 mg (milligrams) and Zolpidem Tartrate 5 mg were observed with the pink controlled substance proof-of-use forms wrapped with a rubber band inside the locked narcotic drawer, not in narcotic count binder. V4 said the controlled medications were not being counted during shift change medication reconciliation because he was discharged . R47's EMR (Electronic Medical Record) showed he discharged from the facility on 12/09/2025. 2. On 12/16/2025 at 3:35 PM, R59's medication card for Tramadol 50 mg was also observed with its pink controlled substance proof of use form wrapped with a rubber band inside the locked narcotic drawer in the same cart. V4 said R59's medication was not being accounted for during shift change because she was discharged . R59's EMR showed she was discharged from the facility on 12/13/2025. On 12/17/2025 at 2:25 PM, V2 said if a resident was discharged from the facility, the narcotic medication should be accounted for until removed for destruction. V2 said the nurses should count all controlled medications daily during shift hand off to prevent diversion. V2 said the medication should be logged when removed to ensure accuracy. The facility policy titled Routine Reconciliation of Controlled Substances, dated 08/01/2024, said the facility should routinely reconcile control substances stored in the medication carts and emergency supplies and should reconcile controlled substances waiting to be destroyed.